ashes in Top Place CRYPT.

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date JULY 16, 2001

of	ROBERT	LION	(X)						
ina _	DBL CRYPT			Funeral	, date, lime	FRI.	JULY	20	1:00/1
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Openin	g/Closing & Set	ир							9
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#### MT HOPE CEMETERY

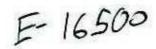
#### GRAVE BLIND CHECK FORM

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: DRL CRYPT: 1ST BURIAL (ASHES): Top Cupat \*\*SAT. OVERTIME CHARGE

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	~	 -	Joseph H: Hubble	Lu cille Hubble	Bishop

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Grave Laid	out by:	4-8-3		
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Agrees with	Мар: 🗆 Үе	es _ 🗆		GRAVE
Blind Check	& Verified E	By DAKK	EYL	Date: 7-19-7

E-16500



#### MESSAGE CONFIRMATION

07/16/2001 16:01 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	•
07/16	00'32"	8057235587	CALLING	01	OK	0000

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

PORKET	ENT-FIRST (GIVEN) 18. MIDDLE	IG. LAST (FAMILY)		2. DATE OF B	YEAR MONTH DAY, YE	
A. CITY OF DEATH		58. COUNTY OF DEATH	OUTSIDE CALIF.,	6. NAME, RELATIONSHIP.	FIRE MARING ADDRESS AN	D ZIP CODE
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	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR P	1000	F. LICENSE NUMBER	44645 12EE	TREET RAST	
The second secon	M-MERPHY MEMORIAL CRAPEL		APPLICABLE	LANCASTER,		
Lancaster, ca				BA. INGNATURE OF APPLIC	CANT Person taking pormit 88.	DATE SIGNED
ACKNOWLEDGMENT OF M	PPLICANT I havely acknowledge as applicant that the prop Section 10375 of the Health and Safety Code, and	paned disposition stated herein is one of the i was authorized personed to Section 7100 of the	Sapositions authorized by Health and Safety Code.	· Value U	unus 1071	17/2081
PERMIT WITHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS EIGUED IN ACCORDANCE WITH A SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPEN THIS PERMIT. HOTE: THIS PERMIT GROSS NO MONT OF DISPOSAL OUTSEE OF CAL	CODE	07/17/200	And the second s	OF LOCAL REGISTRAR IS	
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SSUE DATE.

E-16500

#### HALLEY-OLSEN-MURPHY MEMORIAL CHAPEL 44802 DATE AVE

LANCASTER, CA 93534

PHONE (661) 942-1139 FAX (661) 723-5587

FACSIN	MILE TRANSMITTAL SHEET
TO Devise	FROM LeeRoy Halley
Mr Hope	DATE: July 18, 2001
FAX NUMBER: 527-3	403 TOTAL NO. OF PAGES INCLUDING COVER.
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE Robert Lion	YOUR REFERENCE NUMBER:
OURGENT OF FOR REVIEW OF	PLEASE COMMENT   D PLEASE REPLY   D PLEASE RECYCLE
NOTES/COMMENTS:	

P. 2

NO.016

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#### MT. HOPE CEMETERY INTERMENT ORDER

SD MT. HOPE CEMENTERY + 916617235587

City of San Diego

Date JULY 16, 2001

ROBERT LION (X)	
ha DEL CETPI	Furneral, date time SAS. JULY 25 HOSEAM 199
	on of teaching work day or po more charge or \$ 150.00
ill be applied and billed to undersigned.	
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ng this is your account of sold authorizate my liability on account of sold authorizate	Son of remains up above indicated. I contity and represent don and I agree to hold Mt. Heen Consigny hamiless from on and interment, NUBBLE S. L.LON
	* Photos Is
hereby authorize the informant in lot f old under dred.	w 44645 N. Twelfth St. East
	Tahcaster, CA 93535
	The second second
Contaminate and	X (661) 940-9680
E 16500	

E 16500

A205-10 R205-04

#### **GENERAL POWER OF ATTORNEY**

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT. YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

of 43840 Delgado Court, LANCASTER CALIFORNIA

the undersigned Grantor, do hereby make and grant a general power of attorney to

ROBERT S. LION . of 44645 12th Street & a.t., Lancarette, California do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

となると

- (A) Real estate transactions
- (B) Tangible personal property transactions
- (C) Bond, share and commodity transactions
- (D) Banking transactions
- (E) Business operating transactions
- (F) Insurance transactions

(G) Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

(H) Claims and litigation

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ZBAA

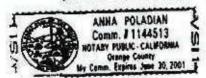
Row. 6/00

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws very, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice low in this state.

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#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ROBERT	ENT-FIRST (GIVEN) 18. MIDDLE	IC. LAST OF AMELY)	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX
ALUMIANT.	1 -	LION SR	01/10/1901 07/14/2001 M
SA CITY OF DEATH		SB. COUNTY OF DEATH-OUTSIDE CAL	LIP B. NAME RELATIONSHIP, FULL MAKING ADDRESS AND ZIP CODE:
LANCASTER		LOS ANGELES	FLORA LION, WIFE
74 TYPED NAME AND A	DOMESS OF CALIFORNIA—FUNERAL DIRECTOR OR PE		
HALLEY-OLSE	EN-MURPHY MEMORIAL CHAPEL	F APPLICABLE	LANCASTER, CA 93535
LANCASTER,	the state of the s	FD1067	BA. SIGNATURE OF APPLICANT PARE LINE AND SE DATE SIGNED
ACISIONALEDGMENT OF A	PPLICANT Thereby administrator as applicant that the proper Section 10276 of the Health and Safety Code, and or	ed disposition stated herein is one of the depositions sufficiely of antificient personnel in Section 71.00 of the Health and Salety C	Value Sutus 107/17/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHARGE IN DISPOSI-	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PHISONS OF THE CALIFORNIA MEALTH AND SAFETY OF AND IS THE AUTHORITY FOR THE DISPOSITION SPECIAL INTERPORT SHEET SHEET OF DISPOSITION COLLEGE THE FEBRUT SHEET OF DISPOSITION OF CALIF	2006 9A. AMOUNT OF FEE PAID 9B. DATE ( 1006 1006 1006 1006 1006 1006 1006 1006	PERMIT ISSUED BC. SIGNATURE OF LOCAL REGISTRAR ISSUED PERMIT  7/2001 > 4261488 Value Defles  STRAR OF DISTRICT OF DISPOSITION— D OCCUP BY ANOTHER DISTRICT IN CAUFORNIA
FIGN REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	313 N FIGUEROA STREET LOS ANGELES, CA 90012	PO BOX 8	
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	T ON DIGGO	FOR CORONER'S USE ONLY
B. CREMATION  C. DISPOSITION  THAN IN A CI  D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF GALIFO	(Name and Address)  ORNIA
BURIAL	MT HOPE CEMETERY SAN DIEGO, CA	METERY 118. DATE	BURNED   11C SIGNATURE OF PERSON IN CHARGE OF BURNAL
		EMATORY 128, DATE C	MEMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION	ANTELOPE VALLEY CREMATO PALMDALE, CA	RY	
	ANTELOPE VALLEY CREMATO		RECEIVED' ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC	ANTELOPE VALLEY CREMATO PALMDALE, CA 13A MAME AND ADDRESS OF CALFORNIA FAC	CLITY RECEIVING REMAINS 158, DATE	

COPY 1

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

E-16500

July 18, 2001

Mt. Hope Cemetery 3751 Market St San Diego, California

To Whom It May Concern:

In accordance with the family's wishes, Robert Lion has been cremated. His urn is to be placed in the top crypt. Upon the death of his wife, Flora Lion, he is to be placed in the casket with her and her casket is to be interred in the top crypt.

Sincerely,

Robert S. Lion

Son



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date July 16, 2001

	nstructed, subject to your rules and regulations, to	inter the remains
or BARBA	ARA C. Williams (	X)
ina ASH VAUIT	Funeral, date, time Fiz. Jul 2	0 12:00
Church Graveside	CA Bui	21AL Mortuary.
All Funeral cars must arrive before	re 3:00 p.m. of regular work day or an extra charg	poors 150 °
will be applied and billed to under	rsigned. X	
Lot 262 Grave 7	_ 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	VAUH (DBL ASH PLOT)	55.00
Handling Fees		60.00
Flower vases – Marker setting fe	(1) Ground a(1) Marker Fee	171.88
Recording and fing the D		45.00
Sales taxes		4.13
JUL 16 2001	Total Due	741.01
	Paid receipt number VISA	741-01
MT. HOPE CEMETAR	łY	ue B
CITY OF SAN DIEGO	HUSBAND of the above	named decedent
and this is your authority to make	e disposition of remains as above indicated. I ce authorization and I agree to hold Mt. Hope Cemel	dify and represent
any liability on account of said ac	uthorization and interment. JAMES R.	WILLIAMS
I hereby authorize the interment	in lot 1 X AMEN 10-400	lunu
hold under deed	4949 PACIFICA	DR.
Separate of records bottom of these	X SAN DIEGO, CA	92109
<b>1</b>	X (858) 273-53	51 Zip Code
Work Order # E 1650	1 Invoice #_	
Work Order # E	Acct. #	

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

	262-1	262-2	262-3	*
	Floren Hunt (No Markey)	Cuffod R Farmer	Moreno	
12	7	8		
young Ja PARK	ash plet	open ush plat		

Interment space for:	BARBARA	C.	Williams
Interment Date:	Tim	ne:	
Lot: <u>262</u> Grave:	7_ Row:	Sect:	2 Div: 12
Grave Laid out by:			
Agrees with Legal Card	d: 🗆 Yes 🗆	No	Flag
Agrees with Map:	Yes _ D No		Grave
Blind Check & Verified	By DARKEY		Date: 7-18-01

E-16501

E-16501

#### MESSAGE CONFIRMATION

07/16/2001 14:32 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/16	00'38"	619 286 2674	CALLING	01	OK	0000

## E- 1650 / APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTI	
BARBARA		C.	WILLIAMS		<b>YO71</b> 07192	3" 0971572001" FEMALE
SA. CITY OF DEATH  LA JOLLA			SANEDIAGO		6. NAME, RELATIONSHIP, FUL JAMES R. WILL	L MAILING ADDRESS AND ZIP CODE
CALIFORNIA	CREMATION	A—FUNERAL DIRECTOR OR & BURIAL CHA SAN DIEGO, CA	CONTROL	F APPLICABLE	4949 PACIFICA SAN DIEGO, CA BA SIGNATURE OF APPLICAN	DRIVE 92109
ACKNOWN, EDGMENT, OF A	PPLICART: Section 10	cknowledge as applicant that the pa 376 of the Health and Safety Code, a	opesed disposition stated herein is one of the	e dispositions authorized by the Health and Solety Code.	Henethe Be	engar d 07/17/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SI DIEST OF DISPOSAL OUTSIDE OF I	\$7.00	98 DATE PERMIT 07/17/20 J. BENYAR	001 2112113	LOCAL REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECOF	GISTRAR OF DISTRICT OF CALIFORNIA	35222 #		OF DISTRICT OF DISPOSITION R IN ANOTHER DISTRICT IN CA.	
HORIZED DISP	OSITION(S) CHECK AF	PLICABLE ITEMS		-	FOR C	ORONER'S USE ONLY
X A BURIAL (INCLL X B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA	UNS OTHER	G SHIP IN TO CALIF			ON PENDING—REMAINS LOCATED AT d Address)
BURIAL	MT. HOPE C		CEMETERY LEGO, CA 92102	7-20-01	11C. SIGNATURE OF P	PERSON IN CHARGE OF BURIAL
CREMATION	PACIFIC CR	ORESS OF CALIFORNIA EMATORIUM, IN E ST. LAKE EL		7-19-0	D 120. SIGNATURE OF PI	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	19B. DATE RECEIV	ED 130 SIGNATURE OF P	ENSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AD REMAINS OR C	DRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPPE	D 14C. ADDRESS AND SI OF PLACING WITH	IGNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELIN NTIFY FINAL PLACE AND C	OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITION	15C SIGNATURE OF P CHARGE OF DISP	
DISPOSITION O	CCURRED OR TH	AND FORWARDING	THE PERMIT WITHIN 10 DAY	'S OF DISPOSITION IF CREMATED REA	TO THE REGISTRAR OF	HARGE OF DISPOSITION IS OF THE DISTRICT IN WHICH RED AT SEA. THE LOCAL

M	Hela C
	014027
7	11-2001

#### MT. HOPE CEMETERY

INTERMENT ORDER

	City of San Diego	Put "
20	Oity or Sain Diego	7-16-01
Ben-15 Simil	City of San Diego  Pin #142028.  Instructed, subject to your rules and regula	tions, to inter the remains
H H () 등에 ' 그리어 () 등의 전 사람들이 되면 그래 하다면 하는데 보다 하는데 보다 보고 있다.	AZ CHABARIA	ilono, to unor uno romaza
no LINER	Funeral, date, time Mow	7/23/01 1000
Church, Chapel Graveside	Preisic	FUNERAL HOM
	ore 3:30 p.m. of regular work day or an ext	909 679-1962
		ra criarge or \$
will be applied and billed to und	ersigned.	
Lot 114 Grave 12	A Ion Section 3	Division/Block 12
	AID	795.00
Grave space & Care Fund	1 0 2001	
Additional spaces and cate fund	4) <u>9</u> 2001	77600
Opening/Closing & Setup	OF CEMETARY	190.00
Burial Container CITY OF		110.00
Handling Fees	(A)	47.50
Flower vases Marker setting 1	o g dop noser	77.00
Recording and filing fee		11/75
Sales taxes		11.90
	Total Due	16 11 , 13
	Paid receipt number 17-55	196 PPTETO
Χ.,	nan l loov	alance due
I hereby certify I am the	ke disposition of remains as above indicat	ne above named decedent
	s authorization and I agree to hold Mt. Hope	
any natinty on account of said a	XMG -P	6/-10
I hereby authorize the interment hold under deed.	it in lot I	VOLLANDIA
nou arasi assa.	101E.	XVIII COLA KIV
Signature of recorded holder of deed	- > parting	TIM CLANTON
	(100) 24	10343
Work Output E 1650	2 Invoice #	
Work Order # E	And #	

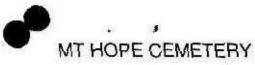
REA-104 (7-96)

This information is available in alternative formats upon request.

#### MESSAGE CONFIRMATION

07/19/2001 12:00 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESUL	Т
07/19	00'33"	919096749854	CALLING	Ø1	OK	00
		7000	A7	200		
			10	and the second	-989	51



E-16502

#### GRAVE BLIND CHECK FORM

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

		XII X		1		
3	10	5	ROSARIO L	5		
9	- IV	6060"	IIN X 12		<u> </u>	
	<u> </u>		<u> </u>		<u> </u>	-
Interment sp Interment Dr Lot: \\\	ate: M	0N 7	<u>-23</u> T	ime:	10:00	
Grave Laid	out by:				_	
Agrees with	Legal	Card: 🗍	Yes [	J No	All	1 Grave
Agrees with	Мар:	☐ Yes		No		
Blind Check	& Ve	rified By:_	- 13 - 3m		Date:	

## E-16502 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(23)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)   18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
Simon		Chabaria		1172171977 0771572001 M
SA. CITY OF DEATH		58. COUNTY OF DEATH	OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
San Diego		ENTER STATE SAT	Diego	Maria C. Chabaria, Sister
Feathering	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO 111 HOCCURRY	ON ACTING AS SUCH 78. GAL	IF. LICENSE NUMBER APPLICABLE	29949 Valley Center Rd. Valley Center, CA 92082
6322 E1 Ca	jon Blwd., San Diego, CA 92		1083	BA. SIGNATURE OF APPLICANT—Person having permit, BB. DATE SIGNED
- ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Safety Code, and was a	disposition stated herein is one of the arthorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	* I salale 107/17/100
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY COL AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO INCHES OF DISPOSAL OUTSIDE OF CALIFORN	DE ED	T.Truesd	01 2112152
TION REQUIRES A NEW SPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUFORNIA PO BOX 85222, San Daggo, 92186-5222	1 # 0		OF DISTRICT OF DISPOSITION— FUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	Mt. Hope Cem., 3751 Market San Diego, CA 92002		7-23-0	1/ -/
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	IATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN MARABE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE ( REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. BIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



OFFICIAL RECEIPT	2 3043	CEMETERY	MOUNT HO (619)	PURCHAS	E		5982. 24-9 197-18	05	3
Seamon Pac in'	Payment of _	Marker	Souldido.	CA 9	2077	Dollars (\$		.60 ) Sim	CARL CALLS
Invoice No	Sec _	NOT VALID FO	R PURI DE LATIF	Lôt_	115 114 CREDIT	Grave	12	_Chava _	. VIC
W.O	<i>Y</i>		OCT 2 6 2		20% Sales Care 80% Sales of Lots Opening/ Closing Burial	77184 — 100 77184 — 100 — 77181			
☐ Money Orde	r.	M	OUNT HOPE	()	Containers  Handling Fee Recording & Misc. Fees Sales Tax	77182 100 — 77185 100 — 77183 — 60101	474	00	
Check AC-212A (11-05) This information is available in alternal	ive formats upon requ	ISSUED BY _	MILLUM	Wi	TOTAL PAID	78390 <u> </u>	474	00	

THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDNEMBER'S AGREEMENT WITH THE ISSUER

.

DBL. Cuspi

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date July 16,2001

	bject to your rules and regulations, to inter the remains
be DBI CRYOT	HERROD [12]
In a Type of Burial Conjulnot Church, Chapel, Graveside)	Funeral, date, time FRI July 20 1:00 pm RAGSDAIE Mortuary.
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.	
Lot 3148 Grave Row	205.00
Grave space & Care Fund	
Additional spaces and care fund	PAID = 375.00
Opening/Closing & Setup	280.∞
Burial Container D.B.L. Charget	JUL 18 2001 320.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY
Flower vases - Marker setting fee	CITY OF SAN DIEGO, 45,00
Sales taxes	<u> 28.50</u>
DIRTUARY TO BRING CHECK Paid	Total Due2268.50 receipt number 53934 2, 268.59
I hereby certify I am the Wife and this is your authority to make disposition	Balance due of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from and interment. ELLA HERROD
I hareby authorize the Interment in lot I hold under deed.	Signature 3040 New SAIEM AVE.
Supplied of received militar of dead	Modesto, CA 95354  City (209) 526-8797  Talephone
F 16503	Invoice #
Work Order #	Acct. #

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. \* Double Cruset: 15T Burial

2145	314/	3147	2140	Z		
ANNA MARIE GRIPPEN	3146 Donald Grippen	open.	3148	3	1/10	
				84	X	

GRIPPEN	Donald Grippen	open	X	2	3/1	
				76	~	1
Interment	Date: Fre	i July.		ime:13	00 pm	Church Div: 10
Grave Lai	id out by:_				Tion	
Agrees wi	ith Legal (	Card: 🜙	Yes L	J No (	on	nve )

Agrees with Map: D Yes

Blind Check & Verified By:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16503

(76)

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
CLARENCE		-	HERROD		YY76871924	0971272001°
MODESTO			58. COUNTY OF DEATH ENTER STATE STANISL		NAME, RELATIONSHIP, FULL M OF INFORMANT INTLA HERROD - W	
ANDERSON - 5050 FEDERA	RAGSDALE M	ORTUARY		APPLICABLE		AVE
ACKNOWLEDGMENT OF AF	source I hereby a	cknowledge as applicant that the propose	d disposition stated herein is one of the	dispositions authorized by	Al heller	07/18/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY C ITY FOR THE DISPOSITION SPECI IS NORTH OF DISPOSAL DUTSIDE OF CALIFO	OVI- ODE FIED S.A. AMOUNT OF FEE PA		100110011001100110011001100110011001	CAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TO SHOW FINAL SPOSITION.		EGISTRAR OF DISTRICT OF D B N CALFORNIA S COUNTY VITAL I S WAY MODESTO.	RECORDS SA		OF DISTRICT OF DISPOSITION— IN ANOTHER PRINCE IN CAUSE ITY HEALTH DESPT.	7 EDGG 7 SA COVER CON EDGG RECOGET
10. AUTHORIZED DISP			1972			ONER'S USE ONLY
B. CREMATION	Œ		E. TEMPORARY ENVA	RNIA DE OF CALIFORNIA	(Name and A	
BURIAL	MT. HOPE		METERY	7-20-01	110. SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERS	ON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA FAC	ALITY RECEIVING REMAINS	138. DATE RECEIVE	ED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPEI	OF PLACING WITH TO	ature of Person in Charge He Carrier
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, o entify final place and ca o		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERI CHARGE OF DISPOS	

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



## Bu-reed &

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 7-16-01

ina I	Tuneral, date, time	
Type of Buriel Container Church, Chapel, Graveside	A STATUS SAME SAME SAME SAME SAME SAME SAME SAM	Mortuary.
All Funeral cars must arrive before 3:30 p.m.		The second second
will be applied and billed to undersigned.	or ogala man and a ar ar	
	304	- C E
Lot Grave Row	Section CHINI	) ) F Division/Block
281 to 290 303 to  Lot Grave Row  Grave space & Care Fund 13 &	255 to 1550	each 7150.0
Additional spaces and care fund	<b></b>	
Opening/Closes & etuo. D	***************************************	
Burial Container	***************************************	
Handling Fell 1 6 2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Flower MT-PHOME CEMETARY Recognity a GP BAN OVEGO		
Poid	receipt number R-53	AND THE PROPERTY OF THE PARTY O
		alance due
		ne above named decedent
I hereby certify I am the and this is your authority to make disposition	of remains as above indicat	ed. I certify and represent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicat and I agree to hold Mt. Hope	ed. I certify and represent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I	of remains as above indicat and I agree to hold Mt. Hope	ed. I certify and represent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I	of remains as above indicat n and I agree to hold Mt. Hope and interment:	ed. I certify and represent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I	of remains as above indicate n and I agree to hold Mt. Hope and interment:  Signalure	ed. I certify and represent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at the liability on account of said authorization at the liability authorize the interment in lot I hold under deed.	of remains as above indicate n and I agree to hold Mt. Hope and interment.  Signature  Address	ed. I certify and represent a Cemetery harmless from
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed	of remains as above indicate and I agree to hold Mt. Hope and interment.  Signature  Address  City  Telephone	ed. I certify and represent a Cemetery harmless from

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date July 17, 2001

of	60	MA	RIA	GAXI	OLA	St.	11,00
in a L	INE	R		Funeral, date, ti	me Thui	R July	19 +0:00
Church Cha	pel Grav	eside			GUAdi	4/upanA	Mortuary.
All Funeral c	ars must	arrive befo	ore 3: <b>89</b> p.m	. of regular work	day or an	extra charge o	15 /50,00
will be applie	ed and bill	ed to unde	ereigned. X				
LOT_194	Grave	, N	Row_	Section	, 2	Division/Bk	P/_ \Sck_
				***************************************		***************************************	895.00
Additional ap	aces and	care fund			**********		AND THE REAL PROPERTY.
Opening/Clo	sing & Se	tup		PAID	<b>)</b>		375,00
Burial Conta	iner				**************	·····	190.00
Handling Fed	98			UL 1.8.201	01		145,00
Flower vases	s – Marke	r setting fe	MT	НОРЕ СЕМЕ	TARY		15.00
necoluling a	id ming it		CHY	OF SAN DIE	30; CA		45.00
Sales taxes,	ــــــــــــــــــــــــــــــــــــــ		***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11112
ranta	I Ja				Total Due		1// / 25
prin	e Var	R	Paid	receipt number	- 1125		TIPLETIA
7. <b>4</b>	(S) (S)	V	500	1		Balance due	-
that I have th	our autho	rity to mai make this	authorizatio	n of remains as on end I agree to and interment.	above indi-	cated. I certify	amed decedent and represent parmiess from
\$5 (5)	J	esse D	lelasque:			11/1	A
l hereby aut hold under d	norize the leed.	interment	in lot F	Signal	4362	poplar	s ()
Signature of record	led holder of d	ced		X Sal X (G. Telephone	n Die	0-9643	92/05 Zip Code
Work Order	-	1650		Invoice #			

#### 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.

	-	- 12				
g	٩	10	194 X 11	13		
	-					
	t space for	MA	DIA	AVI	1/1	
						11:00
	t Date: Thu					
Lot: 190	Grave	:_//_	Row:	Sect:_	<u>a</u> c	Div: 12
Grave La	aid out by:_	NF	KEN			
Agrago u	vith Legal (	Cord: [	Vos F	J No	d 1	a m
Agrees v	vitir Legal (	Jaiu.	Tes L	. 140	×	ly on
77.	vith Map: (		~ O !	Vo		0,000
Blind Ch	eck & Ver	ified Bv:	Ron		_ Date:	7-19-

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76505 (38

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	R MONTH, DAY, YEAR	4. SEX
MARIA			GAXIOLA		09/20/1962		F
	DDRESS OF CALIFOR	NIA—FUNERAL DIRECTOR OR PUARY 2601 IMPER	ERSON ACTING AS SUCH 178. C		6. NAME, RELATIONSHIP, FULL OF INFORMANT CONCEPCION GAN 4362 POPLAR ST SAN DIEGO CA 9	CIOLA-MOTHER REET	P CODE
	EGO CA 921		FD-	-1425	BA. SIGNATURE OF APPLICANT	C Maddin Committee of the	E SIGNED
ACKNOWLEDGMENT OF A	on many   Thereby	acknowledge as applicant that the prop	ased disposition stated herein is one of t was authorized pursuant to Section 7100 of	the dispositions authorized by the Health and Safety Code.			7/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CAL AND IS THE AUTHOR IN THIS PERMIT.	SUED IN ACCORDANCE WITH IFORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPE NO RIGHT OF DISPOSAL OUTSIDE OF CAL	CIFIED \$7.00	98 DATE PERMI SUSY RAM	IREZ 2112184	LOCAL REGISTRAR ISSUIN	IG PERMIT
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL R	REGISTRAR OF DISTRICT OF RED IN CALIFORNIA ECORDS P.O.BOX GO 92186-5222	1 11		OF DISTRICT OF DISPOSITION- UR IN ANOTHER DISTRICT IN CAU		
THORIZED DISP	OSITION(S) CHECK	APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY	t
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	TIA NAME AND A	MAINS OTHER  ADDRESS OF CALIFORNIA CEMETERY 3751 MA  CA. 92102	EMETERY	SIDE OF CALIFORNIA	D 11C SIGNATURE OF PE	Address)  ERSON IN CHARGE OF BU	JRIAL
CREMATION		ADDRESS OF CALIFORNIA C	REMATORY	149-01 128. DATE CREMA	TED 12C. SIGNATURE PE	RSON IN CHARGE OF CRI	MATION
				50.5			
SCIENTIFIC USE	19A. NAME AND A	ADDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	I3B. DATE RECEI	VED 13C. SIGNATURE OF PE	erson in Charge of FA	CILITY
77500.00	14A, NAME AND A	ADDRESS OF GALIFORNIA FA	TE OR COUNTRY WHERE	13B. DATE RECEI		INATURE OF PERSON IN	

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

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	0	2. DATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA		(F=0)	GAXCIOLA		09/20/2962	08/15/2001	F
A. CITY OF DEATH			ENTER STATE		6. NAME, RELATIONSHIP, FULL OF INFORMANT CONCEPCTON GAS	TOLA-MOTHER	IP CODE
GUADAL		IA FUNERAL DIRECTOR OR PE IARY 2601 IMPER	IAL AVE	CALF. LICENSE NUMBER  IF APPLICABLE  1425	4362 POPLAR ST SAN DIEGO CA	2105	
ACKNOWLEDGMENT OF A	ne many   I kereby	J& schemistic as applicant that the propo 1376 of the Health and Safety Code, and a			BA. SIGNATURE OF APPLICANT-		TE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISS SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	NED IN ACCORDANCE WITH P FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC IO MIGHT OF DISPOSAL OUTSIDE OF CALL	ROVI- CODE #TED \$7.00	CONTRACTOR OF THE PARTY OF THE		OCAL REGISTRAR ISSUIN	NG PERMIT
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SCATTERING AT SEA OR DISPOSITION OTHER		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		F- 15B. DATE OF DISPOSITION	18C. SIGNATURE OF PE CHARGE OF DISPO	SETION OF CREA	NUMBER MATED RE- DISPOSER MICABLE

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 SSUE DATE.

# GRAVE OF LOV ALINE MARTICKE MSkes upper Lest

#### MT\_HOPE,CEMETERY INTERMENT ORDER

City of San Diego

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	Date	- K	N NO 30250	

	ted, subject to your rules and regulations, to inte	er the remains
Y CALL THE COLUMN TO THE COLUM	Funeral, date, time FRI 7-27	1/101
Church, Chapel Graveside	HUMPHREY	Mortuary.
90 m and 18	0 p.m. of regular work day or an extra charge of	· s
will be applied and billed to undersigne	ed	
Lot 9 Grave 7 Ro	WSection  Division/Bloom PRE-NEED_D-Y027	at_11_
Grave space & Care Fund	PRE-NEED D-4027	<del>_0</del>
	AID	
Opening/Closing & Setup	AID	The second secon
Burial Container tt-ll	2 3 2001	22.00
Handling Fees		10.00
Flower vases - Marker setting HC	PE CEMETARY	
Recording and filling fee	SAN DIEGO, C/	45.00
Sales taxes		4.13
	Total Due,	<u> 269.13</u>
	Paid receipt number R-53944	269.13
X	Balance due	0
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany.	of the above na cosition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery salion and interment.	and represent
I hereby authorize the interment in lot i hold under deed.	Signature Address Office Address	
Signakes of recorded holder of deed	City	Zip Code
Work Order # E 16506	Acct. #	
This	information in available in attemptive formate	

E-16506

#### MESSAGE CONFIRMATION

07/17/2001 11:10 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
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## MT HOPE CEMETERY

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F - 16506

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA NAME OF DECED HAROLD	FE 17 - A MOTET A STATEMENT IN NUMBER OF THE PARTY OF THE	IC. LAST (FAMILY) MARTICKE		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 08/12/1918 07/16/2001 M
SA. CITY OF DEATH	Chula Vista	58. COUNTY OF DEATH- ENTER STATE San	Diego	6 NAME, RELATIONSHIP, FULL MALLING ADDRESS AND ZIP CODE OF INFORMANT Lorain M. Marticke - Wife
Humphrey	Chula Vista Mortuary-753 Broa	dway ¦ ⊣F∧	PPLICABLE	437 Elm Avenue Chula Vista CA 91910
	sta CA 91910    Thereby acknowledge as applicant that the proposed disposition		0-964	BA BIGNATURE OF APPLICANT PASSO LANG POTRIT, 88. DATE SIGNED
ACKNOWLEDGMENT OF	Section 10376 of the Health and Safety Code, and was authorized	pursuant to Section 7100 of the He	eith and Safety Code	Julia Ching 107/18/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SPES NO RIGHT OF DISPOSAL QUISSDE OF CALFORNIA.	\$7.00	07/18/20 J.E. Kir	rissued, 9C. SIGNATURE OF LOCAL RÉGISTRAR ISSUING PERMIT 001   2112240
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- Vital OR BEES Prosure. P.O. Box 852 San Diego CA 92186-5222			OF DISTRICT OF DISPOSITION— JR IN ANOTHER DISTRICT IN CALIFORNIA
THORIZED DISF	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE	na .	I. DISPOSITION PENDING—REMAINS LOCATED A' (Name and Address)
BURIAL	Mt. Hope Cemetery 3751 Marke San Diego CA 92102		7/24/0	Tennoth Callins
CREMATION	Pacific Crematory 601-D Cran Lake Elsinore CA 92530		7-24-0	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RE	ECEIVING REMAINS	138. DATE RECEI	VED 19C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
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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.

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11:09

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

DATE 7-17-01

ASR VAULT	ARTICKE TO FRI 7-37 11:00
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Church, Chapol Q/evelde	
	s.m. of regular work day or an extra charge of \$
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Χ.	Balance dus
I have y certify I am the Wife	of the above named decadent
that I have the right to make this authorisi	alon of remains as above indicated. I certify and represent Mion and I agree to hold Mr. Hope Gernstery nermises from
any liability on account of said authorizati	on and interment.
s hereby authorize the interment in lot t hold under deed.	Juan Martisel
port under used,	X 437 Elm Ave
Denoune of secondary houses of second	> 10 mile Viota, CA 91918
	1619.476.9519.
	Privoles #
Work Order # E 16506	Acct. #

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Dale July 17, 2001

You are hereby authorized and instructed, subject to you of MATTHEW J.	ir rules and regulations, to in	nter the remains
Control of the Contro	te, time Fier July &	20 130pm
Church, Chape, Graveside	CLEN ABBE	Mortuary.
All Funeral cars must arrive before 3 00 p.m. of regular will be applied and billed to undersigned.	vork day or an extra charge	ors 150.00
will be applied and billed to undersigned.		
Loi 54 Grave 10 Row - Sec	ction 2 Division	12 225
Grave space & Care Fund		895,00
Additional spaces and care fund		
Opening/Closing & Setup	D	375,00
Burlal Container PA	וט	114
Handling Fees	2004	145,00
Clawar vacas Marker colling too		
Recording and filing fee MT. HOPE CE	METARY	45,00
Sales taxes CITY OF SAN D	DIEGO, CA	14.25
	Total Due	1.106425
Paid receipt num	MICA	1.664.25
Father	Balance due	8
i hereby certify I am the and this is your authority to make disposition of remains that I have the right to make this authorization and I agree any liability on account of said authorization and interme	as above indicated. I certife to hold Mt. Hope Cemeter	armed decedent y and represent y harmless from AAAGE
City	3080 NAMELE BANDER, TX 512) 267-7 Cal Ph# (619) 47	78641 1138200000
Work Order # E 16507 Acct	ce #	

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

7	8	9	10	11	12	
Andhony Dinay Major	open	Juan Francisco Garcia	x	NOTEA B. Smith	DONALD CLAYTON SMITH	**

Interment space	for: MA	TTHEV	v J.	HAYE	s
Interment Date:	Frei Jul.	20Th_T	ime:{:	30pm	
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Grave Laid out b	y:				7
Agrees with Leg	al Card: 🛘	Yes [	J Na	Flag	2 12
Agrees with Map	o: 🗆 Yes	a D1	No	1	State
Blind Check & V	Verified By:	PARKE	41_	Date:_	7-18-01

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF			SEX
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SA. CITY OF DEATH			5B, COUNTY OF DEAT	H-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP	FULL MAILING ADDI	ESS AND ZIP C	ODE
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AUTHORIZATION OF		Y FOR THE DISPOSITION SPECIFIED	\$7.00	1	211229	1		
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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.



#### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date July 24, 2001

na	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	U M S	Mortuary.
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REA-104 (7-96)

against the property interest of such person or entity shall be considered as a contest of this Will within the meaning of this ARTICLE causing the forfeiture of any interest under this Will.

IN WITNESS WHEREOF, I have executed this Will on May 14, 1998.

Wanda S. Tipling

On the date written below, WANDA S. KELLEY, as Testator, declared to us, the undersigned, that this instrument, consisting of six (6) pages, including the page signed by us as witnesses, was the Will of WANDA S. KELLEY, and requested us to act as witnesses to it. The Testator thereupon signed this Will in our presence, all of us being present at the same time. We now, at the Testator's request, and in the presence of the Testator and each other, subscribe our names as witnesses.

It is our opinion and belief that WANDA S. KELLEY is of sound mind and memory and is under no constraint or undue influence whatsoever. Each of us is over eighteen (18) years of age and none of us is a beneficiary or proposed Executor under this Will.

We hereby declare under penalty of perjury that the foregoing is true and correct and that this Declaration is executed on May 14, 1998, at San Diego County, California.

residing at 1327 Calle Christipler

JENEY H. Sierel EncINITAL, CA 92024

(Name Printed)

land desiding at 10091 Bin San Diego +508

Maune L. Junham

(Name Printed)

San Dep CA 93108

Bi.

### ARTICLE 6.

## NO EXERCISE OF TESTAMENTARY POWER OF APPOINTMENT

I do not intend to exercise any testamentary power of appointment which I now possess or which may later be conferred on me.

## ARTICLE 7.

### OMISSION OF HEIRS

Except as otherwise provided for in this Will, I have intentionally and with full knowledge omitted to provide for any of my heirs living at the time of my death, including any and all persons who would otherwise come within the scope and protection of sections 6560 through 6580 of the California Probate Code, or any successor statute.

#### ARTICLE 8.

## **UNENFORCEABLE PROVISION**

If any provision of this Will is or is adjudged to be unenforceable for any reason, the remaining provisions shall be carried into effect. I declare that I have not entered into any contract to make a Will nor a contract to refrain from revoking a Will. No interest shall be paid on any gift or legacy under this Will.

## ARTICLE 9.

## NO CONTEST CLAUSE

If any person who is, or who claims under or through, a devisee, legatee or beneficiary under this Will, or any person who, if I died intestate, would be entitled to a share of my estate, shall in any manner, directly or indirectly, contest this Will or attack, oppose or seek to impair or invalidate any provision of this Will, I hereby give nothing to such person and any other bequest, devise, legacy, gift or interest under this Will or by intestacy to such person shall be forfeited and shall augment proportionately the shares of my estate passing to those devisees, legatees and beneficiaries who have not participated in such acts or proceedings. For the purposes of this ARTICLE, any action of the type generally described above which is taken against the person or entity who would receive a benefit under this Will (as distinguished from action taken against the terms of the Will itself) or

distributions to the beneficiaries if the respective assets distributed to the beneficiaries have equivalent fair market values as determined by the Executor. The income tax bases of assets allocated or distributed nonprorata need not be equivalent and may vary to a greater or lesser amount, as determined by the Executor in the Executor's discretion. The Executor shall not be required to make any adjustment to compensate for any difference in bases, or the Executor may make such adjustments if the Executor in the Executor's discretion deems it appropriate.

3.2.14 If at the date of distribution of any property from my estate, the beneficiary of the property under my Will is a minor, or under any other legal disability, or unable, in my Executor's opinion, to administer the property properly by reason of mental or physical illness or disability, my Executor is empowered to distribute the property, in my Executor's reasonable discretion, to any one or more of the following persons for the benefit of the beneficiary: (1) a legally appointed guardian or conservator of the estate of the beneficiary; or (2) if the beneficiary is a minor, his or her parent or custodian under the California Uniform Transfers to Minors Act, provided that if no custodian is then in existence, my Executor is empowered to designate a custodian for this purpose from among those persons qualified to serve. I authorize my Executor to accept the Receipt of any distributee in full satisfaction and discharge of the distribution of such property.

## ARTICLE 4.

## DEATH TAXES

With respect to the property passing under ARTICLE 2 of this Will, the payment of estate, inheritance and other death taxes (hereinafter "death taxes") that by reason of my death may be attributable to any asset included in my probate estate, is to be made in accordance with the Trust Agreement described in such ARTICLE, including amendments to such Trust Agreement made after the date of this Will or any Codicils thereto. I authorize my Executor to coordinate the payment of death taxes with the Trustee of such Trust Agreement. If such Trust Agreement shall be invalid, fail, or be revoked, all death taxes shall be paid out of the residue of my estate bequeathed in trust by ARTICLE 2, in the manner provided in such Trust. Generation-skipping transfer tax shall be paid in accordance with Federal law.

#### ARTICLE 5.

## TAX ELECTIONS

I authorize my Executor, in my Executor's sole discretion, to make or to not make any one or more of the elections allowed by the Internal Revenue Code or the tax law of any state, despite conflicting interests of those interested in my estate and without making any adjustments among them.

investments as part of an overall plan of investment strategy. My Executor shall have no liability to any person for failing to exercise the investment authority conferred by this section.

- 3.2.6 To manage, control, sell, convey, exchange, partition, divide, subdivide, improve, and repair any estate property; to grant options and to sell upon deferred payments; to lease, for terms within or extending beyond the duration of probate, for any purpose; to create covenants, conditions, rights of way, restrictions, easements, and other servitudes.
- 3.2.7 To advance funds to the estate for any estate purpose, with such advances bearing interest at current rates and to be repaid out of the principal or income of the estate.
- 3.2.8 To borrow money for any estate purpose on such terms and conditions as the Executor may deem proper. To obligate the estate to make repayment; to encumber the estate or any of its property by mortgage, deed of trust, pledge, or otherwise, using such instruments and procedures to consummate the transaction as the Executor may deem advisable.
- 3.2.9 To have, respecting securities, all the rights, powers, and privileges of an owner, including the power to give proxies, pay assessments and other sums deemed necessary by the Executor for the protection of the estate; to participate in voting trusts, pooling agreements, foreclosures, margin accounts, reorganizations, consolidations, mergers, and liquidations; and, in connection therewith, to deposit securities with and transfer title to any protective or other committee under such terms as the Executor may deem advisable; to exercise or sell stock subscription or conversion rights; to hold stock in street name; to accept and retain as an investment securities or other property received through the exercise of the foregoing powers, subject to the limitations stated herein relative to the investments by the Executor.
- 3.2.10 To sell such property as the Executor may deem necessary to make any division or distribution, and to partition, allot and distribute the estate in undivided interests or in kind, or partly in money and partly in kind, at valuations determined by the Executor.
- 3.2.11 To take any action permitted to an owner with respect to interests in oil, gas and other natural resources, including but not limited to, selling production; executing pooling, unitization, drilling, development, production, farm-out and other agreements; and granting royalties and overriding royalties.
- 3.2.12 To carry insurance of the kinds and in the amounts the Executor considers advisable, at the expense of the estate, to protect the estate and the Executor against any hazard.
- 3.2.13 To partition, allot and distribute the estate on any partial or final distribution of the estate, in undivided interests or in kind, or partly in kind, at valuations determined by the Executor, and to sell any property the Executor considers necessary for the distribution. In making any partial or final distribution of the estate, the Executor is not obligated to distribute the same assets to beneficiaries similarly situated. The Executor may, in the Executor's discretion make nonprorata

## ARTICLE 3.

## NOMINATION OF PERSONAL REPRESENTATIVE; POWERS

- 3.1 Nomination of Executor. I nominate EDELL K. HENRY as Executor of my Will. If EDELL K. HENRY fails to qualify or ceases to act as Executor, I nominate SUZANNE D. KELLEY as Executor of my Will. If SUZANNE D. KELLEY also fails to qualify or ceases to act as Executor, I nominate JAMES MICHAEL KELLEY as Executor of my Will.
- 3.2 No Bond/Specific Powers. No bond shall be required of any person or entity nominated in this ARTICLE to serve as Executor. Any power, duty or discretion conferred by this Will on my Executor shall also be conferred on any personal representative of my estate. My Executor may administer my estate in accordance with the provisions of the Independent Administration of Estates Act, contained in Sections 10400, et. seq., of the Probate Code of California. In addition to any other rights or powers now or hereafter conferred by law, I grant the following powers to my Executor:
- 3.2.1 To sell, with or without notice, at either public or private sale, and to lease, any property belonging to my estate, subject only to such confirmation of court as may be required by law.
- 3.2.2 To continue the operation of any business interest belonging to my estate for such time and in such manner as my Executor may deem advisable for the best interests of my estate, or to sell or liquidate such business interest at such time and on such terms as my Executor may deem advisable and for the best interests of my estate. Any such operation, sale, or liquidation by my Executor, undertaken in good faith, shall be at the risk of my estate and without liability on the part of my Executor for any resulting losses.
- 3.2.3 To determine whether any or all of the expenses of administration of my estate shall be used as federal estate tax deductions or as federal income tax deductions. No beneficiary under this Will, nor under the Trust, shall have any right to recoupment or restoration of any loss suffered as a result of the utilization of such deductions, but my Executor may, in the Executor's absolute discretion, make adjustments to principal and income in order to reflect the manner in which the deductions are taken.
- 3.2.4 To continue to hold any property, although not of the type or quality nor constituting a diversification considered proper for estate investments, including stock in any corporate Executor.
- 3.2.5 To invest and reinvest the principal of the estate, and to purchase or acquire therewith every kind of property, real, personal or mixed, and every kind of investment, including but not limited to participation in any common trust fund, corporate obligations of any kind, and stocks, both common and preferred, which persons of skill, prudence, and diligence acting in a similar capacity and familiar with those matters would use in the conduct of an enterprise of similar character and with similar aims, to attain the goals of the Testator under this Will; and to consider individual

## LAST WILL AND TESTAMENT

OF

### WANDA S. KELLEY

I, WANDA S. KELLEY, a citizen of the United States of America and a resident of San Diego County, California, being of lawful age and of sound mind and not being subject to any duress, menace, fraud or undue influence, make, publish and declare this to be my Will. I hereby revoke any Wills and Codicils previously made by me.

### ARTICLE 1.

## DECLARATION REGARDING FAMILY

I declare that I am not presently married. I have three children, all of whom are adults, namely SUZANNE D. KELLEY, born March 8, 1935; EDELL K. HENRY, born November 30, 1945; and JAMES MICHAEL KELLEY, born March 17, 1948. I do not have any other children, living or deceased.

#### ARTICLE 2.

## DISPOSITION OF ESTATE

- 2.1 Gift of Entire Estate. I give all of my estate, including real and personal property wherever situated, and including any lapsed gifts, to the then acting Trustee under that certain Revocable Trust Agreement previously executed this date and known as THE WANDAS. KELLEY REVOCABLE TRUST, wherein I am the Trustor, to be added to and become a part of the trust estate thereunder, and to be held, managed, administered, and distributed according to the provisions of such Trust Agreement and any amendments thereto, including amendments made subsequent to the date of this Will.
- 2.2 Incorporation of Trust by Reference. If the disposition of property provided for above in this ARTICLE is ineffective in whole or in part for any reason, I incorporate herein by this reference the Trust Agreement described above in this ARTICLE as it may exist at the time of the execution of this Will or the last Codicil hereto, if any, and I give all of the property ineffectively disposed of above in this ARTICLE to the Trustee named therein, to be held, administered, and distributed in accordance with the provisions thereof as a testamentary trust.

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# **COUNTY OF SAN DIEGO**

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A0287308







TAMES & MANDA PETTER

# CITY OF SAN DIEGO, CALIFORNIA F 16508 12329 MOUNT HOPE CEMETERY



DUPLICATE

## OWNERSHIP AND INTERMENT PRIVILEGES

10 SAMES & WANDA RELIEF	for the sum of \$ 180.00	(DOLLARS
LEGAL DESCRIPTION Lot 782 Division 10	70	
as described on purchase order number	D-5240	
According to a map of said Cemetery filed in the office of the Cendowed care. Subject to all rules and regulations now in forcessentials for care and operation of the Cemetery. The rights becoment of the Cemetery Authority in each and every case and	ce or may hereafter be adopted, including the right to hereby conveyed for interment privileges shall not be a	ingress and egress with relinquished without th
It is expressly understood however, that said Cemetery Divis stone, vaults or other improvements of like nature that is alreated be assumed by legal owner or representatives of plot. In no caused and natural causes of deterioration, but reserves Cemetery. The following type of memorial will be permitted:	ady, or may hereafter be erected or placed on said lot or ase will the Cemetery Division be responsible for dam	r plot. Cost of same shall age, malicious mischief
Delica (1) 22	l T. L	ر جو
Cemetery Manager	Real Estate Agents Di	rector



THE CITY OF

## SAN DIEGO

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

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

## **QUITCLAIM DEED**

n consideration of a deed transfer (dee	
Edell K. Henry (Executor for Ja	ames & Wanda Kelley)
DO HEREBY REMISE, RELEASE, AND (	Control of Department of the Control
Address: P.O. Box 20258 - El Cajon,	CA 92021
all that Cemetery property situated in Mount Ho San Diego, State of California, described as follow Lot <u>782</u> . Orace Row S	
	ove-described quitclaimed property unto the said its successors and assigns forecer.
WITNESS my/our hand this 24	day of 5-14 # 2001
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:	EQuel K. Harry by fre Lukada.  (has armarry - 100 R
Witnesses	El Cajon, CA 92021



## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That

EDELL	HENRY
and appoints GENE E. WHATLEY State of California or, in his absence the cemetery broker, his true and lastead and for his use and benefit to pertaining to the sale, disposal, use,	ally if more than one), hereby makes, constitutes 7, a licensed and bonded cemetery broker in the e, Gene K. Whatley, a licensed representative of awful attorney for him and his name, place and perform and sign in his place in all matters or to give burial rights to any other party or letery property described as follows:
at Mount Hope Cem	etery
perform all and every act and thing be done in and about the premises a could do if personally present, here do or cause to be done by virtue of	he masculine gender includes the feminine and/or
Signature of	Signature
State of Oregon	County of Deschutes
on may 5th.	20 <u>00</u> before me, the undersigned, a Notary Public
and for said State personally appear	ared Edell Henry
( ^ BENERAL BENER	/// - 17 :-



## MT. INOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-19-01

ina LINER	Funeral, date, time TUE 7-24 11:0
Church Chapel Graveside	RAGSDALE Mortuary.
All Funeral care must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section Novision/Bleck
Grave space & Care Fund	375.00
Additional spaces and care fund	PAID
Opening/Closing & Setup	JUL 19 2001 375,00
Durial Corrange	
Handling Fees	AT HOPE CEMETARY 145.00
Flower vases Marker setting fee CI	TY OF SAN DIEGO, CA 125,00
Recording and filing fee	45.00
Sales taxes	14, 25
р	aid receipt number $\frac{1789.25}{8-53937}$
./	Balance due
I hereby certify I am the MI other	of the above named decedent
and this is your authority to make dispos	ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Sonta Rosalia D
Signature of recorded holder of deed	× 500 kingo 92/14 (16/9) 263-1396 26 Code
-	Invoice #
Work Order # <u>E 16509</u>	Acct. #
REA-104 (7-96) This info	ormation is available in alternative formats upon request.

& Frinted 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.

	828 33					
7	8 BUTIBUS	E 14,N2	115 X 10	BOLION CLENON	BANDET PANDET	nS
	Mr 11000		CONTRACTOR OF	OULI(C)		
					3	
ot: 115	Date: Ture:  Grave:  d out by:	/0	Row:			iv: 12
Agrees wi	th Legal Ca	rd: 🗆 Ye	es C	J No	mak	Cross.
	th Map: 🗆		RODI	No		7-237
3lind Chec	ck & Verif	ied By:	1//		Date:	

E- 16509

## E-16509

## MESSAGE CONFIRMATION

07/19/2001 12:05 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION 11	MODE	PAGES	RESULT	
07/19	00'23"	92631507	CALLING	01	OK	0000

16509

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

TA. NAME OF DECE	DENT-FIRST (GIVEN)	18, MIDDLE		1C, LAST (FAM	(2.50	2	DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA, CRY OF DEATH	,							MAILING ADDRESS AND 2	P CODE
MILETON				LOS AND	inus	DOLLE	E ELEGIS	OTHER.	
7A. TYPED NAME AND	ADDRESS OF CALIFORN	AA FUNERAL DIRECT	TOR OR PERSON	ACTING AS SUCH 7	B. CALIF. LICENSE NUMBER	235 S	AMERICA MOSTAL	IA DR.	
MUNICIPACIO-3	ACEDICA MORE	runu -5050	PERM	EXD.,	-IF APPLICABLE	SOM D	DECO, CHL	F. 92114	
ZMI DIDGO,	CHIP.			1		BA/SIGNATI	URE OF APPLICANT	Person taking parmet, 8B. DA	TE SIGNED
ACKNOWLEDGMENT O					of the dispositions authorized by 00 of the Health and Safety Code:	Mar	mus K	teaco 67/	0/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAF	IN THIS PERMIT.	FORNIA HEALTH AND TY FOR THE DISPOSI	SAFETY CODE	9A. AMOUNT OF 7.00	07,/23/		c. SIGNATURE OF L	OCAL REGISTRAR ISSUM	NG PERMIT
ANY CHANGE IN DISPOS TIGM REQUIRES A NEW TO SHOW FINA POSITION.	9D. ADDRESS OF R	EGISTRAR OF DIST	RICT OF DEATH	7. 8	E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU	UR IN ANOTH	ER ASTRICT IN CAUP	ORHIA	
A. BURIAL ON		1 = =		6	ENVAULTMENT		02/17/02/13/VO	ROMER'S USE ONL PENDING REMAINS L Address)	
A. BURIAL ON	CLUDES ENTOMBMENT) IN OF CREMATED REM CEMETERY USE  11A. NAME AND A	DDRESS OF CALIF	751. JOHN	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	ENVAULTMENT IT ALIFORNIA OUTSIDE OF CALIFORNIA   11B. DATE BURIEL	-	L DISPOSITION (Name and )	PENDING REMAINS L	OCATED A
A. BURIAL (IN B. CREMATION C. DISPOSITION THAN IN A. D. SCIENTIFIC	CLUDES ENTOMSMENT) IN OF CREMATED REN CEMETERY USE  11A. NAME AND A	DDRESS OF CALIF	751. 19 <b>.00</b> 2 21.02	E. TEMPORARY  F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO	ENVAULTMENT IT ALIFORNIA OUTSIDE OF CALIFORNIA	19/	I. DISPOSITION (Name and )	( PENDING — REMAINS L Address)	OCATED /
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A. BURIAL (INC.)  B. CREMATION  THAN IN A  D. SCIENTIFIC  BURIAL  CREMATION  SCIENTIFIC	LUDES ENTOMBMENT)  N OF CREMATED REM CEMETERY USE  11A. NAME AND A  12A. NAME AND A  13A. NAME AND A	DDRESS OF CALIF	751 PARCE 2102 ORNIA GREMATO ORNIA FACILITY	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RY ORY RECEIVING REMA	ENVAULTMENT IT ALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIEI 7-24-04 12B. DATE CREMAT	TED 12C. 1	I. DISPOSITION (Name and )  SIGNATURE OF PER  SIGNATURE OF PER  SIGNATURE OF PER	RESON IN CHARGE OF E	URIAL REMATION

POPY 2

# In- ruch

#### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date 7-20-0

or Constance Wear	en & Marvel Weaver
in a downly Depth	Funeral, date, time
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.n	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	<del></del>
Lot 241 Grave 1 Row_	Section 2 Division/Block 22
Grave space & De And	<u>845.00</u>
Additional spaces and care fund	
Additional spaces and care fund	at 375 750.00
Burial Container DDC YPTI	380,00
Handling PANOF SAN DISC	320.00
	171 07
Recording and filing fee	± 43 90.00
Sales taxes	<u> </u>
	Total Due
R	Balance due
i hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from a and interment.
I hereby authorize the interment in lot I hold under deed.	X Constance News
Signature of recorded holder of deed	Telephone Col 34
Work Order # E 16510	Invoice #





## MT. HOPE CEMETERY GRAVE OF INTERMENT ORDER

ELMER HERKEL Ashes - Right side

City of San Diego

Date 7-20-01

Church, Chapel, Graveside WHPESSONLY: PACIFIC BEACH  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  will be applied and billed to undersigned.  Lot 10 Grave Row Section Division/Block  Grave space & Care Fund PRE - NEED D - 73 93  Additional spaces and care fund  Opening/Closing & Setup  Burlal Container  Handling Fees  Flower vases - Marker setting fee  Recording and filling fee  Paid receipt number 54378  Paid receipt number 54378  Balance due  Paid receipt to make this authorization and interment.  In hereby certify I am the Annual this is your authority to make this authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16511  Acct. #  Mortuary.  Mortuary.  PACIFIC DEACH  Someware of recorded holder of deed  Mortuary.  Mortuary.  PACIFIC DEACH  DON Not Angle Division/Block  Divis	ina ASh VAUIT	Funeral, date, time Fri 1/30	01 1000
All Funeral cars-must arrive before 3:30 p.m. of regular work day or an extra charge of \$	Type of Burial Container	NESS ONLY. PACIFIC BEACH	Mortugov
Work Order # E 16511  Additional space and billed to undersigned.  PRE - NEED D - 73 9 3  Division/Bleck  PRE - NEED D - 73 9 3  Additional spaces and care fund  PRE - NEED D - 73 9 3  Additional spaces and care fund  Depening/Closing & Setup  Burlal Container.  Handling Fees  Flower vases - Marker setting fee  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Total Due  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cemetery hermless from any liability on account of said authorization and interment.  Page Market  Segnature of recorded holder of deed  Work Order # E 16511  Res  Acct. #  Invoice #  Invoice #  Acct. #  Invoice #  Acct. #  Invoice #  Invoice #  Acct. #  Invoice	All Euperal care must arrive before 3:5	30t N	of \$
Grave space & Care Fund  PRE - NEED  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases - Marker setting fee  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Total Due  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Paid receipt number  Flower vases - Marker setting fee  Vasion of the above named decedent intertination and interment.  RND NERKEL  Paid Receiver Aue  Address  Signature of recorded holder of deed  Flower Saw Dieso  Paid receipt number  Flower vases - Marker setting fee  Vasion of the above named decedent interment.  RND NERKEL  Address  Signature of recorded holder of deed  Paid receipt number  Flower vases - Marker setting fee  Vasion of the above named decedent interment.  RND NERKEL  Signature of recorded holder of deed  Paid receipt number  Flower vases - Marker setting fee  Vasion of the above named decedent interment.  RND NERKEL  Signature of recorded holder of deed  Received a vasion of the above named decedent interment.  RND NERKEL  Signature of recorded holder of deed  Received a vasion of the above named decedent interment.  RND Nerker vases - Marker vasion of the above named decedent interment.  RND Nerker vasion of the above named decedent interment.  RND Nerker vasion of the above named decedent interment.  RND Nerker vasion of the above named decedent interment.  RND Nerker vasion of the above named decedent interment.  RND	STATE OF THE STATE		, , ,
Additional spaces and care fund  Opening/Closing & Setup.  Burial Container  Handling Fees  Flower vases – Marker setting fee  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower land land land land land land land land	will be applied and billed to undersign	eo	
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Opening/Closing & Setup  Burlal Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  RAND MERKEL  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16511  Acct. #  Invoice #  #  In		RE-NEED D-7393	
Opening/Closing & Setup  Burlal Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  RAND MERKEL  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16511  Acct. #  Invoice #  #  In	Additional spaces and care fund		
Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker setting fee  Paid Receipt number  Flower vases – Marker vases –			105.00
Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Total Due  Paid receipt number 54378  Paid receipt number 54378  Balance due  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16511  Acct. #  San Discontinuation and intermative formats upon request.	F 15 15 15 15 15 15 15 15 15 15 15 15 15		80
Flower vases – Marker setting fee			
Recording and filing fee			125,00
Paid receipt number 54378 275.00  Paid receipt number 54378 275.00  Balance due 2  Total Due 275.00  Balance due 2  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  The property of recorded holder of deed 2  Signature 4179 Greenbriek Ave 24120  City 583-7143  Talephone  Invoice # 216511  Acct. # 22 ation is available in alternative formats upon request.			45.00
Paid receipt number 54378 275.00  Balance due 2  Total Due			
Paid receipt number 54378 275.00  Balance due 27  Thereby certify I am the 27 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature 4119 Greenerie Ave Address San Dieso 92120  City 583-7143  Tolephone  Work Order # E 16511  Acct. II  Patient I have the recorded formats upon request.	Sales laxes	5-24-400-C-02-040-	225.00
I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Figure 4119 Greenerie Ave Addresse  San Dieso 92120  City 583-7143  Tolephone  Invoice #  Acct. II  BEF 16511  Acct. II  Signature of recorded formats upon request.			275.00
I hereby certify I am the Contact I certify and the Contact I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16511  Res Contact I have a provided holder of deed  Invoice # Acct.			015100
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature 4119 Greenbrier Ave Address 3an Diebo 92120  City 583-7143  Work Order # E 16511  Acct. II  BEF 16511  Signature 4119 Greenbrier Ave Ave Address 3an Diebo 92120  Invoice # Acct. II  Signature of recorded holder of deed 2ation is available in alternative formats upon request.	× Ge	Paus 6 / Balance du	•
that I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Work Order # E 16511  REF   Company	I hereby certify I am the		
I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Signature 4119 Greenbrier Ave  Address  San Diebo 92120  Zip Code  Talephonu  Invoice #  Acct. II  Signature 4119 Greenbrier Ave  Zip Code  Zip Code  Zip Code  Zip Code  Acct. II  Signature 4119 Greenbrier Ave  Zip Code  Zip Code  Zip Code  Zip Code  Acct. II  Signature 4119 Greenbrier Ave  Zip Code	that I have the right to make this author	prization and I agree to hold MI. Hope Cemete	ry harmless from
Signature of recorded holder of deed  Signature of recorded holder of	any liability on account of said authori	Zanon and interment.	DIG I
Signature of recorded holder of deed  Address  SAN DIEGO 92120  City 583-7143  Talephone  Invoice #  Acct. N  REP 16511  Acct. N  22 ation is available in alternative formats upon request.	any liability on account of said authori	zation and interment. RANDY ME	rkel
Work Order # E 16511    City 583-7143   Zip Code	I hereby authorize the interment in lot	X P Miskel	
Work Order # E 16511    Invoice #   Acct. N   REF   16511   Section is available in alternative formats upon request.	I hereby authorize the interment in lot	Signature 4179 GREENBR	HER AVE
Work Order # E 16511  Acct. N  REP 1	I hereby authorize the interment in lot hold under deed.	Signature 4119 GREENBR  Addresse SAN DIEGO	92120
Work Order # E 16511  Acct. N  REP 1	I hereby authorize the interment in lot hold under deed.	Address SAN DIEGO  Standard SAN DIEGO  STANDARD	92120
REA 11 61/21/22, ation is available in alternative formats upon request.	I hereby authorize the interment in lot hold under deed.	Address SAN DIEGO  Standard SAN DIEGO  STANDARD	92120
REA 11 61/211 SZ, ation is available in alternative formats upon request.	I hereby authorize the interment in lot hold under deed. Signature of recorded holder of deed	Signature 4179 GREENBR  Addresse SAN DIEGO  City 583-7143  Talephone	92120
11 6 6	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed	Signature 4179 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	92120
L-11/2" 2" W-8/4" warm, 150	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed  Work Order # E 16511	Signature 4179 GREGUBR  Address SAN DIEGO City 583-7143  Talephone Invoice #Acct. #	PIER AVE 92120 26 Code
W-8/4" waring 150	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed  Work Order # E 16511	Signature 4119 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	PIER AVE 92120 26 Code
W-8/4	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed  Work Order # E 16511	Signature 4119 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	PIER AVE 92120 26 Code
warity. 150	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed.  Work Order # E 16511	Signature 4119 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	PIER AVE 92120 26 Code
- mark 1. 125	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed  Work Order # E 16511	Signature 4119 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	PIER AVE 92120 26 Code
	I hereby authorize the interment in lot hold under deed.  Signature of recorded holder of deed	Signature 4119 GREGUBA  Address SAN DIEGO  City 583-7143  Talephone  Invoice #	PIER AVE 92120 26 Code

79610

# E-16511 FM APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 11 5756

A. NAME OF DECEDI	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY)			3. DATE OF DEAT MONTH, DAY, YE	
THELMA		MAXINE			- Caracter		07/04/2001	
SAM DIEGO			5B. COUNTY C	SAN DIEGO	OF INFOR	ELATIONSHIP, FULL MA RMANT MARKEL — 1	SOMMON I	ZIP CODE
EL CANTRO		PACIFIC DEA	OR PERSON ACTING AS SUCH	7B, CALIF. LICENSE NUMBER —IF APPLICABLE	4779 SAN 1	BREENBRIER DIEGO CA 921 URE OF APPLICANT—PER	AVE 120	ATE SIGNET
ACKNOWLEDGMENT OF /	indicate     bereby a	chrowledge as applicant that t	the proposed disposition stated herein is de, and was sufficiently disposition to Section	one of the dispositions authorized by	b. Signatur	TO ATTOCKET		05/200
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE Y ORNIA HEALTH AND SA TY FOR THE DISPOSITION DIRECTOR DISPOSAL OUTSIDE	MITH PROVI- PETY CODE N SPECIFIED	F FEE PAID 98. DATE PERM 07/06/20	201	SIGNATURE OF LOC	AL REGISTRAR ISS	UNG PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	ALANT. BIE	CA 92165-5	OX 85222	9E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			NIA	
A. BURIAL (INCL	POSITION(S) CHECK A LUDES ENTOMBMENT)	PPLICABLE ITEMS		Y ENVAULTMENT	1	FOR CORO	ENDING REMAINS	VV - 705 - 607 1546 171
A. BURIAL (INCL	OF CREMATED REM. EMETERY ISE	AINS OTHER	F, DISINTERM G, SHIP IN TO	ENT		. DISPOSITION P	PENDING—REMAINS dress)	LOCATED A
A. BURIAL ONCL  B. CREMATION  C. DISPOSITION  THAN IN A C  D. SCIENTIFIC U  BURIAL	OF CREMATED REM. EMETERY ISE  11A NAME AND AL SAM DIRECT	DORESS OF CALIFORN	F, DISINTERM G, SHIP IN TO H, TRANSIT T  NIA CEMETERY ST  NIA CREMATORY 3933 IMPRIMA	CALIFORNIA O OUTSIDE OF CALIFORNIA 11B. DATE BURIL 1//30/0 12B. DATE CREM	ED   11C. 5	L DISPOSITION P (Name and Add	PENDING REMAINS dress)  ON IN CHARGE OF	BURIAL DESCRIPTION OF THE PROPERTY OF THE PROP
A. BURIAL ONCL  B. CREMATION  C. DISPOSITION  THAN IN A C  D. SCIENTIFIC U  BURIAL  CREMATION  SOMETIFIC  USE	OF CREMATED REM. EMETERY ISE  11A NAME AND AL BASE DIRECT	DORESS OF CALIFORM CA 92102 DORESS OF CALIFORM CA 92102 DORESS OF CALIFORM	F, DISINTERM G, SHIP IN TO H, TRANSIT T  NIA CEMETERY ST  NIA CREMATORY 3933 IMPRIMA	ENT CALIFORNIA O OUTSIDE OF CALIFORNIA 11B. DATE BURIL 12B. DATE CREMA	ED 11C. 5	I. DISPOSITION P (Name and Add	PENDING REMAINS dress)  ON IN CHARGE OF ON IN CHARGE OF	BURIAL CREMATION
A. BURIAL CHOL  B. CREMATION  C. DISPOSITION  THAN IN A C  D. SCIENTIFIC U  BURIAL  CREMATION  SOMENTIFIC	OF CREMATED REM. EMETERY ISE  11A NAME AND AL SAM DIEGO 12A NAME AND AL CIPERS VI AVE SAM I 13A NAME AND AL 13A NAME AND AL 13A NAME AND AL 14A NAME AND AL	DORESS OF CALIFORNIA CA 92102  DORESS OF CALIFORNIA CA 921   F. DISINTERM G. SHIP IN TO H. TRANSIT T  NA CEMETERY ST  NIA CREMATORY T 3953 IMPERIAL	CALIFORNIA O OUTSIDE OF CALIFORNIA 11B. DATE BURIL 12B. DATE CREMA 12B. DATE RECE	ED 11C. 5	I. DISPOSITION P (Name and Add SIGNATURE OF PERSO	ON IN CHARGE OF	BURIAL CREMATION	

ORDER CITY OF SAN DIEGO, CALIFORNIA THELMA M. BLACK MITN. 92/26 BEAC AC IFIC 35.00 OPENING TIME REMOVAL OR FOUNDATION VET Marker Inst TOTAL 23923 PAID RECEIPT NUMBER Flush Marker Only Britato Untan Family Caly THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY. AUTHOR I ZED IN PERSONS helma M. Merkel TAKEN BY DH. Frank INVOICE NO. 3/538 7393

FORM PR-974 REV.

## MT HOPE CEMETERY

	GRA'	VE BL	IND CHE	CK FO	RM	
Write in the oblock marked existing mark the burial sp	d with "X" ker's in th	. Place e appro	the name priate spa	e's, lot # a ace(s) tha	ind grave #	of all ent to
31	35	33	70 X 94	35	36 LUMENS	31
Interment spa		LEI M	A MFR	KEL	<b>X</b>	
Interment Spa  Interment Dat  Lot: 70  Grave Laid on	Grave:		Т	ime:	2_ Div	: _\\_
Agrees with I	egal Card	Yes		lo	Date: #	AL C
Blind Check	& Verified \6≤	By: <u></u>	Kenneth A	alling s H	PL DT	1/29/01

## MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date July 20, 2001

You are hereby authorized and instruc-	ted, subject to your ru	les and reg	ulations, to inter	the remains
or Dorts -	Delores	MAN	8-8-0	
than Chapel Traveside	Funeral, date, t	CA	Burial	Mortuary.
All Funeral cars must arrive before 3:0 will be applied and billed to undersigne	op.m. of regular work	day or an e	extra charge of	150.00
Lot 123 Grave 7 Ro	w Section	2	Division/Plock	_12_
Grave space & Care Fund	DAID			895.00
Additional spaces and care fund				205 00
Opening/Closing & Setup	nn 2 4 2001			31500
Burial Container				250.00
Handling Fees	T, HOPE CEMET Y OF SAN DIEG	ARY D. CA		185.00
Flower vases - Marker setting fee	1010/11-			
Recording and filing fee				45.00
Sales taxes	**********************		,.,	18,75
		Total Due		.768.
	Paid receipt number	539	47	768.75
	, and today, italians		Balance due	A
I hereby certify I am the X DA and this is your authority to make disp that I have the right to make this authorizany liability on account of said authoriza	rization and I agree to	above indic	f the above name cated. I certify a tope Cemetery ha	nd represent
I hereby authorize the interment in let i	X C Signature 384	41 /2	LOGAN I	WE.
Signature of recorded holder of deed	Address SAA City (61' Telephone	DIEG 9) 21	0, CA 63-402	92113 25 Zip Code
Work Order # E 16512	Invoice #		-	

420pm 8/7/01 Jeanette / CA Burial notified Mt. Hope of service tomorrow Weds 8/8/01.

## 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.

y E	6 = 1						
		7	8	8	(2)	1.16	1
		X		Phyllis water-clark	CANADY	Thorpe	1
	1	_2_	3	4	5	6	
				Carolyn MARKE WATTS	# - W	-	
				ELORES			
				Sect:			
Grave Lai	d out by: _		** 	- KTE 100		<del>~</del>	7
Agrees wi	th Legal C	ard: 🗆 Y	es	□ No	Flag	Sou Gran	١
Agrees wi	th Map:	J Yes		No		Gran	/

E-165/2

Blind Check & Verified By: .

# E-16512

## MESSAGE CONFIRMATION

07/24/2001 13:54 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/24	00'37"	619 286 2674	CALLING	01	OK	0000

To: CA Burial - El Cajan Blvd. Office PAID INT. ORDERE-16512

E-16512

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(55)

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	7	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
DORIS		DELORES	MANSON	81	0270171946 0870172001 r
A. CITY OF DEATH				EATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
SAN BIEGO	8		SAN BING	00	PHYLLIS SWANEGAN-DAUGHTER
CALIFORNI	A CREMATION	& BURIAL CHA	Birth Vital II.	-IF APPLICABLE	6405 EDMONDS ST. SAN DIEGO, CA 92114
5880 EL C	AJON BLVD.,	SAN DIEGO, CA	A 92115	F-1357	SA, SIGNATURE OF APPLICANT—Person taking person, SB, DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	1976 of the Health and Selety Code, and	posed disposition stated herein is one of I was authorized pursuant to Section 7100	of the Heelith and Safety Code.	► Sectte Lemper ( 08/07/200
PERMIT	BIONS OF THE CALIF	FORMIA HEALTH AND SAFETY	CODE	08/08/2	IT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	TY FOR THE DISPOSITION SPI ID MIGHT OF DISPOSAL OUTSIDE OF CA	AFORMA 77.00	J. BENY	ARD   2113310
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF DRUS-P.O. BOX 0. CA 92186-52	85222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	- The Control of the	The state of the s		_	FOR CORONER'S USE ONLY
B. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM	AINS OTHER	E. TEMPORARY E  F. DISINTERMENT  G. SHIP IN TO CAI  H. TRANSIT TO O		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	MT. HOPE		EMETERY	8-8-0	1/ -
CREMATION	12A. HAME AND AL	DDRESS OF CALIFORNIA (	CREMATORY	128. DATE CREMA	ATED 12C. SIGNATURE OF PERSON ON CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	ddress of California F	FACILITY RECEIVING REMAIN	S ISB. DATE RECE	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND AI REMAINS OR	DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	PICIENT TO IDE	REST POINT ON SHORELINE ENTIFY FINAL PLACE AND C	ON OTHER DESCRIPTION SU A <u>DISTRICT</u> OF DISPOSITION	F. 15B. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE

## MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date JULY 20, 2001

OT		ALBERTA	MCMULLEN	, ,
in BELL			(Funeral, date, time) Mop 1/36	01 900
Charter S		Property De	ELIVERYOULY: CA BURIAL	Mortuary.
All Funeral	cars must	arrive before	3: <b>60</b> p.m. of regular work day or an extra charge	of\$ 150.00
will be app	lied and bi	lled to unders	ilgned.X	
Lot 122	Grav	e3	Row Section1 Division/E	Block 12
Grave spa	ce & Care	Fund		895.00
52			PAID	
C11140411040000000000000000000000000000	194 DECEMBER 1990	YES DESCRIPTION OF BOOK		CONTRACTOR STORY
Burial Con	tainer		IUL 2.3 2001	190.00
Handling F	ees		HOPE CEMETARY	145.00
			OF SAN DIEGO, CA	
TOWN MACHINES		00000		45 00
		W. 1600000		
AND STATE OF STATE OF		estition: Hansech	Total Due	1.664.25
			Paid receipt number R-539 16	1664.2
		CDEC B	ROWN, DEPUTY PA Belance du	0
I hereby co	artify I am I			named deceden
and this is	your author	ority to make	disposition of remains as above indicated. I cert uthorization and I agree to hold Mt. Hope Cemete	ify and represen
any liability	on accou	nt of said aut	horization and interment. GREG BROWN, I	EPUTY PA
I hereby a	thorize the	e interment in	CSee ATT	4ched)
hold under		a interment in	5201-A RUFFIN ROAL	
			SAN DIEGO, CA	92123
Signature of rec	orded holder of	deed	(858) 694-3508 /FAX	Zip Cod
		16513	Invoice #	

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REA-104 (7-96)

This information is available in alternative formats upon request.

## E-16513

## MESSAGE CONFIRMATION

07/20/2001 15:33 ID=SD MT. HOPE CEMENTERY

DATE S.R-TIME DISTANT STATION ID MODE RESULT PAGES CALLING 07/20 495 5127 02 OK 0000

## 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: ESTATE - County CASE

	Robert H. Antibus	Johney Smath			
	<u> </u>	.3	4_	5	6
		X		<b>_</b>	
7	8_	9	10_	Ji	12
Harold WAYNE DECATUR					Charles Cuttes BRYSON

	Hasold WAYNE DECATUR				Charles Cuttes Bryson
Intern	ent space for:	Alber-	A MA	<u>e Mull</u>	en
	nent Date:	<b></b>	. Time:		
Lot:	22 Grave:	Row:	Sect	: <u> </u>	oiv: 12
Grave	Laid out by:				$\overline{}$
Agree	s with Legal Card	: 🗆 Yes	□ No	( Flo	" rave
Agree	s with Map:	Yes	□ No		9
Blind	Check & Verified	Ву:		Date:	

E-16513

E-16513

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

97)

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

ALBERTA	NT—FIRST (GIVEN) 18. M	J.	1C. LAST (FAMILY) MCMULLEN				3. DATE OF		4. SEX
CHELA VISTA	V.		5B. COUNTY OF DEA	TH-OUTSIDE CALIF.	OF INFORM	THONSHIP, FULL MA ANT ROWN-PUBL.			CODE
CALIFORNIA	DORESS OF CALFORNA FUN CREMATION & BU ON BLVD., SAN	RIAL CHAPEL	1	ALIF, LICENSE NUMBER HF APPLICABLE P-1357	5201-A SAN DI	RUPPIN RI EGO, CA 92 EGE APPLICANT	2123	72-	E SIGNED
ACKNOWLEDGMENT OF A			Exposition stated herein is one of t Mortred cursuant to Section 7100 of		>40a	null ben	yead	07/2	6/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN A SIONS OF THE CALIFORNIA I AND IS THE AUTHORITY FOR IN THIS PERMIT, NOTE: THE PERMIT CHES NO MINIT O	HEALTH AND SAFETY COD THE DISPOSITION SPECIFIE	\$7.00	98. DATE PERMIT 07/28/2 J.BENYA	1001	112662	AL REGISTR	AR ISSUM	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW BIT TO SHOW FINAL DISPOSITION.	OD. ADDRESS OF REGISTRA VITAL REGISTRA SAN DIEGO, CA	F.O. BOX 8522		DORESS OF REGISTRAR DISPOSITION IS TO OCCI			NIA		7
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICAB	LE ITEMS				FOR CORO	WER'S US	SE ONLY	-
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS O'	RIER	E. TEMPORARY ENG. F. DISINTERMENT G. SHIP IN TO CALIF	4		I. DISPOSITION F (Name and Ad		emains Lo	CATED AT
BURIAL	MT. HOPE CEME SAN DIEGO, CA		EKET ST.	118. DATE BURIE	11C. SK	MATURE OF PERS	ON IN CHAR	IGE OF BU	RIAL
CREMATION	12A. NAME AND ADDRESS	OF CALIFORNIA CREMA	ATORY	129. DATE CREMAT	ED 12C. S	MATURE OF PERSO	ON IN CHAR	GE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND ADDRESS	OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEI	VED 13C, SKI	MATURE OF PERS	on in Char	IGE OF FA	CILITY
TRANSIT	14A. NAME AND ADDRESS REMAINS OF CREMA	IN RECEIVING STATE OF TED REMAINS ARE TO B		148. DATE SHIPP		dress and signa Placing with th		erson in	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST PO FICIENT TO IDENTIFY F	oint on Shorieline, or Pinal Place and Ca <u>dist</u>		158. DATE OF DISPOSITION		MATURE OF PERS ARGE OF DISPOSI		O. LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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

MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diege

Date JULY 20 2001

of		LEERTA	HO	an le		-		
in BELL	LINER			Eunse	el, date, tin	ne)_		
Church, Cha	pol, Grave			Si Si		CA	BURTAL	Mortuan
All Funeral d	en must a	rrive belore	3: <b>60</b> p.	m. of rec	juliar work o	tey or	on extra charge o	4 \$ 150,00
will be applic	ed and bill	d to unders	lgned I		74 July	35		<del>-</del>
Let 122	_ Grave	_3	Row_	-	_ Section	1	Division/Si	ock 12
Grave speci	& Care F	und			) <b>788</b>	u-1,	and differential	895.00
Opening/Clo	aing & Sel	qu						375.00
Burlet Conta	iner,				*********************			190.00
Handling Pe	Q\$			18 (18 ) (18 )	entamique provinciano	,,		145.00
Flower vase	s – Markei	Setting fee					**************	=
Recording a	nd filling te	o				*****		45-00
Sales taxes		····;asaa.23°*****			*************		and a second selface	14,25
						Total	Dus ,	1_664_25
			Pa	id recei	number_			
		GREG B	ROWN.	DEPT	TIY PA		Balance due	
I hereby cer and this is y that I have it any lightly I hereby aut hold under o	ne right to an accoun	make this w t of sald aut	utherisa nortzati	tion of ra	SAR D	I E GC	of the above neglicated. I certify Hoos Cameter G BROWN, DI FEIN ROAD  CA  3508 / FAX	92123
	. E	16513	}		Involce F.	36 3		

REA-104 (7-86)

This information is available in alternative formals upon request.

& Artesia on parated physic

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-20-0)

	K KEATIN G	
In a Type of Burial Container	Funeral, date, lime	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.	.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		-
Lot 207 Grave Row_	<b>\</b>	8
Lot _ Grave Row_	Section Division/Block _	0
Grave space & Care Fund		
Additional spaces and care fund		94.
Opening/Closing & Selup FR	- M	
Burial Container NORMA	MARTINE	
		10 m
	//www.mananananananananananananananananananan	
Recording and filing fee		
Sales taxes		
	Total Due	
Pi	aid receipt number	
	Balance due	
I hereby certify I am the	of the above name	i deceden
and this is your authority to make disposi that I have the right to make this authorize	of the above name lion of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han on and interment.	represen
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorization. I hereby authorize the interment in lot I	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han	represen
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorization. I hereby authorize the interment in lot I	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han on and interment.	represen
and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati I hereby authorize the interment in lot I hold under deed.	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han on and interment.	represen
and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati I hereby authorize the interment in lot I hold under deed.	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han on and interment.  Signature Address	i represen miess from
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization of said authori	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery han on and interment.  Bignature Address City	i represen mless from zip code

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-16514



To whom it may concorm - I am Norma Wartined ordy living son, I was in charge of her small estate. The died about 10 yes, ago, so I should be the lot owner.

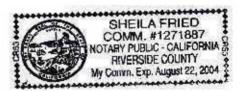
Patrick J. Keating

SUBSCRIBED AND SWORN TO BEFORE ME

THIS ! 748 DAY OF 1 U 64 20 61

Skeeper Fried

STATE OF CALIFORNIA COUNTY OF RIVERSIDE



P.S. Please call me, if you need anything else. Let me know one way or the other. 1-760-770-7424

70-100 muspe Core Dr. Vint # 35

KEN

DUPLICATE CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

11/23/1981



Nº 10772

OWNERSHIP	AND	INTERMENT	PRIVILEGES
-----------	-----	-----------	------------

TO Norma Martine		for the sum of \$	80.00	(DOLLARS
LEGAL DESCRIPTION_	Lot 207 Sec 1 Div 8		9	- 48 1: 000/10-02/04-0
			- A	

AS DESCRIBED ON PURCHASE ORDER NUMBER A-7366

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:

<del>4</del> - <del>1</del> 8 -		FLUSH MARKER ONLY	
Robert m.	Sutta		North Bulan
Cemetery Manager	13300104		
FY-484		68	Property Director

EMERGENCY AUTHORIZATION

To County Coroner, Low Enforcement Authorities, or whom it may concern:
IN THE EVENT OF MY DEATH, PLEASE NOTIFY

Pacific Beath Mortuary

TO TAKE FULL CHARGE OF MY FUNERAL ARRANGEMENTS
NOTHER E. METTINE 48855 4885553

Always curry this cord on your person. DATE 4/10/68

#### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date July 23, 2001

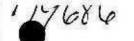
You are hereby authorized and instructed, subject to of Hollie M. M	c.VAV (X)
ina ASH VAUIT (Funeral	, date, time FR 1 7-27 11:00
Church, Chape Graveside W. THE SS ON	i Bollet Indicated
All Funeral cars must arrive before 3.00 p.m. of regu	lar work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X	· ·
1700	Section 3 Division/Block 8
Grave space & Care Fund Pre-Need	B-142 <u>Q</u>
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container Ash Vault	55,00
Handling Fees	
Flower vases - Marker setting fee	
Flower vases – Marker setting fee Recording and filing LL 2 6 2001	45.00
Sales laxes MT. HOPE CEMETARY	4,13
CITY OF SAN DIEGO, CA	Total Due
Paid receipt	number R-53957 369, 13
36	Balance due
I hereby certify I am the XDAUGHTE and this is your authority to make disposition of reminal I have the right to make this authorization and I any liability on account of said authorization and interest of the control of the contro	ains as above indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Basilie A Jelan 14 91950
Signature of recorded holder of deed	(619) 474-5898 200000
F 16515	nvoice #

### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

		GRE	кет.	Ash B Place:	TOP KI	GHT
	1846	1847	1848	1845		
	Cecis Blalact	Hazel Bounds (no marker)	Х	Damil EGGERS		8
9/4	<u> </u>					125
-					n.	A STATE OF
	nt space for: _ nt Date: > FR	•	<u>M.</u>	- 102H - 66 AV 162H	,00°	
or. 194	de Grave:	01	Row:	Sect: _	<u>3</u> di	v: 8
	aid out by: _	Hen (	accu		- 1	

E-16515



COPY 1

E-16515

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

HOLLIE	ENT—FIRST (GIVEN)	1B. MIDDLE MARGARET	1C. LAST (FA)			2. DATE OF BIRTH MONTH, DAY, YEAR 12/11/1910	3. DATE OF MONTH, DAY 07/21/2	YEAR	4 SEX
SA, CITY OF DEATH		and the second s	5B COUNTY OF	DEATH-OUTSIDE CALIF		RELATIONSHIP, FULL M			COOE
LA MESA			ENIER OIL	SAN DIEGO	BON	FORMANT VIE VALENTIN	E - DAUG	HTER	
BERGE-ROB	ERTS MORTUA	A-FUNERAL DIRECTOR OR PER LRY, 607 NATIONA		78 CALIF. LIGENSE NUMBER —IF APPLICABLE		PALM AVE	CA 91950	,	1
BLVD, NAT	IONAL CITY,	4. THAT INTENDED 10		FD-284	BA. SIGA	IATURE OF APPLICANT—	Person taking permit	6B. DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT: I hereby a Section 10	cknowledge as applicant that the propose 376 of the Health and Safety Code, and was	ed disposition stated herest is o s multiorized pursuant to Section	ne of the dispositions authorized by 1900 of the Health and Salety Code.	DP.	meette Vale	te !	07/23	/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROCEING HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF O MIGHT OF DISPOSAL DUTSING OF CALIFOR	*7.00	P Valent	01	2112412	CAL REGISTRA	A ISSUING	PERMIT
	9D. ADDRESS OF RE IF DEATH OCCURRE VITAL REC	GISTRAR OF DISTRICT OF D	35222	DE. ADDRESS OF REGISTRAP IF DISPOSITION IS TO OCC	OF DIST	RICT OF DISPOSITION-	RHIA		
WANTHORIZED DISP	OSITION(S) CHECK A					FOR COR	ONER'S USE	ONLY	
X A. BURIAL ONCL	UDES ENTOMBMENT)			ENVAULTMENT		I DISPOSITION		maine co	ATED AT
B. CREMATION	OF CREMATED REM. EMETERY SE  ITA. NAME AND AC MT HOPE C	DORESS OF CALIFORNIA CEMETERY, 3751 M	F. DISINTERME G. SMP IN TO H. TRANSIT TO	NT		(Name and A	ddress)		
B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CREMATED REM. EMETERY SE  11A. NAME AND AE MT HOPE C SAN DIEGO 12A. NAME AND AE CYPRESS V	DDRESS OF CALIFORNIA CEM	F. DISINTERME G. SHEP IN TO H. TRANSIT TO METERY FARKET ST, MATORY 3953 IMPERIA	OUTSIDE OF CALIFORNIA  118 DATE BURIE  7/27/0  128 DATE CREMA	ED   110	(Name and A	son in charg	E OF BUI	RIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM. EMETERY SE  11A. NAME AND AC MT HOPE C SAN DIEGO  12A. NAME AND AC CYPRESS V AVE, SAN	DORESS OF CALIFORNIA CEMEMETERY, 3751 M , CA 92102 DORESS OF CALIFORNIA CRE IEW CREMATORY,	G. SMP IN TO H. TRANSIT TO METERY MARKET ST,	OUTSIDE OF CALIFORNIA  118 DATE BURIE  7/27/0  128 DATE CREMA	ED 110	Name and A	SON IN CHARGE	OF CHE	MATION
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REM. EMETERY SE  11A. NAME AND AE MT HOPE C SAN DIEGO 12A. NAME AND AE CYPRESS V AVE, SAN 13A. NAME AND AE	DORESS OF CALIFORNIA CEMEMETERY, 3751 M , CA 92102 DORESS OF CALIFORNIA CHE IEW CREMATORY, DIEGO, CA 92113	F. DISINTERME G. SHEP IN TO H. TRANSIT TO METERY ARKET ST, MATORY 3953 IMPERIA	OUTSIDE OF CALIFORNIA  118 DATE BURIE  7/27/0  128 DATE CREMA	TEB 120	SIGNATURE OF PERSONNELLE OF PERSONNE	SON IN CHARGE SON IN CHARGE SON IN CHARGE ATURE OF PER	E OF CREE	AATION /

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date JULY 24. 2001

DRI	/// - 57778 ] ELECTION (C		A#20011564 Funeral, date, time			1000
						_ <u>roc</u> p
	el, Graveside "D			AZTLAN		_Mortuary.
All Funeral car	s must arrive bef	ore 3: <b>69</b> p.m	. of regular work day	or an extra cha	rge of \$	150.00
beilqqs ed Iliw	and billed to und	ersigned. 🔀	(18			
Lot _ <b>5</b> _	Grave <u>37</u>	Row	- Section _	Divisio	nBlock_	13
Grave space 8	Care Fund					126.00
						-
Opening/Closi	ng & Setup					165.00
Burial Contain	er		ιP			50.00
Handling Fees		o		····		
Flower vases -	- Marker setting t	ее 0	-31= 0	V		
Recording and	filing fee					45.00
Sales taxes	· Per	740	, 'β'			-
		25 <b>8</b> (25)   K	То	tal Due	2	186.00
		Pale	receipt number			
			IC ADMINISTRA	ATOR Balance	due	
I hereby certify and this is you that I have the any liability on	r authority to ma	EN BEAU ke disposition s authorization authorization	PARLANT on of remains as above on and I agree to bold and interment.	of the above indicated. I c	ertify and	d represent
l hereby autho	rize the intermen	t in Int I	x ( Se	e ATT	ach	ed)
hold under de			5201-A	RUFFIN I	ROAD	
Signature of recorder	holder of deed		SAN DIEC	90, CA 9	2123-	-1699
			(858)	694-3502	OFFIC	Zip Code
			(858)	594-3987	FAX	
			Invoice #	3503	80	
Work Order #	E 1651	6	Acct. # C	00095	2	

## MESSAGE CONFIRMATION

07/24/2001 09:45 ID=SD MT. HOPE CEMENTERY

	C P-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
DATE	SIK TITE			01	OK	0000
97/24	00'23"	918586943987	CALLING	61		

16516

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECEDER  MAXING	Service and the second services of	1B. MIDDLE	10. LAST (FAMILY) ESQUIVEL		MONTH	E OF BIRTH L DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR 06/05/2001	
A. CITY OF DEATH NAPTO	NAL CITY		58. COUNTY OF DEAT ENTER STATE SA	N DIEGO			FULLY PUBLIC O	ZIP CODE
FUNER	aria azilan	FUNERAL DIRECTOR OR PERS		F APPLICABLE		D, CA 9	12	
ACHNOWLEDGMENT OF AP	or areast   hereby as	Securisday as applicant that the proposed 76 of the Health and Selety Code, and use a	disposition stated herein is one of the	dispositions authorized by	Nau		Person taking permit, 88. DA	20/200
UTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES ME	ED IN ACCORDANCE WITH PRO- DRIVIA HEALTH AND SAFETY COI Y FOR THE DISPOSITION SPECIFIC MIGHT OF DISPOSAL OUTSIDE OF CALLFORN	\$ 7.00	07/20/	2001	wy Ro	CAL REGISTRAR ISSU Descript	NG PERMIT
THE REQUIRES A NEW 1	VITAL RECO	GISTRAR OF DISTRICT OF DE LINE P.O. BOX 852: CA 92186-5222		DISPOSITION IS TO OCCUP			RNIA	
D. AUTHORIZED DISPO								
B. CREMATION	OF CREMATED REMA METERY SE		E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA.	I 11C. SIGNA	(Name and A	PENDING—REMAINS I ddress) 30n in Charge_opt	W00198.7 120.92
B. CREMATION  C. DISPOSITION ( THAN IN A CE	OF CREMATED REMA	NS OTHER  2515 FERT, 375 FENT	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA. SIDE OF CALIFORNIA	i 11C. SIGNA	(Name and A	adress)	W00198.7 120.92
B. CREMATION C. DISPOSITION C. THAN IN A CE. D. SCIENTIFIC US	OF CREMATED REMARKED REMARKS AND TEGO	9882 PERT F0375 FPF	F. DISINTERMENT G. SHIP IN TO CALLED H. TRANSIT TO OUTS	DRNIA. SIDE OF CALIFORNIA	1 7	(Name and A	adress)	TOPAL VOC
B. CREMATION  C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US  BURIAL	OF CREMATED REMAINS AND ADDRESS OF CREMATED REMAINS AND ADDRESS OF TAXABLE AND ADDRESS OF T	2562 PERT F 0375 F M CA 92102	F. DISINTERMENT  G. SHIP IN TO CALLED  H. TRANSIT TO OUTS  ARKET ST.	DRNIA  11B. DATE BURIED  12B. DATE CREMATE	20 12G: SiGN/	(Name and A	SON IN CHARGE OF	TUBIAL PREMATION
B. CREMATION C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	SAN DIEGO  12A. NAME AND AD  14A. NAME AND AD	CA 92102  DRESS OF GALIFORNIA CREM	F. DISINTERMENT  G. SHIP IN TO CALLED  H. TRANSIT TO OUTS  HATORY  ATORY  OR COUNTRY WHERE	DRNIA  11B. DATE BURIED  12B. DATE CREMATE	ED 13C. SIGNA	ATURE OF PERS	SON IN CHARGE OF C	REMATION ACILITY

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date JULY 24, 2001

67	DEL	DEFI	H		Funeral date time	Weds. Jul 2	5 900A
30-19-07	n. Cham	A Grav	eside DEI		OMLY"		Monuary
					of regular work da		of\$ 150.00
ed liv	applied	and bill	ad to under	olgnad. 🗶			
-bl	5	Grave	37	Pow	Section	Otvision	lock 13
Grave	space 4	Care F	una		# 6.0070 - 6.000 1 , gpm 1/2 176		126.0
19775				Vibration organisms			
Suried	Contain	of	01/03/11/44/1940 PA	andresa (1911) de	and his ordinance and by an observe a	and conflict states contacted	50.0
Honek	ing Feas		••••••••			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· <del></del>
Flower	* #2564 ·	- Marke	selting lee		*******************	****************	· — —
lecon	ding and	Hiling fe	B <b>O</b> ,	****		1	45.0
asiss	taxes		Corpodane-Sapredi	a		- same Commettures and	
					7	otal Due,	386.00
				Pald	receipt number		
	h mak	IN MUST be	e BILK	BEAU	n al remains es six	of the above	meteode beman
and th	with let were	night to	make this a	AND SOURCESTA	n and I agree to go	d Ref LOSS TABLES	A Makings Kow
and the litery file	his is you have the solding on	right to account	make this a it of sold out interment fo		m and i agree to be and interment.	Beauge	erland
and the literal hold u	his is you have the shifting on thy autho	right to abcount trize the ad.	hlerment f		5201-A	Beauge	123-1699
and the literal hold u	his is you have the shifting on thy author under do	right to abcount trize the ad.	hlerment f		5201-A	SULUPO ROPPER RO GO. GA 92 694-3902 0	123-1699
and the literal hold u	his is year the law the law the law the law the law author do law the	right to abcour rize the ed.	hlerment f	n fat f	5201-A SAN DIR (856) (856)	SULUNC RUFFER RO GO. GA 92 694-3902 0	Is and

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 7-24-01

na LINEI	Funeral, date, ii	me FRI	1-4	1 11.0
Type of Build Container Church, Chape Graveside		RAGST		Mortuary
All Funeral cars must arrive before 300 p	.m. of regular work	day or an e	xira charge	ors 150.
will be applied and billed to undersigned.				
ot 69 Grave 11 Row	Section	_ <b>a</b> _	Division/8	ock_1a_
irave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			895.00
dditional spaces and care fund				<u> </u>
dditional spaces and care fund	AID	Washington (Co.)		375.00
	or mus			190.00
Surial Container				145.00
lower vases - Marker setting fMT. HO			***************************************	
CITY OF	SAN DIEGO			44.00
secording and tiling fee				14.25
Sales taxes				11/1/2
ATUARY TO		Total Due	122	100717
	aid receipt number		135	1664.2
	aid receipt number	R-53	ISS Balance due	1664.2
hereby certify I am the		R-53	ISS Balance due the above n	amed deceder
hereby certify I am the and this is your authority to make disposible I have the right to make this authorize	ition of remains as	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
hereby certify I am the and this is your authority to make disposite I have the right to make this authorization in the said authorization in the sa	ition of remains as	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
hereby certify I am the and this is your authority to make disposing I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I	ition of remains as	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
hereby certify I am the and this is your authority to make disposing I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I	ition of remains as ation and I agree to on and interment.	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
hereby certify I am the hereby certify I am the hand this is your authority to make dispositional I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	ition of remains as ation and I agree to on and interment.	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
hereby certify I am the hereby certify I am the hereby certify I am the hereby to make disposition I have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	ition of remains as ation and I agree to on and interment.  X X Signature X Address	R-S3°	SSS Balance due the above n ated. I certif	arned deceder
	ition of remains as ation and I agree to on and interment.  X X Signature X Address X City	R-S3°	SSS Balance due the above n ated. I certif	arned deceder y and represer y harmless from Ze Co

### E-16517

### MESSAGE CONFIRMATION

07/24/2001 09:48

ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	Ž.
07/24	00'25"	92631507	CALLING	01	OK	0000

### MT HOPE CEMETERY E-16517

GRAVE	BLIND	CHECK	<b>FORM</b>
-------	-------	-------	-------------

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

the burial spa		пе аррг			Tare auja	
2	3 (	Jooper .	5	- 6		
8	٩	10	d X n	12 Anderso	<b>√</b>	2
Interment space Interment Date Lot: 6	e:FRi	7-2	T	ime:\\`.	00	iv: \\ \\ \
Grave Laid ou				_	FLAG	0 1
Agrees with L Agrees with M Blind Check	fan: 🗖	Vec	п »	No.	FLAG GV	7-26-0

E-16517

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

36

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

1A. NAME OF DECEDE Maureen	ENT—FIRST (GIVEN) 18. MIDDLE Aleta	IC. LAST (FAMILY) Wright	100000000000000000000000000000000000000	2. DATE OF BIRTH 3. DATE MONTH DAY YEAR 07/22	OF DEATH 4. SEX
San I	Diego	SE COUNTY OF DEATH		B. NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT Esters Wright, Husba	oness and zip code
7A TYPED NAME AND A Anderson-I	Ragsdale Mort.; 5050 Federal San Diggo, CA 92102	Blvd. ⊢	F APPLICABLE	1225 Broadway Chula Vista, CA 9191 BA. SIGNATURE OF APPLICANT—PERSON TRAINER	1
ACKNOWLEDGMENT OF A	PPUCANT I hereby acknowledge as applicant that the proposed dispose Section 10376 of the Health and Salety Code, and was authoric			affee Welliam	07/24/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	All see DATE PERMIT	ISSUED 9C. SIGNATURE OF LOCAL REGION	STRAR ISSUING PERMIT 2112741
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW REBAIT TO SHOW FINAL DISPOSITION.	vital Records; P.O. Box 8522 San Diego, CA 921	2   "		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)	
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER Mt. Hope Cemetery; 3751 Mar San Diego, CA 921	ket St.	7/27/01	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	PAY	128. DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN CH	HARGE OF CREMATION
SCIENTIFIC	1SA. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CREMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



#### MT. HOPE CEMETERY INTERMENT ORDER

#### City of San Diego

Date 7-24-01

Bell LINER	Funeral, date, time MON 7-30 12:00
Type of Buriel Container	Turtura, date, and
Church, Chapel, Graveside	: Rage dale Mortuary.
All Funeral cars must arrive before 300	p.m. of regular work day or an extra charge of $150.0$
will be applied and billed to undersigned	<i>×</i>
0112 4	2 "
.d Grave Row	Section QDivision <del>/Dlock</del>
Grave space & Care Fund	PAID 795.00
Additional spaces and care fund	
Opening/Closing & Setup	JUL 25 ZUUI 375.00
Burial Container	THOPE CEMETARY
Handling FeesCIT	YOF SAN DIEGO, C. 145,00
Recording and filling fee	45.00
Sales taxes	14,25
	Total Due
92	Peid receipt number R-53953 164-2
method V	
marker >	Monage Balance due
hereby certify I am the GONTON	of the above named decedent
hat I have the right to make this authoriz	sition of remains as above indicated. I certify and represent ation and I agree to rold Mt. Hope Cemetery harmless from
any liability on account of sald authoriza	ion and interment.
hereby authorize the interment in lot I	X
nold under deed.	Signature
	- X 100 1-5676 8f
Signature of recorded holder oil deed	City Zip Code
	Valentino 19 10 16 3-9714
	111/ 1/10
	3
Nork Order # E 16518	Invoice #

## E-16518

#### MESSAGE CONFIRMATION

07/24/2001 13:00 ID=SD MT. HOPE CEMENTERY

DATE	5.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/24	00'26"	92631507	CALLING	01	OK	0000

### MT HOPE CEMETERY E-16518

#### GRAVE BLIND CHECK FORM

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

				-	•	
U	२	3 28	X 4 PA	5 rrick	-6	
7	8	9	10	11	15	
terment sp	ace for:_	DEME	TRI G	LOVER		
ot: $\frac{8}{2}$	Grave:_	4 Ro	w:	100		11
320	Grave:_ out by: <u></u>	4 Ro	w:	Sect:		11

E-16518

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



						Found	
A. NAME OF DECEDE Demetr	Market and the second s	18. MIDDLE Moniot	IC. LAST (FAMIL)	560	2. DATE OF BIRTH MONTH, DAY, YEAR 09/20/1958	3. DATE OF DEATH MONTH, DAY, YEAR 07/21/2001	4. SEX
San Die			SB. COUNTY OF DENTER STATE	EATH—OUTSIDE CALIF., 6. N	AME, RELATIONSHIP, FULL M F INFORMANT gnes T. Glover	AILING ADDRESS AND ZI	P CODE
Anderson-R		rt.; 5050 Fede in Diego, CA 9	ERSON ACTING AS SUCH 7B.	CALIF LICENSE NUMBER 1 -IF APPLICABLE S	021 56th St. an Diego, CA 9 SIGNATURE OF APPLICANT	2114	E SIGNED
ACKNOWLEDGMENT OF A			posed disposition stated herein is one o was pullerized persuant to Section 7100		Oeblu like	Can 107/2	5/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPE IN MISSIT OF DISPOSAL GRITSING OF CA	CODE \$7.00	98. DATE PERMIT ISSI 07/25/2001	BC, SIGNATURE OF LO	CAL REGISTRAR ISSUIN 2112594	G PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW SEMIT TO SHOW FINAL MISPOSITION.	Vital REC	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA Ords; P.O. Box an Diego, CA 9	85222	ADDRÉSS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR IN		RNIA	
NUTHORIZED DISP			2100 2022		FOR COR	ONER'S USE ONLY	r .
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	SE		15 4 1300 1513 1513 1510 150 150 150 150 150 150 150 150 15		11C. SIGNATURE OF PER:		SIAL .
BURIAL	Mt. Hope C	coness of California C emetery; 3751 San Diego, C	Market St. A 92102	7-30-01	· Kan	h. I.	W15
37 8400E		San Diego, C	A 92102	7-30-01 128 DATE CREMATED	Laz 12C. SIGNATURE OF PEN	Strale BON IN CHARGE OF CRI	EMATION
	12A. NAME AND A	San Diego, C	A 92102	12B. DATE CREMATED	12C. SIGNATURE OF PERS	7	
CREMATION	12A. NAME AND A  13A. NAME AND A  14A. NAME AND A	San Diego, C	A 92102 REMATORY  ACILITY RECEIVING REMAIN	12B. DATE CREMATED		SON IN CHARGE OF FA	ACILITY

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date July 24, 2001

You are hereby authorize			All the second s	And the second of the second o	
of Tur	ALL 1	AlANAI	SAV	AIINAE	A
Ina DBL CU	SPT	Funeral, date	e, time FR	i. July	27 12:3
Church, Chapel, Gravesi	ie)		: Commo	WITY	Mortuary.
All Funeral cars must arri	ve before 3:	p.m. of regular w	ork day or ar	extra charge	of\$ 150.00
will be applied and billed		1 -1 - 11.	m		*-*
Lot 782 Grave_	— Row	- Sec	tion	Division/8	Hock 10_
Grave space & Care Fund	. Pie-1	heed Tran	ofer E	16508	_ <del></del>
Additional spaces and ca					
Opening/Closing & Setup	G	DΔ	םו		. 375.00
Burial Container					380.00
Handling Fees			2001		320.0
Flower vases - Marker se	atting fee	10C - 1			
Recording and filing fee .		MT. HOPE C	EMETARY	<b>4</b>	45,00
Sales taxes		HY OF SAN	DIEGO, C	A	28.50
Control of the state of the sta			Total D	ue	1.148.50
* taina 4551		Paid receipt numb			1.148.50
202		dio recorpt traits		Balance du	18
I hereby certify I am the and this is your authority that I have the right to ma any liability on account of	ike this authoriz	sition of remains ation and I agree	to hold Mt.	of the above ficated. I cert lope Cemete	named decedent
I hereby authorize the int hold under deed.	erment in lot I	28	SIBO	ed my	Tour
Signature of recorded holder of deed		Telepho	69 4	126-2	91711 200 B
F	CE40	Invoid	978		
Work Order # <u> 1</u>	6519	_ Acct.	ed Webserran er mont		
REA-104 (7-96)	This inf	formation is avail	lable in alter	native forma	ts upon request.

@ Printed on recycled paper

### MT HOPE CEMETERY £ 16519

MENTE	DIME	ALIENIA	FOOL
GRAVE	BLINL	CHECK	FORM

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

he burial space.				1	_
- ×	781	782	783	784	785
	Chewer) Swaggarty authur Taylor	X	A WITH I C	MURRAY, Timethy J.	-
	3				
	1				
nterment space for:					
nterment Date: Fie	Jul 2	<u> </u>	ime:	12 30k	)yn
ot: 782 Grav	e: I	Row:	Sect:	Di	v: 10
Grave Laid out by:	3				_
Agrees with Legal (	Card: 🛛 Yes	s C	J No	Flag	on Grav
Agrees with Map: [	J Yes		No		
Blind Check & Ver		1)			7-25

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

Tuesu	NT-FIRST (GIVEN)	18. MDDLE Palanai	Savai	2005079L			E OF DEATH 4. S	
San Die	go		5B. COUNTY C	OF DEATH—OUTSIDE CALIF.  ATE San Diego	6. NAME, R	ELATIONSHIP, FULL MAILING A	DORESS AND ZIP COO	
	Mortuary ta, Calif	A-FUNERAL DIRECTOR OR PER 855 Broadway	RSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE  FD1682	9064	9064 Hillery Dr San Diego Ca 92126		
# ACKNOWLEDGMENT OF A	I hereby a	schrowledge as applicant that the propose	ed disposition stated herem is	one of the dispositions authorized by	BA. SIGNAT	URE OF APPLICANT Proper lakes	PERMIT BB. DATE SIG	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	376 of the Health and Safety Code, and wa JED IN ACCORDANCE WITH PR FORMA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI DISCRIT OF DISPOSAL OUTSIDE OF CALLEY	BA, AMOUNT O	F FEE PAID 98. DAYE PERM 07/24/2 D.Helder	001	C. SIGNATURE OF LOCAL REG 2112462	ISTRAR ISSUING PER	
	Vital Reco	EGISTRAR OF DISTRICT OF DID IN CAUSONIA BOX 85 Calif 92186-52	222	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO GO		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		
B. CREMATION	JOES ENTOMBMENT)  OF CREMATED REM. EMETERY		F. DISINTERM	TO FIGURE CONTRACTOR OF THE PROPERTY OF THE PR		FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)		
BURIAL		odress of California Centery 3751 Max Ca 92102		7/18. DATE BUR	and business	SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREM	ATED 12C.	SIGNATURE OF PERSON IN C	HARGE OF CREMATI	
CREMATION  CREMATION  SCIENTIFIC  USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REA	MAINS 13B, DATE RECI	EIVED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		RE 148, DATE SHIP		ADDRESS AND SIGNATURE ( OF PLACING WITH THE CAR		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBI OF CREMATED I MAINS DISPOSE —IF APPLICABLE	

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Tr.	Date July 25, 2	001
PIN# 230036	Pin #2 30	0037
PIN# 130036 You are hereby authorized and instructed, subject to your rules ar	nd regulations, to inter the rem	nains
or PRE- Need LOTS FOR: CHU	ONG VU + THUOI	NG L
MILTON SECRETARY AUGISTON		
in aFuneral, date, time _ Church, Chapel, Graveside;	Morte	uary.
All Funeral cars must arrive before 3:30 p.m. of regular work day	W. 201366	01505050
will be applied and billed to undersigned.		72 - 15 C
1774		52 Bi
Lot 1775 Grave Row Section	- Division/Blook	2
Grave space & Care Fund 995 × Z	1,99	0.00
Additional spaces and care fund		<del>.</del>
Opening/Closing & Setup		
Opening/Closing & Setup		ij
Handling Fees		_
Handling Fees		
Recording and filing fee	ARY	-
Sales taxes CITY OF SAN DIEG	O, Cr	
Tot	al Due	0.00
Paid receipt number MA		0.00
	Balance due	
I hereby certify I am the 50 N	of the above named dece	edent
and this is your authority to make disposition of remains as above that I have the right to make this authorization and I agree to hold any liability on account of said authorization and interment.	e Indicated. I certify and repre Mt. Hope Cametary harmless MINH	gent from
I hereby authorize the interment in lot I hold under deed.	Paul BARWICK C	<u>+</u>
Bignature of recorded holder of deed SAN D  CITY 858)  Telephone	)1EGO, CA 9212 549-0246 **	p Code
Invoice #		_
Work Order # E 16520 Acct. #		
The second secon		



#### INTERMENT ORDER

City of San Diego

Date July 25, 2001

of		MINH		ules and regulations, to Fre-Need	Lots
In a	Type of Buriel Contains		uneral, date,	time	
Church, C	Type of Buriel Comains hapel, Graveside _			F	
All Funera	i cars must arrive b	efore 3:30 p.m.	of regular wor	k day or an extra charge	of \$
will be app	olied and billed to ur	ndersigned.			
188 188	G Grave	Row	Section	onDivision/j	slock _ [ 0
Grave spa	ice & Care Fund	9	95,00 y	(2	1,990,00
Additional	spaces and care fu	nd			
Opening/C	Closing & Setup		PAII	D	
Burial Con	ntainer				
Handling F	Fees	AI	16.05.2	003	
Flower vas	ses – Marker setting	166 <b>MT.</b> F	OPE CEM	ETARY	
				EGO, CA	
Sales taxe	99	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 000 00
				Total Due	17990,
		Paid r	eceipt numbe	MASTERCAR D	- 448,00
				Balance du	· 1,492.0
and this is that I have any liabilit	ertify I am the s your authority to re the right to make the y on account of sak uthorize the interme	nis authorization I authorization a	and lagree t	s above indicated. I cert o hold Mt. Hope Cemete	ry harmless from
Told dide	eproded holder of deeed		Address	179 SU SIEM condido, CA	- 70 KG-
75	E 465	24	Telephone Invoice	) 739- <i>07</i> •	718
Work Orde	<b>E</b> 165	21	Acct. #		

VU, PHU M	INH 2979 SU SIE	MPRE PLACE, ESCONDIDO	, CA	92025	(7	760) 739-07	18
		398 20°	0	DEBIT		CREDIT	BALANCE
07-25-2001	OPENED PRE-NEED LOT	(S) ACCT.	10				
	LOTS 1885 & 1886	DIV. 10 (\$995/E	1)	1,990	0.00	100	1,990.00
07-25-2001						-498.00	1,492.00
	**First payment do						
8-29-01	R-54079	Coupon # 1				69,00	1480.00
10-3-01	R-51186	# 3				69.00	1368.00
15-30-01	B- 54269	<b>*</b> 3		2 220		62,00	1306,00
11-2501	R-54312	#4	A	ID	110	(2. 0C	1244.00
12-27-01	R-84481	# 5				62.00	118200
1-26-02	R-54582	#6 AU	G O	5 ZMM3		-62.00	1/2000
3-6-02	R-54729	*1	005	CALETA	DV.	62.00	AND RESIDENCE OF THE PARTY OF T
4-3-02	R-54829	Coupon # 9HYC	ESA	DIEGO	CA	62.00	
4-202	R-54909	Coupon # 9	T SA			62,00	934.00
5-21-02	R-55041	Comp on #10				-62.00	872.00
6-26-02	R-55142	1 #11				-62.00	810.00
7-29-02	R-55248	11 # 12				-62.06	748,00
	VU, PHU MINH	PRE-NEED LOTS	(2)		E-165	21	

	DEBIT	CREDIT B	BALANCE
BALANCE FORWARDED FROM OTHER SIDE			748.00
8/30/02 R-55356 Coupon #13		62.00	686.00
9/30/01 R-55456 " #14		62.00	624
0-21-62 R-55543- 15		62,00	G 89100
2-4-02 R-55685 16		68.00	500.00
2-31-02 R-55757 17		68,00	438,00
1-27-03 R 55848 18		62.50	376 00
3-6 03 R 55998 19		6200	31400
-28 63 R-56071 20		6200	25200
1-28 03 R 54 175 21		102 00	1900
-26 03 R56383 32		(02 a)	280
1-213 50430 23		(2 ac)	(de a
85 03 510548 24		Moo	
*			
			1
VU, PHU 6-18521			

OFFICIAL RECEIPT	
(^)_	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 54909

From: PHU M. VU TAM M. YU	Date  Address: DN RECORD	: Apri	L26	, 20 02
Dicty-two -	-need Lots Accoun	nt. Cou	ollars (\$ le	2.00
Lot 1885 E 1886 Grave	Row Se	ection		Division 10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burisl Containers	67007 77184 100 77184 100 77181 100 77182	62 00
Pre-Need Lot D At Need On Acct Pre-need Trust Cash Check D	ISSUED BY Paulette C.	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 ————————————————————————————————————	(02 00

#### CITY OF SAN DIEGO, CALIFORNIA

54829

From: Du Vu	Address	On	Date:	4-3-		, 20	
In part Payment of	Pu-ned	- Septe			Dollars (\$	62.00	))
Lot 1885 1886 a	raye	Row	Sec	tion		Division Slock	10
Acct. No	NOT VALID FOR PUR "PAID" IN THIS SPAC	POSE STATED UNLESS S E.	TAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers	100 77184 — 100 77181 — 100 77182 —	<sub>6</sub> ર	00
Pre-Need Lot At Need On Pre-need Trust Cash Che		: M. 11		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 63033 9022 — 80101 78390 —		
22-24-140-400-00	35 32 ISSUED BY	THE WAY		TOTAL PAID	5	63	00

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9	-	
4_	<b>的是我们</b>	
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#### CITY OF SAN DIEGO, CALIFORNIA

54729

8h. Vu	Address: 0 m Ruch	3-6-	V <b>\</b>	, 20	<del>,                                    </del>
In Payment of	Ru-Nul Int	Do	ollars (\$ 6 2	.00	)
Lot \885 \886 Grave_	Row Se	ection	Div Bio	rision	D
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77181 100 77182 100 77185	62	0 D
Pre-Need Lot At Need Or Acct Pre-need Trust Cash Check C	ISSUED BY WILLIAM	Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 83033 9022 60101 78390	62	00

# OFFICIAL RECEIPT

WHITE ...... TO CUSTOMER CANARY ..... CEMETERY ...

PINK ...... AUDIFOR

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

From PHUM. TAM M. V	Date:	Januar	y 25	, 20 (	02
City Two and	Address: On record		ollars (\$ 16	02.00 nJ	
Lot 1985 \$ 1886 Grave	Row Se	ection		livision 10	כ
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77181 100 77182 100 77185 100	-6a	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Rulett Crawford	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 9022 60101 78390	62	00

C	OFFIC	CIAL	REC	EIPT
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		Sec.		

### WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

From Phu M. Vie	Date:	Dece	mbe	227,20	01
Sixty - Jus and in part Payment of Pre Coupon nu	e-need lot(s)		Pollars (\$ .	62.00	)
Lot 1885 1886 Grave		ection		Division 10	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	<i>6</i> 2	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Hendling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 83033 9022 — 60101 78390 —		
AC-212 (Rev. 8-94) 3519	ISSUED BY Pullette	TOTAL PAID	78390	62.	00

OF	FICI	AL F	REC	EIPT
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WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	HOTIDUA

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY

From Phu M. Vie Tam M. V	(619) 527-3400  Date:		. 28	,2	0_0	/
Sitty Jul and in Payment of Pu	-need lots		Dollars (\$ .	62	00	3
Lot 1885 2 188 Grave	Row Se	ection		Division Block	10	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Feee Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	(0	2 00	2
AC-212 (Raw, 6-94)	ISSUED STREET	TOTAL PAID	*	62	200	)

#### CITY OF SAN DIEGO, CALIFORNIA

54269

- Phu minh Vu	Date Address: PW FL COS	Λ	101	, 20 4	91
sury woo ara	-mead for:		Oollars (\$	62.0	<u>o</u> ,
	Minh Vu	ection		Division /	0
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Hendling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	62.	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A	ISSUED BY Paul atte Cranger	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	62	00

OFFICIAL RECEIPT

 CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

From: Phu V w In part Payment of RA	Address: 2979 Du Dete:		ယ ၎ ollars (\$	Scalu 62.00	0   0   0   0   0   0   0   0   0   0
Lot 1885 1886 Grave	Row Se	oction		Block	10
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 —	15	00
Acct. No.		of Lots Opening/	77184 —	p d	00
w.o. F 16521		Closing Burial	77181 — 100		
BALANCE DUE 1368.00		Containers Handling Fee	77182 — 100 77185 —		
1		Recording & Misc. Fees	77183 —		1_
Pre-Need Lot At Need On Acct		Pre-Need Trust	83033 9022 —		-
Pre-need Trust Cash Check	1 1/1/1/1/1	Sales Tax	60101 78390 —	1.5	00
AC-212 (Rev. 5-94)	ISSUED BY 20 SAMONOCO	TOTAL PAID		62	00

#### CITY OF SAN DIEGO, CALIFORNIA

54079

#### MOUNT HOPE CEMETERY (619) 527-3400

doolo

From: Vu, Phu Minh Sixty-Two D	Address: 2979 Su. S.	ate: 8/29/0 umpre -Pao	ce d	,20 scondido 62.00	CA
In_pant Payment of RAL =	Need Trust  Row	. Section		Division (	0
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPS "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 60% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	62	0
Pre-Need Lot At Need On Acct Pre-need Trust B Cash Check AC-212 (Rev. 5-94)	ISSUED BY L. Duing	Pre-Need Trust Sales Tax	63033 9022 — 60101 78390 —	62	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	FORNIA	Nº	5
CANARY	MOUNT HOPE CEMI	ETERY		
	(619) 527-3400			
	Date		ay 29	,2
From Phu Minh ?	w Address: ow rec	xx .	0	65/01
Divtor June 110	100		(2)	9 1
They saw we	a foto	1 10	ollars (\$ 6	<u>مر, ر</u>
In Dave & Payment of	se need for the min	h lus u	Rugo	n
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humler 10	07-	W. W	/	delon
		ection		vision
humber 10 1	ive Row Se	CREDIT	87007	
humber 10		E .	Bie	ok-
Lot 1885 £ 1886 Gri	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots	87007 77184 100 77184	ok-
Invoice No	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	87007 77184 100 77184 100 77184	ok-
Lot 1885 £ 1886 Gri	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/	87007 77184 100 77184	
Invoice No	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Chosing Burial Containers	87007 77184 100 77184 100 77184 100 77181 100 77182	ok-
Invoice No	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Chosing Buriel Containers Handling Fee	77184 100 77184 100 77184 100 77181 100 77182 100 77185	<del>:ek=</del>
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording & Misc. Fees	87007 77184 100 77184 100 77184 100 77181 100 77182 100 77185 100 77183	<del>:ek=</del>
Invoice No.  Acct. No. W.O.  BALANCE DUE	ive Row Se	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording &	87007 77184 100 77184 100 77184 100 77181 100 77182 100 77185	ek-
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED  PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Choeling Buriel Containers Handling Fee Recording & Misc. Fees Pre-Need	87007 77184 100 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033	<del>:ek=</del>

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55142

Phu M. Vu	0	n record	0
Sixty-Two and	100 Address: D		ollers (\$ 62.00
1005 6 1006	rave	Row Section	Division 10
Acct. No	MOT VALID FOR PURPOSESTAT "PAID" IN THIS SPACE.	ED UNLESS STAMPED CREDIT 20% Sales Care 80% Sales Care 90% Sales C	67007 77184 100 77184 000 77181 100 77182
Pre-Need Lot At Need On A	Acct C	Hendling Fee Pasceding & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 83033 9022 — 9
AC-212 (Flow 5-94)	ISSUED BY COLLECT	TOTAL PAID	\$ 62.00

OFFICIAL RECEIPT	
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55248

From: Phu/Tam Vu	Address: On re cord	1-2	1	, 20 9	02
Sixty - Two In Part Payment of Pre		0	ollars (\$ 62	2.00	)
	supor # 12	ection		rision /	10
MO. E-16,521  BALANCE DUE \$748.00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77183 — 100	68	00
	ISSUED BY Paulette C	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	62.	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	FORNIA	Nº 55	356
WHITE TO CANARY PINK	CEMETERY MOUNT HOPE CEME	ETERY \$13	ስ	20
From PHU M VU	Address: O// C	ecord		02
Sixty-Two -		Dollars (\$	62.00	5_,
In Part Payment of Pr	energ 1015			
Lot 188 5/88 [p Grave _	1	ection	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	62	00
W.O		Opening/ 100 Closing 77181 — Burial 100 Containers 77182 —		#
Pre-Need Lot At Need On Acct		Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — Pre-Need 1 0 1 63033		
Pre-need Trust Cash Check P  AC-212 (Rev. 504)	Dulaste	Trust 77 0 0-9022 Sales Tax 60101 78390		

WHITE ...

CANARY

PINK ....

..... AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

№ 55456

From Phu M. Vu/TAM M. Sixty-Two and Co	00	ord	p1.30	0_,20	<i>D2</i>
Lot 1885 \$ 1886 Grave	Corpon#14	Section		Division /	<u> </u>
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID: IN THIS SPACE:	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees	67007 77184 ————————————————————————————————————	62	DD
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	ISSUED BY Paulette C.	Pre-Need Trust 77186 Seles Tax TOTAL PAID	63033 -6002 60101 78390	62	00

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WHITE ...... TO CUSTOMER CANARY ...... CEMETERY

PINK ...... AUDITOR

# CITY OF SAN DIEGO, CALIFORNIA

Nº 55543

En Phu Vu	Date: On Rund	10-24-0	₹,20	k
Sixty tur	re- meet & ob	Dollars	69.00	)
Lot 1885 \886 Grave	Row Se	ction	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7788 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 Burisl 10 Containers 7718 Handling Fee 718 Recording & 10	90	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check  AC-212 (Rev. 5-94)	ISSUED BY Delith	Misc. Fees 7718 Pre-Need 6303 Trust 7 7 18 6905 Sales Tax 6010 7836 TOTAL PAID	130 30 20-	00

This information is available in alternative formats upon request.

# CITY OF SAN DIEGO, CALIFORNIA

55688

# MOUNT HOPE CEMETERY (619) 527-3400

From: Phu Vu Liptytuo	Address: 0 m. Re	The state of the s	, 20
in Payment of Payment of Lot 1885 1886 Grave	Row_	Section	Division \0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Acces 100000	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burisl 100 Containers 77182 Handling Fee 77183 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	

...... TO CUSTOMER

AUDITOR

CANARY ...... CEMETERY

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WHITE ..... TO CUSTOMER

PINK AUDITOR

.... CEMETERY

CANARY .....

# CITY OF SAN DIEGO, CALIFORNIA

55757

From: Dhu Vin	Address: 0 m 5	Record	^0 *	, 20	-
Sixty two	- med 3t	0	ollars (\$ 69	.00	)
Lot 1885 \886 Grave	Row	Section	Division Block	on 1	0
	ALID FOR PURPOSES STATED U	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee Recording &	77184 100 77182 100 77182 100 77185 100	6 a	60
Pre-Need Lot At Need L On Acct L  Pre-need Trust L Cash L Check  AC-212 (Rev. 10-02)  This information is available in alternative formats upon request.	Jes & Shellt	Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	6 Q	00

CANARY	CITY OF SAN DIEGO, CAL TO CUSTOMER CEMETERY AUDITOR (619) 527-3400	ETERY	55848
From: Phu M. Vu Sixte two dolla in _ Payment of	Address: 3979 Su	0 0	
Invoice No Gradults	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  JAN 27 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Coolanners 77180	Division D
AND THE PROPERTY OF THE PROPER	JAN 2 / 2003	Handling Fee 77185	

# OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55998

From: Phu Vu		siener	1 Esc. (A C
in Payment of	plu mud lote	Dollars	(\$ <u>(02.00</u> )  Division /0
	MAR [] 6 2000	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	62 00
Pre-Need Lot At Need On Acct  Pre-need Trust Cash Check Iss	MT. HOPE CEMETAR CITY OF SAN JIEL SUED BY LOW LETY	Handling Fee 77185 Hecording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	(D- 10)
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.	0	TOTAL PAID \$	

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WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56071

From: The Ve Sufty Dus dollars	Address: 25	179 Su 1013		(\$ CA. C12024 (\$ (\$ LQ = )
in Payment of Lot 8151(886 Grave	pre meia	_ Row	Section	Division
	B. 1858		CREDIT 6700/ 20% Sales Care 7718/ 80% Sales 100 of Lots 7718/ Opening/ 100 Closing 7718/ Burlal 100 Containers 77182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check At Ac-212 (Rev. 16-02)	MT. HOPE CITY OF SA	CEMETARY N DIEGO, CA	100 Handling Fee 77185 Recording & 100 Misc. Fees 77185 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	

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E		15		į.	

CITY OF SAN DIEGO, CALIFORNIA

56283

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR (61

From Phu Vu Sixty Swa dolla in part Payment of	Address: 2979 Su puned lat	Siempre p	(\$ (\$20.00) Division (\$20)
Lot 1884 Grave	Row	Section/	Block 10
Invoice No. <u>F</u> / <u>6597</u> Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	_ W_
W.O	PAID	of Lots 77184 Opening/ 100	
BALANCE DUE 128.00	MAY 2 6 2003	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot / At Need   On Acct	MT. HOPE CEMETARY CITY OF SAN DEBO, DA	Recording & 100   Misc. Fees   77183   Pre-Need   63033   Trust   77186	
AC-212 (Rev. 10-02)  AC-212 (Rev. 10-02)  This information is available in alternative formation for a series.	ISSUED BY ( aw bely)	Sales Tax 60101 78390 TOTAL PAID \$	62-

,	10	I/ Ha	1.16-5	CEIF	
		32			

WHITE	TO CUSTOMER
ATTACOM TO SERVICE AND ADDRESS.	CEMETERY
PINK	AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56175

From Phu Vu Sutt Swo dol	Address: 2979 Su S Was of 00/100 (		8 ,20 03 Esc. 9702 \$ (12 00)
in Payment of Payment of Grave	P	Section	Division 10
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	42 0
W.O	APR 2 8 2003	of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033	
Pre-need Trust Cash Check  AC-212 (Rev. 10-02)  This information is evaluable in alternative formats upon reques	ISSUED BORN HOLD	Trust 77186 Sales Tax 80101 78390 TOTAL PAID \$	(D) 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO,	CALIFORNIA	56436	
CANARY	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CI (619) 527-34			55/40-W
From Plu Vu	Address: 2979 Su	Date: Gule	ne of Esc	930
in Daux Payment of	dollary gwolio		Dollars (\$ QQ - C	0_)
Tince hear.	ave Row	Section	Division 10	5
Acct. No.	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	100	00
W.O	JUL 0 2 2003	of Lots Opening/ Closing Burial Containers	77184 100 77181 100 77182	- AP
Pre-Need Lot / At Need   On Ac	MT. HOPE CEMETARY	Handling Fee Recording & Misc. Fees Pre-Need	77185	
Pre-need Trust Cash Chec		Trust Sales Tax	77196 60101 78390	(7)
AC-212 (Rev. 10-02)  This information is available in alternative formats upon	request.	TOTAL PAID	s	

# CITY OF SAN DIEGO, CALIFORNIA

56548

From Phu Vu	Dat Address: 2979 Su	Scienple	pl Ese	
Payment of ot 8851/880 Grave	premier los	Section	Division 70	<u>ک</u>
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PA" IN THIS STATE.  AUG 0 5 2003  MT. HOPE CEMETARY	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burtal 100 Containers 77182 100 Handling Fee 77185	<u>6</u> 66	80
Pre-Need Lot At Need On Acct _ Pre-need Trust Cash Check Acct _ C-212 (Rev. 10-02)	ISSUED BY CALLER TO	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390  TOTAL PAID S	(%	w

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date\_7-35-0|

at the best of 10	FOR (ANDREW WILSON)
na Diner	Funeral, date, time TVES 9-25 11
Type of Burial Container	: MERKLEY Mitch CLL Mortuary.
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 193 Grave 17 Row	Section Division/Block
Grave space & Care Prod . A	895.00
Additional spaces and care fund	
Opening/Closing & 3500	375.00
Burial Container	
Handling Fees MT. HOPE CEMETA	AH 145,00
Flower vases Marker setting fee	EALY FLOWER VASE 148.75
Recording and filing fee	42.00
Sales taxes	19.35
	Total Due
	- 386,0
PAID	Paid receipt number
	R-53952 Balance due 35710
hereby cartif Pamiling 2001	
and this is your authority to make dispo that I have the right to make this authoriz- any liab <b>inity of sector Const. Teach</b> eriza	of the above nameu decedent silion of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
CITY OF SAN DIEGO, CA	mon and interment.
hereby authorize the interment in lot I	ustil wasen
hold under deed.	3387 DWIGHT ST
	Address 0.200 0.2004
Signature of recorded holder of deed	528. 4522
	a emigration o
	Invoice #
E 40E00	
Work Order # <b>E</b> 16522	Acct. #

@ 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		- <del>-</del> 5	ree 6			
HEARN 9	10		193 X 13	194 7 ROBERT	۱۶	
-						

Interment space for: ANDREW	WILSON
Interment Date: TVE 9-25	Time: \\\'\ \O D
Lot: 193 Grave: 12 Row:	
Grave Laid out by:	
Agrees with Legal Card: Yes	□ No Day on
Agrees with Map:  Yes	No
Blind Check & Verified By:	Date:

ISSUE DATE: 09/12/2001 KEEP THIS PORTION FOR YOUR RECORDS
PATIENT ACCOUNT NUMBER: E-16522)

CLAIMANT NAME: CRISTIL A WILSON SSN: 564 21 8105

THE ENCLOSED CHECK FOR \$ 1070.00 IS FOR THE FOLLOWING SERVICES PROVIDED BY YOU:

OWED BY TOTAL FROM BILLED VERIFIED PAID CLAIMANT REIMBURSED AMOUNT AMOUNT BY BOC DATE 07/25/01 1813.00 1813.00 0.00 743.00 1070.00, 01), 01) ALLOW LOSS(ES) AS RECOMMENDED BY STAFF.

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 1070,00

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER:

STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

666300

0+1-111	Date	, 0		, 20	01
One Thousand seed	Laterner of line			1070.	00,
Lot 193 Grave	13 now s	ection_ a		Division Block	13
Invoice No	NOT VALID FOR PURPOSE AT TO USES STAMPED	CREDIT 20% Sales Care 80% Sales	67007 77184 —	359	00
W.O. E - 16593	SEP 18 2001	of Lots Opening/ Closing Burial Containers	77184 — 100 77181 — 100 77182 —	150	00
BALANCE DUE	MT. HOPE CEMETAR'S CITY OF SAN DIEGO	Handling Fee Recording & Misc. Fee®	100 77185 — 100 77183 —	133	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	This is	Pre-Need Trust Sales Tax	63033 9022 — 60101 76390 —	15	00
AC-212 (Ray 5.04)	ISSUED BY SO SOUTH	TOTAL PAID		10 10	00

# MT. HOPE CEMETERY

# INTERMENT ORDER

anhew & William City of San Diego May 22, 2001 Date

8 "	RL DEPTH		Funeral, date	e, time That	e. May	24	11:00
hurc	* * Antible	A	ONLY"	: MERKLE		ERLLMor	tuary.
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	328-45	22	Wi	lson)	v 3.	ck 1	2
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	rrom our	disinter cemetery	and ch	oose lot		Address of the last	
	Ray waive	-29	Price	e 1664.25		in saturation	
	walve	d 1,000 d	10 CO 10 CO			165.00	0
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	She may cl before dis Will wait o	loose lot	and .	30,5%	*6		
	018	Interment	and mal	ce paymen	te		
-3	Will wait	in	. 42%	416.00		45.0	20
	Will wait o	Payment	of man	-1-	*****	43.1	-
	MAIL HERTON	ree.	The widt	Ker			
1						386.00	7
A	24				*******	200.00	-
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iq	) 17	7	- 1	5	( cartify	and tepre	esent
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					27	1814	1

REA-104 ( ...



E-16522

# THE CITY OF SAN DIEGO

# **AUTHORITY TO DISINTER. REMOVE OR REINTER**

MONTH YEAR

rom Lot 6 Grave 4	D Section	Row	Block	
Division $\frac{\sqrt{3}}{}$ And to re	move the same to a	ınd reinter said	remains in Lot 19	3
Grave <u>\</u> Section	a Row	Block	Division\ 2	
cemetery ht Hop	e Centery			
f the remains and have the elated to the decedent as old Mount Hope Cemetery	indicated below. T y harmless from an	s authorizatio The undersign ry liability on a	n, and that they are ed further agree t	re
f the remains and have the lated to the decedent as old Mount Hope Cemetery	e right to make this indicated below. T y harmless from an	s authorizatio The undersign ry liability on a	n, and that they are ed further agree t	<u>re</u>
of the remains and have the elated to the decedent as not more more muthorization, disinterment without the control of the remains and have the elated to the decedent as not more more muthorization, disinterment without the control of the control	e right to make this indicated below. T y harmless from an	s authorization The undersign By liability on a sterment.	n, and that they are ed further agree t	re to
of the remains and have the elated to the decedent as cold Mount Hope Cemeter authorization, disinterment of the cold of the c	s right to make this indicated below. The harmless from an and rein serious se	s authorization The undersign By liability on a sterment.	n, and that they are to count of said	re to



# MT, HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date\_7-25-0]

	ed, subject to your rules and regulations, to in $\beta \ \nu \ R \ T$	ter the remains
In a DOUBLE DEPTH	Funeral, date, time TUES 7.	-31 11:0
Church Chapel Graveside		Mortuary.
	p.m. of regular work day or an extra charge	of \$ 150 60
will be applied and billed to undersigned	d, × γ. δ.	
Lot 163 Grave 6 Rov		ock 11
Grave space & Care Fund		0 15.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burlal Container	- 0001	380.00
	1111 30 200	320.00
Handling Fees		3333
Flower vases - Marker setting fee	MT. HOPE CENTEGO, CA	112 00
Recording and filing fee	CITY OF SALE	75.00
Sales taxes		20.30
ORTUARY +0	Total Due	2013.51
- Mark	Paid receipt number 53962	2.043.5
×	Balance due	180
I hereby certify I am the and this is your authority to make disportant I have the right to make this authorizany liability on account of said authorizany	osition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery	harmless from
I hereby authorize the interment in lot I hold under deed.	Signature FOIT	lath.
Van Let but no	- X SAN Diago CAC	LE 92119
AND THE PROPERTY OF THE PROPER	B19 262-4115	Zip Code
Work Order # E 16523	Acct. #	

E-16523

# MESSAGE CONFIRMATION

07/26/2001 14:12 ID=SD MT. HOPE CEMENTERY

DATE		DISTANT STATION ID	MODE	PAGES	RESULT		
07/26	00'26"	92631507	CALLING	Ø1	DK	0000	4

# 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

1	the burial	space. N	101E:	151 E	LOTILA	- IJBL →	Digpi
2	3	4	5	6	1 1	2	3
Herr Ja	2 -		-	X	Cochran Early,		Letoueneau Thomas A.
			0-		Buet		1
					15 ur 1		4m
	Lat. 163	Grave	.6	Row.	— Secti		
	Grave Laid	l out by: _	NORM	+ Her	,	-	

Agrees with Legal Card: Yes O No

Agrees with Map: Yes J No

Corave

E-16523

Blind Check & Verified By:

E-16503

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

96)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	3	1C. LAST (FA	MILY)	r	MONTH DAY YEAR MONTH	DAY. YEAR	4. SEX
Cecella				; Bu	rt		01/22/1915 07/2	1/2001	F
Nation	al City			San Di	F DEATH—OUTSIDE CALIF., ATE <b>eqo</b>	OF INF	RELATIONSHIP, FULL MAILING AD ORMANT Pelt Burt, Husba		P CODE
Anderson-		rt.; 5050 Diego, CA		Blvd.	7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	305 San	Thrush St. Diego, CA 92114 TURE OF APPLICANT—Person being	145	E SIGNED
+ ACKNOWLEDGMENT OF A	PPLICANT I hereby : Section 10	schnowledge as applicant that 1376 of the Health and Safety	t the proposed dispar Code, and was authors	oftion stated herein is and personnt to Section	one of the dispesitions authorized by 7100 of the Health and Safety Code.	-00-	be wellan	S. 10	3/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UPD IN ACCORDANCE FORMA HEALTH AND S TY FOR THE DISPOSITI 10 MINUT OF DISPOSAL OUTSE	WITH PROVI- SAFETY CODE ON SPECIFIED	\$7.00	FEE PAID 9B. DATE PERM		OC. SIGNATURE OF LOCAL REG	2112879	IG PERMIT )
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL POSITION.	Vital Reco	EGISTRAR OF DISTR ED IN CAUFORNIA Drds; P.O. I	Box 8522	2	9E, ADDRESS OF REGISTRA IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPO	The state of the s			-			FOR CORONER'S	USE ONL	1
B. CREMATION		AINS OTHER		F. DISINTERMI		V.	I. DISPOSITION PENDING (Name and Address)	REMAINS L	OCATED AT
BURIAL		coness of califor cemetery; 3 San Diego	751 Mark	et St.	7310	ED   110	SIGNATURE OF PERSON IN C	CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFOR	RNIA CREMATO	ORY:	12B. DATE CREMA	ATED 12C	. SIGNATURĒ OF PĒRSON IN CI	HARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFOR	RNIA FACILITY	RECEIVING REM	IAINS 138. DATE RECE	EIVED 13C	. SIGNATURE OF PERSON IN C	HARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVEN CREMATED REMAINS			E 148, DATE SHIP	PED   140	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHO ENTIFY FINAL PLACE					SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		MATED RE- DISPOSED

COPY 2 IS RETAINED BY 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 Capter MT. HOPE CEMETERY OF FATHER CAPTERINT ORDER City of San Diego George

Date JULY 25, 2001

of							71,217,00,327,7		LL
in a _	1000		Container		Funer	al, date, ti	me		
	, Chapel,		-						Mortuary.
					14000	ular work	day or an	extra charge o	ors 150.00
will be a	applied a	nd bille	d to und	lersigned.	_X	_			
		Grave		11-11-11-11-11	1117.27 11				ock 42_
	70								
Addition	uaj sbace	s and d	care fun	d	15	A.1	<b>n</b>		A105 00
Openin	g/Closing	& Set	up			AI	<u></u>		CONTRACTOR OF THE PARTY OF THE
Burial C	Container				XUI	035	2001		55.00
Handlin	ng rees	**********			************		*********		00.00
Flower	vases - h	Marker	setting	lee	MT.HC	PE CE	METARY	(	
Record	ling and fi	ling fee	ı		CITY OF	SAN D	IEGO, C	;A	45.00
Sales t	axes				***********				4.13
								B	\$269.13
				P	aid receip	t number .	539	87	269.13
								Balance due	-8
and this that i he any list	s is your	authori ght to r ccount re the i	ty to ma make th of said	s authoriz authorizat	tion of re	egree to lerment.  X Signature 4370	above indi hold Mt. H VIDEL See	cated.   certify ope Cernetery BICKELL	amed decedent y and represent harmless from
Signature	of recorded ho	ider of de	ed					CA 9	
	933439047520			NEE	D PH#	(661) Telephone	940	,-952	3 Zin Code
				o 4		Invoice #			
Work O	Order#		165	24		Acct. # _			
REA-104	4 (7-96)			This infe	ormation i	s availabl	e in alterr	ative formats	upon request.

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date JULY 25, 2001

You are hereby authorized and instructed of PRE-NEED ASH BURIAL	1		and the second s
n a ASH VAULT Type of Buriel Container	Fund	eral, date, time	
Church, Chapel, Graveside		;	Mortuary.
All Funeral cars must arrive before 3: <b>60</b> p will be applied and billed to undersigned.		2.10	a charge of \$ 150.0
ot 228 Grave - Row		Toom	ivision Block 42
Grave space & Care Fund PRE-N	EED		9
Additional spaces and care fund		*******************************	
Opening/Closing & Setup		PAID	\$105.00
Burial Container		rai-	55.00_
Handling Fees		ų∪G О.З. 2001	60.00
Flower vases - Marker setting fee		LODE CEMETARY	
Recording and filing fee	MI.	OF SAN DIEGO, C	45.00
Sales laxes	0111		4.13
P	aid rece	Total Due 53981	7 269.13
		Bal	ance due
hereby certify I am the *FOR MYSI and this is your authority Io make disposited I have the right to make this authorization liability on account of said authorizations.	ition of r	emains as above indicate I agree to hold Mt. Hope	Cemetery harmless from
hereby authorize the interment in lot I		X Vale	Dickell
		43708 DEVYN	LANE
ignature of recorded holder of deed	PH#	LANCASTER, CA	93535 6 - 95-2 <sup>5</sup> 3°°
F 40504		Invoice #	
Nork Order # E 16524		Acct. #	
EA-104 (7-96) This info	rmation	is available in alternative	formats upon request,

O Printed on recycled paper

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date\_HILY 25. 2001

1.44		KE	SIMS								
ina I	INER				Funera	I, date,	time	TUE.	JULY	31ST	11:00
Church, Che	Type of Buriel apel, Grave:	Containe side	DEL	VERY	ONLY		F	ATHE	RINGI	LL	Mortuary.
All Funeral c	are must a	rrive b	efore S	3:30 p.m	of regu	lar wo	k da	y or an	extra cha	rge of \$	
will be applic	ed and bille	d to ur	ndersig	ned				-			
Lot _85	Grave	12		Row	-	Section	on	1	_ Divisio	n/Block	12_
Grave space	& Care Fu	nd								8	95.00
Additional sp	paces and c	are fu	nd				******				
Opening/Clo	sing & Setu	qı					******	******		3	75.00
Burial Conta	iner									1	90.00
Handling Fe	es		·····							<u>1</u>	45.00
Flower vase	s – Marker	setting	dee	(MARK	ER SI	T FF	E	)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>1</u>	25.00
Recording a	nd Ping A	11	J		••••				******		45.00
Sales taxes.		4.0	nn4								14.25
	JUL 3	14	וטט				T	otal Due	ř	17	89.3
Nort. E	THOPE	<b>CEN</b>	NETA	RY Paid	receipt	numbe	. 5	394	.3	1	189.2
CIT	Y OF SA	N DI	EGO	, CA	123		10		Balance	due	8
l hereby cert	lify I am the	F	JNER	AL D	RECT	OR		0	the abo	ve name	d decedent
and this is y that I have th	our authorit	ty to m	nake d	ispositio	on of rem	ains a	s abo	we India	ated. I c	ertify and	d represent
any liability	on account	of sale	autho	rization	and inte	erment.	F	UNERA	LDIR	ECTOR	TO SIG
	harina tha ir	nterms	ent in le	ot f	X	(	S	ee	A+	tacl	red)
l hereby aut		Same a Land	***************************************			6322	E	L CA.	ON BI	VD.	
i hereby auti hold under d	leed,										
hold under d	leed.					SAN 1	DIE	GO, C	A 9	2115	
hold under d	leed.	id	-	-		(619	)	GO, ( 583-9	\$300 10	2115	Zip Code
I hereby aut hold under d Signature of recon	leed.	id		<del></del>		(619 Telephone	)	583-9	511		Zip Code

# E16525

# MESSAGE CONFIRMATION

07/26/2001 08:12 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/26	00.53.	5837038	CALLING	01	OK	0000

# 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.

Let 85			1 .			
9	lo		12			
open	ELLENGE HUGHES (NO MARKER)	SEMOT JUAN AVITIA	X	-		-
	LOT 91 GL4				100	
	William Thompson	_	-	_		

	Thompson	_		_		
Intermen	t space for: _	DUKE	SIMS			
Intermen	t Date: TUE.	JULY 31	.st	l'ime:11	:00 AM	X 273 89
Lot: 85	Grave:	12	Row:	Sect:	Div	r. <u>12</u>
Grave La	aid out by:				-	$\rightarrow$
Agrees w	vith Legal Ca	rd: 🗆 Y	es [	J No	Flag	
Agrees v	vith Map: 🗖	Yes		No	Gr	ave
Blind Ch	eck & Verifi	ed By:	-		Date: _	
	W. San St. Company					

16525

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	THE PROPERTY AND THE	Lan Manage	AC LICE THE TANKS		La pare of part. La pare of pears La per
Duke	MI-FRSI (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 10/10/1983 0//23/2001 M
SA. CITY OF DEATH			58. COUNTY OF DEAT		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
San Dieg	0		San Dieg	O	Kay Schulz, Legal Guardian
Teathering.	111 Mortes;			LIF LICENSE NUMBER F APPLICABLE  7D1083	2768 Tonto Way San Diego, CA 92117  6A SIGNATURE OF APPLICANT—Person toting permit, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	on insur	scinouledge as applicant that the pro-	oposed disposition stated herein is one of the dwar authorized pursuant to Section 7100 of the		Jacale 07/26/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP IO MIGHT OF DISPOSAL OUTSIDE OF CL	CODE ECIFIED	9B. DATE PERMI 07/30/2 C. Magga	Carried Comments of the Commen
ANY CHANGE IN DISPOSI- TION REQUIRES ANEW POMIT TO SHOW FINAL DISPOSITION.	PO BOX 852	EGISTRAR OF DISTRICT OF DISTRICT OF CALIFORNIA CALIFORN	ļ <b>*</b> :		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
IV. AUTHORIZED DISP					FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CL	OF CREMATED REM	IAINS OTHER	E. TEMPORARY ENVA	JRNIA	I. DISPOSITION PENDING—REMAINS LOCATED I
BURIAL		poress of California metery 3/51 , CA 92102	Market St.	71311C	LANCE P . HALLE
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA !	FACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPP	PED 114C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION  STATEMENT OF CREMATED RE- MAINS DISPOSER  OF APPLICABLE

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



14.4K

07/26/2001 07:09 07/26/2001 08:11

5837038 FEATHERINGILL MORT

PAGE 01

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date MILY 25. 2001

na LINER	Funeral date, Same TUE, JULY 31ST 11:00A
Church Chapet, Graveside DELIVERY	ONLY PEATHERINGILL MOTUBLY
Ab Funeral cary must arrive before 3:30 p r	n of regular work day or an extra charge of \$
vSI b4 applied and billed to undersigned.	
ol 85 Grave 12 Row	Section1 Olvision/Block12
Srave space & Care Fund	895.00
	375.00
Control of the Contro	190.00
tending Foot	145,00
MAR	KER SET FEE .) 125.00
Seconding and filling less	45.00
parameters and the contract contract of the co	14 - Million Color
April bring Check	Total Due
April bring Check	Total Due \189.3
Aport bring Check Pag	Total Due 14.25  Total Due 178913
hereby certify I am the FUNERAL D	Total Due 14.25  Total Due 1789.3  IRECTOR of the above named decadent on of remains as above indicated. I carefy and represent
hardly certify i am the FUNERAL D	Total Due 14.25  Total Due 178913
hereby certify I am the FUNERAL Ding that is your authority to make this authorized in authorized in a least the secount of said authorized in a least this	Total Due 14.25  Total Due 1789.3  IRECTOR of the above named decedent on of ternaine as above indicated. I certify and represent from and I stirre to hold lift. Hope Cometery havmiess from
hereby certify i em the FUNERAL D and in have the right to make this authorized any liability on account of hald authorized hareby authorize the interment its lot i	Total Due 14.25  Total Due 189.3  IRECTOR of the above named decedent from and I agree to hold left. Hope Cemetery harmless from and interment. SUNERAL DIRECTOR TO BIG!
hereby certify I am the FUNERAL D and this to your authority to make dispositional I have the right to make this authorization illebility on account of said authorization hereby authorize the interment is lot I told under deed.	Total Due 14.25  Total Due 1789.3  IRECTOR of the above named decedent on of termains as above indicated. I certify and represent from and I stirre to hold lift. Hope Cometery havmiess from
hereby certify I am the FUNERAL Described to right to make disposition to the support of said authorization to support of s	Total Due 14.25  Total Due 1789.3  IRECTOR of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold lift. Hope Cometery harmiess from and interment. FUNERAL DIRECTOR TO SIGNAL DIRECTOR DIRECTOR TO SIGNAL DIRECTOR DIR
hereby certify I am the FUNERAL D and this to your authority to make dispositional I have the right to make this authorization illebility on account of said authorization hereby authorize the interment is lot I told under deed.	Total Due 14.25  Total Due 1789.3  IRECTOR of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold lift Hope Cornetery harmiess from and interment. FUNERAL DIRECTOR TO BIG!  6.322 FL CAJON BLVD.  SAN DIEGO, CA 92115  (619) 583-9511

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date JULY 26, 2001

	DBL	CRYP	Tr.	- 5	_	C SOV N	TL	7108	AUG 2	2 10:0
in a	1980 500	Moe of British	1000		Funer	al, date, time	אוכ	WR,	Hou Z	2 10,0
Churc	h, Chape	Gravesi	de)_				RAGS	DALE		Mortuary.
All Fu	neral car	s must arr	ive befor	e 3:30 p.m	. of reg	ular work da	y or an	extra ch	arge of \$ ]	150.00
will be	applied	and billed	to under	signed, X						
Lot	141	Grave	8	_ Flow	-	_ Section _	1	Divis	lon/Block_	12
Grave	space &	Care Fun	d PR	E-NEED	LOT	& TRUS	C E	-837	L	9
Additi	onal spac	es and ca	ere fund							4
Open	ing/Closir	The second secon								
Buria	Containe	rDB	L CKI	P.1			*******			9
Hand	ling Fees				*********		**********			ø
Flowe	r vases -	Marker s	etting fee	1						100
Reco	rding and	filing tee						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9
Sales	taxes									9
						1	otal Du	o		
				Paid	1 receip	I number				
								Balanc	e due	9
and t	his is you	right to m	to make	uthorization	nn and	mains as ab l agree to ho terment. CI	ove ind ld Mt. H	icated. I lope Cer CE PA	certify and	mless from
	by authounder des	rize the in ed.	terment i	n lot l	2	Signature 862 CII		-	KU.	uc j
	- FE - 25	You have a		-		SAN DI			92	2114
Signatu	re of recorded	holder of deed	Ši.			(619) Telephone	V/106797	7630		Zip Code
		<u>250</u> 01 - 140		<u>u</u> le		Invoice #				
			6521							

# MT HOPE CEMETERY

GI	RAVE BL	IND CH	ECK FOR	RM	
Write in the name block marked with existing marker's in he burial space.	"X". Place n the appro	the nam	ie's, lot # a	nd grave t are adja	# of all cent to
	PALOMO, BRUNG+ BELEN	KATIE LEE WILSON	William Clark Wilson	the marked	SHIELDS, LIZZIC
	7	8	9	10	11
	NOBIE, VERA (No MARKU)	X	IRVIN, WILLIAM, (NO MARKEN)	-	Hoskin, Mergani Kno marka
A Ved				A - 8	
nterment space for:  nterment Date: T	hur, Aug C	00145 . 2, 200 Row:	PAG	E, SE 10:00	19494
Grave Laid out by: . Agrees with Legal (	Card: 🗍 Ye	s	□ No No	Flag	GRAVE
agrees with Map: L	_ res		140	. \	

E-16526

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date JULY 26, 2001

B DRL CHYPT	Funeral, date, umb THURS 8/2	10
etroh, Chape Graveside	: BAGSDALE Mor	tuery.
Puneral ware must enrive before assu p.m.	of requirement day or an extra strange of \$150.	.00_
he applied and billed to undersigned.	Lasance /4/Vage	
	, , ,	
141 Grave 8 Row	Section 1 Division/Block 1:	2
evo space & Core Fund PRE-MERD	LOT & TRUST E-8371 6	
delegrat spaces and care lund		_
pening/Closing & Selup		
urial Container DBI, CRYPT		
andika Foss		
Gwer vates - Marker sening foe		-
Sourcing and Ring les		
Det (2744	<u> </u>	
	Total Oue	_
Pold	receipt number	
	Belance due	
ereby certify I am the SOM	of the above memod doc	adant
nd this is your furtherity to make disposition at I have the right to make this authorization by liability on account of asid authorization.	n of remains as above Indicated. I certify and rep in and I agree to hold Mi. Hope Cemetery humiles and Interment. OTARKINGE PAGE	e Stuff
hereby gushorite the injerment in lot I old under deed.	Garenne //	125
CAL PROF GAPE.	852 CIMA PLACE	-
grature of recorded harden of their	SAF DIRGO, CA 9211	No Conto
	(619) 264-7630	
	Talaylaria .	100
WORK CHOOK & E 16526	The second secon	

E-16526

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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10	21
8	フ
	1

Colonius	عن <sup>ک</sup> ن	E BLACK INK ON	LY-MAKE NO ERASURES, 1	WHITEOUTS OR OT	HER AL	TERATIONS	Four	nd \	/
A. NAME OF DECEDER	NTIFFIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		13	2. DATE OF BIRTH		OF DEATH DAY, YEAR /2001	4. SEX
A. CITY OF DEATH		-	58. COUNTY OF DEA SAN Diego		S. NAME.	05/15/1918 RELATIONSHIP, FULL M OBMANT Page,	CALLING ADD		M CODE
A TYPED NAME AND AD	oness of CALIFORN	A FUNERAL DIRECTOR t.; 5050 Fer Diego, CA 9	or PERSON ACTING AS SUCH 78. c	ALIF, LICENSE NUMBER HF APPLICABLE	862 ( San (	Ginna Place Diego, CA 9	2114	TAC BS face	F SIGNED
ASKNOWLEDGMENT OF A			e proposed disposition stated herein is one of t e, and was authorized pursuant to Section 7100 of	he dispositions authorized by	ale	bee while			1/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL SPOSITION.	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT CALS IN HOTE: THIS PERMIT CALS IN PD. ADDRESS OF RE	ED IN ACCORDANCE WORNIA HEALTH AND SAI V FOR THE DISPOSITION OF DISTRICT OF DI	FETY CODE SPECIFIED \$7.00 OF CALFORNA. TO DEATH— SE. A	PAID 98 DATE PERMIT 08/01/20  AULUCE DORESS OF REGISTRAR DISPOSITION IS TO OCCU	O1 OF DISTR			211296	
B. CREMATION		AINS OTHER	E. TEMPORARY EN			I. DISPOSITION (Name and A		REMAINS L	OCATED A
BURIAL	Mt. Hope C	oness of californ emetery; 37 San Diego,	51 Market St.	8/2/6/	110	RIGHATURE OF PER	ISON IN C	HARGE OF B	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORN	MA CREMATORY	128. DATE CREMATI	ED   120	. SIGNATURE OF PER	SON IN CH	ARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORN	IIA FACILITY RECEIVING REMAINS	13B. DATE RECEIV	VED 13C	. SIGNATURE OF PER	ison in C	HARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B. DATE SHIPPE	ED   140	. Address and sign of placing with			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			eline, or other description suf- id ga <u>district</u> of disposition	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO		I MARIS	NUMBER MATED RE- DISPOSER PLICABLE

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\_ 7-26-0|

TIS VALLE		AN 8-3	15:3
In a Type of Bushal Conference	Funeral, date, ti	me sac o	) (***-
Church Chape Graveside	×	mystale	Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work	day or an extra charge o	if \$
will be applied and billed to undersig	ned		
Lot 61 Grave 5 ,	Row Section	Division/Ble	ook 1
Grave space & Care Fund		((***(()))))))	875.00
Additional spaces and care fund	*************************	***************************************	
			375.00
Opening/Closing & Setup Burial Container	PAID		230.00
Handling Fees			185.00
Flower vases – Marker setting fee	אטט דו זייציוזיויי	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Recording and tilling fee MT.	HOPE CEMETARY		43.00
Recording and filing fee	OF SAN DIEGO, C	v.	18.75
tion to		Total Due	1768.79
" Mussey	Paid receipt number	8-53974	1760,79
any come	Paid receipt number		-0
. X ( U		Balance due	
I hereby certify I am the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	sposition of remains as	of the above na above indicated. I certify	Land represent
that I have the right to make this author any liability on account of said author	norization and I agree to rization and interment.	hold Mt. Hope Cemetery	harmless from
SAMUE D. HI	LL X- K	Luiki 11	-
I hereby authorize the interment in lo hold under deed.	ot   Signature	1 1 n C	HEULES
	Addises	LA Serva	-H-VUE
Bignature of recorded holder of deed	1/16/9	527-2844	Zip Code
97.00 MMA	Invoice #		
E ADEAT			
Work Order # E 16527	Acct. #		

# MT HOPE CEMETERY E-16527

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	3	4	W <sub>X</sub> 5	6	Hocknes	7
8	9	10	11	73		
Interment Da  Lot: 6 \  Grave Laid on	Grave:_	<u>5</u> _	Row:			oiv: _\\
Agrees with I				No	My	on I.
Agrees with I	Мар: 🏻	Yes	- D N	o	0	rave
Blind Check	& Verifico	i By:			Date:	-



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE	MACHAE 1891 99-10	1C. LAST (FAMILY)				E OF DEATH 4. SE	X
Alfred		Orlando		Carter		l	8/23/1934 07/	24/2001 M	
SA, CITY OF DEATH		**		68. COUNTY OF DEA	TH-OUTSIDE CALIF.,	6. NAME, I	RELATIONSHIP, FULL MARING	DORESS AND ZIP CODE	ŝ
San Die	ego			San Diego		Samue	D. Hill, Cou	sin	
Anderson-F	Ragsdale Mo	A-FUNERAL DIRECTO Ort.; 5050 In Diego, C	Federal	Blvd.	LIF. LICENSE NUMBER  HF APPLICABLE  1329	San I	La Sena Ave. Diego. CA 92114 TURE OF APPLICANT—Passe Islan	BD DATE SIZE	en.
ACKNOWLEDGMENT OF AP	ne areast     hereby 1	chaowledge as applicant the	it the proposed disposit	tion stated herein is one of the of pursuant to Section 7100 of	the Health and Calaby Carle	Aleb	be Wellen	08/01720	001
AUTHORIZATION OF	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE: THE PERMIT GRES I	ORNIA HEALTH AND TY FOR THE DISPOSIT	SAFETY CODE ION SPECIFIED	\$7.00	08/04/200 Decel	SISSUED S	C. SIGNATURE OF LOCAL RE	SISTRAR ISSUING PERM 2113005	AIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	VItal Reco	edistrar of distribution of cauronia of ca	Box 8522	2	DIFFESS OF REGISTRAR DISPOSITION IS TO OCC		CT OF DISPOSITION— HER DISTRICT IN CAUFORNIA		
TOMOTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR CORONER	S USE ONLY	
B. CREMATION		ains other		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	200000000000000000000000000000000000000	8	(Name and Address)	9—REMAINS LOCATED	
BURIAL		Cemetery; San Diego,	3751 Mar	ket St.	118. DATE BURIE	D   11C.	SIGNATURE OF PERSON IN	HARGE OF BURIAL	300
CREMATION	12A. NAME AND A	DDRESS OF CALIFO	RNIA CREMATOR	RY.	128. DATE CREMA	TED 12C.	SIGNATURE PERSON IN	CHARGE OF CREMATIO	N
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFO	PRNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEI	VED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY	E.
TRANSIT		DDRESS IN RECEIVI CREMATED REMAIN			14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		Æ
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHO ENTIFY FINAL PLACE		ER DESCRIPTION SUF- T OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	19D. LICENSE HILMBER OF CREMATED BE MAINS DISPOSER —IF APPLICABLE	<b>B</b> -

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



REA-104 (7-96)

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date\_7-27-01

in a	Funeral, date, time MEN 7-30/
Church, Chapel, Graveside	: Sawa Coloral Mortuary.
	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	
The state of the s	
	w Section Division/Block
Grave space & Care Fund	100.00
Additional spaces and care fund	PAID
Opening/Clasing & Setup	125,00
Burial Container	JUL 2 7 2001
Handling Fees	MT. HOPE CEMETARY
	CITY OF SAN DIEGO, CA
Recording and filing fee	<u>45.00</u>
Sales taxes	
2"x 22"	Total Due
10" ht	Paid receipt number 539 58 270,00
10 nc	
×/	Balance due
I hereby certify I am the	N-C of the above named decedent
I hereby certify I am theFALL and this is your authority to make disp	of the above named decedent osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby certify I am the	of the above named decedent osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from alion and interment.  **Dabl Pup  **Signalant** 387 Illinois S+#5
I hereby certify I am theFn	of the above named decedent osition of remains as above indicated. I certify and represent itzation and I agree to hold Mt. Hope Cemetery harmless from allion and interment.
I hereby certify I am the and this is your authority to make disp that I have the right to make this authoriany liability on account of said authorize the interment in lot I hold under deed.	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from alion and interment.    Supply   Signal   Supply

O Printed on success 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.

-	7-2	1	-	-		<del></del>
-,	+	-			+	-
39 V	891 HARRIS	893	ec X	૭૧૫	895	<b>39</b> 6
			resten			
V		(4) (4)		V		
	73 Grave		Row:	Sec	t: <u>1</u>	Div:
Grave 1	Laid out by: _	Rick	Ý		_	
	with Legal C		160	J no	alte	Lieve
Agrees	with Map: [	J Yes	_ 🗖 1	No		90
Blind C	Check & Ver	ified By: .	Rom		Da Da	te: <u>7-30-</u>
			16528		275.4	

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-16528

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

1A, NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAI	AILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
TANIA		MEDRANO	LOPEZ		04/16/2001	07/26/2001	P
SA. CITY OF DEATH		A. AI-LAISS SON	58 COUNTY OF	F DEATH—OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MA OF INFORMANT	ALING ADDRESS AND ZI	P CODE
SAM DIEGO				SAN DIEGO	ISABEL LOPEZ - F.	ATHER	
BL CAMINO	MEMORIAL -	BENBOUGH CHAPE	3.	-IF APPLICABLE	4387 ILLINOIS ST SAN DIEGO, CA 92		
3051 EL C		SAN DIEGO, CA 9		FD-480	8A. SIGNATURE OF APPLICANT—FE	sen taking permit 88. DATI	E SIGNED
. ACKNOWLEDGMENT OF A	PPLICANT   hereby act Section 103	Anowledge as applicant that the propess 176 of the Health and Safety Code, and wa	ed disposition stated herein is o a sufficient pursuant to Section	me of the dispositions authorized by 7100 of the Health and Safety Cade.	> Parette Valet	- 07/27	7/200
PERMIT	THIS PERMIT IS ISSUE	ED IN ACCORDANCE WITH PROPRING HEALTH AND SAFETY C	OVI- BA. AMOUNT OF	CONTRACTOR OF STREET,	TISSUED 9C. SIGNATURE OF LOC	AL REGISTRAR ISSUIN	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY	Y FOR THE DISPOSITION SPECI	\$7.00		001 2112789		
LOCAL REGISTRAR	A LEGISLA TO A RESTORATION TO SERVICE A COMPANY	MIGHT OF DEPOSAL OUTSIDE OF CALFO		P Valent			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERRIT TO SHOW FINAL	F DEATH OCCURRED	GISTRAR OF DISTRICT OF D IN CAUFORNIA ORDSPO BOX 8	1		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFOR	-EA	
SISPOSITION.	SAN DIEGO	. CA 92186-5222	Parties 1			00-40-20-0	
THORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS		į,	FOR CORC	NER'S USE ONLY	<i>t</i> .
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		NINS OTHER	F. DISINTERME G. SHIP IN TO H. TRANSIT TO		(Name and Ad	dress)	
BURIAL	MT HOPE C	ORESS OF CALIFORNIA CEN EMETERY, 3751 M , CA 92102	ARKET ST,	7-30-0	1/	ON IN CHARGE OF BU	IRIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED 120. SIGNATURE OF PERS	ON IN CHARGE OF CRE	EMATION
SCIENTIFIC USE	13A. NAME AND AD	ORESS OF CALIFORNIA FAC	OLITY RECEIVING REM	AINS 13B. DATE RECE	IVED 13C. SIGNATURE OF PERS	ON IN CHARGE OF FA	KCILITY
TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E 148. DATE SHIPP	PED 14C. ADDRESS AND SIGNA OF PLACING WITH TH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C NTIFY FINAL PLACE AND CA (			15C. SIGNATURE OF PERS CHARGE OF DISPOSE		LATED RE-

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

### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

or skow y	Funeral, date, time \( \text{W} \) 8-3  0,00
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 undersig	
Lot 113 Grave 5 F	RowSection
Grave space & Care Fund	79 6 0
Occidental spaces and care fund	PAID 375.00
	190 00
Burial Container Handling Fees	AUG 1/2 7001 1/45 150
	HOPE CEMETARY
Recording and filing fee	OF SAN DIEGO G
Sales taxes	14.25
MORTUARY TO	Total Due \S6 4, 25
RING CHECK	Paid receipt number <u>R-53981</u> 13642
KING CIFCII	Balance due
Towns of the second sec	1 601
and this is your authority to make di	sposition of remains as above indicated. I certify and represent
that I have the right to make this auth any liability on account of said autho	norization and I agree to hold Mt. Hope Cemetery harmless from
any management of said assist	V
hereby authorize the interment in lo	alvin Thompson
hold under deed.	X 2992 G. ST.
Signature of recorded holder of deed	- X San Diego, Ca, 92102 Zio Code
0.5	Car 619) 235-9747 Zip Code
	L .
E 10500	Invoice #
Work Order # E 16529	Acct. #
REA-104 (7-96) This	s information is available in alternative formats upon reques

# E16 529

### MESSAGE CONFIRMATION

07/30/2001 12:11 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
07/30	00'41"	619 286 2674	CALLING	01	OK 0000

# MT HOPE CEMETERY E-16529

#### GRAVE BLIND CHECK FORM

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

			•		·	
o We wow	3	ISRAEL	w <sub>X</sub> 5	FARRUS	ζA	
8	9	GARC'A		WeK, UN.		
nterment	Date: FR	1 8-	B;E 3	ime: \0	:00	
arave Laid	d out by:.		Row:			20 0 30
Igrees wil	h Legal	Card: 🗖	Yes [	J No S	der G	made
Igrees wit	th Map:	☐ Yes		No		
Blind Che	ck & Ver	rified By:_			Dat	e:

## F 16529

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) ! 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	
THIRKIL	LEE	JORDAN	JORDAN		07/28/2001 V
SA. CITY OF DEATH		58. COUNTY OF DEAT			L MAILING ADDRESS AND ZIP CODE
SAN DIEGO		SAN DIEGO	)	ALVIN THOMPSON	-son
CALIFORNIA	DORESS OF CALIFORNA—FUNERAL DIRECTOR OR PERSON CREMATION & BURIAL CHAPKL ON BLVD., SAN DIEGO, CA 921	1 7	IF, LICENSE NUMBER FAPPLICABLE 1357	2992 G STREET SAN DIEGO, CA	92102 T—Person taking person, 8B. DATE SIGNED
ACKNOWLEDGMENT OF M	PPLICANT I hersby acknowledge as applicant that the proposed dis Section 10376 of the Health and Safety Code, and was and			· Claunder &	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PRIMET GIVES NO RESIT OF DEPOSAL CHITSING OF CALIFORNIA.	<b>*7</b> 00	98. DATE PERMIT 07/31/20 J.BENYAR	01	LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL ISPOSITION.	VITAL RECORDS—P.O. BOX 852: SAN DIEGO, CA 92186—5222			OF DISTRICT OF DISPOSITION UR IN ANOTHER DISTRICT IN CA	
NO MUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR C	ORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER EMETERY	E. TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	RNA		ON PENDING—REMAINS LOCATED AT d Address)
BURIAL	11A NAME AND ADDRESS OF CALFORNA CEMET MT. HOPE CEMETERY 3751 MAKE SAN DIEGO, CAA92102	KET STEEET	118, DATE BURIE	D TIC. SIGNATIONE OF P	PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 12C. SIGNATURE OF	ERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF F	PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C ADDRESS AND S OF PLACING WITH	IGNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICHENT TO IDENTIFY FINAL PLACE AND CA DISTIN		158 DATE OF DISPOSITION	15C. SIGNATURE OF F CHARGE OF DISE	

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 7-30-01

You are hereby authorized and is	nstructed, subject t	o your rules and	egulations, to in	ter the remains
of EVERIEN	A Thon	NAS		
ina FINER	Funere	al, date, lime <u>T</u>	hurs 92/0	1 100
Church Chapel Graveside		: CA		Mortuary,
All Funeral cars must arrive befo	re 3: <b>5</b> 0 p.m. of reg	ular work day or a	an extra charge o	1\$ 15000
will be applied and billed to unde	rsigned X <u>&amp;</u>	s,m		
Lot 74 Grave 2	Row	Section/	Division	12
Grave space & Care Fund	DA	1D		895.00
Additional energy and care fund				
Opening/Closing & Setup		1 2001		375.00
burial Container	······································	CEMP INT.		190.00
Handling Fees	MT. HOPE	N DIEGO, CA		773.00
Handling FeesFlower vases - Marker setting fe	((P)THONV	ASE Prepail	R-53960)	_
Recording and filing fee				45.00
Sales taxes		******************		14.25
lort to bring check		Total (	)ue	1,664.25
Service residential reserves	Paid receipt	number <u>53°</u>	169	1,664,25
	- 55	5	Balance due	<u>`</u> ``&
I hereby certify I am the	authorization and I	agree to hold Mt.	dicated. I certify	harmless from
I hereby authorize the interment hold under deed.  Signature of recorded holder of deed	in lot 1	Sgreeture 2 Sgreeture 4 Address AN D Chy (el9)	15th S. 1660, Ch 266-19	1 92119 15 Dp Code
E 10=0	^	Invoice #		
Work Order # <u> 1653</u>	<u>U</u>	Acct. #		
REA-104 (7-96)	This information is	s available in alte	rnative 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: INSTAIL (I) TRION VASE

	DA	y or	SERV	CE		74
 5	73	74 -	2	3	4	<del>&gt;</del> 5
WRIGHT ESTHER MALLE	wright, Robert Anthony	open	Х	open	open	open
н	12	7	8	9_	10	11
Tree	BOYKIN, Charles (NO MARKER)	open	open	open	open	open

(NO MAR	EeR)	1147).			
Interment space	for:E	VERLE	NA .	Thom	45
Interment Date:	Thur 8/2	<u>/0/</u> т	ime:_/.'	00 pm	Charles
Lot:_ <u>74</u> Gr	ave:_2	Row:	Sect:		<u>12</u>
Grave Laid out I	oy:	<u> </u>			
Agrees with Leg	al Card: 🗖	Yes [	J No	FIA	n PAVE
Agrees with Ma	o: 🛘 Yes		No	6	PHIL
Blind Check &	Verified By:_	·	-00	Date:	

E-16530

### MESSAGE CONFIRMATION

07/31/2001 10:20 ID=SD MT. HOPE CEMENTERY

DATE S.R-TIME DISTANT STATION ID MODE RESULT PAGES 07/31 00'37" 619 286 2674 CALLING 01 OK 0000

P01

AUG-02-01 THU 01:03 PM CALIF. CREMATION & BURIAL 619 286 2674

F-16530

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	ENT-FIRST (GIVEN) ( 18. MIDDLE	TC. LAST FAMILY	WIEGOTS ON OTHE	2 DATE OF BIRTH   3. DATE OF DEATH   4. SEX
EVERLENA	\ <del>-</del>	THOMAS		8376171952   8972672081 F
A. CRY OF DEATH		58. COUNTY OF DEATH	OUTSIDE CALIF., &	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
BAN DIEGO		SAN DIEGO		EVA L. MINER-MOTHER
CALIFORNIA	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER A CREMATION & BURIAL CHAPE AJON BLVD., SAN DIEGO, CA	L -1P	APPLICABLE	134 65TH STREET SAN DIEGO, CA 92114 SECRETURE OF APPLICANT—FROM blong por 1, 68. DATE SIGNED
ACKNOWN EDGMENT OF A		ed disposition Stated horses to one of the	dispositions authorised by	Someth Lenyou 1 08/01/200
	Section 1021/2 of the HEARD SHE SHEET LOOK, AND HE		D. DR DATE PERMIT IS	NED, SC. SIGNATURE OF LOCAL REGISTRAT ISSUING PERMIT
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE PERMIT IS ISSUED IN ACCORDANCE WITH PR SIONS OF THE CALIFORNIA HEALTH AND BAPETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT SHES NO SIGHT OF DISPOSAL OUTSIDE OF CRUPT SINTE THIS PERMIT SHES NO SIGHT OF DISPOSAL OUTSIDE OF CRUPT	\$7.00	08/01/	
TION COURS A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDS—P.O. BOX SAN DIEGO, CA 92186-5222	85222 SE D	RESS OF REGISTRAR OF SPOSITION IS TO DCCUIR	DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALFORNIA
O AUTHORIZED DISF	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A C	OR CREMATED REMAINS OTHER	F. DISINTERMENT  G. SHIP IN TO CALIFOR  H. TRANSIT TO OUTS	RNIA	I DISPOSITION PENDONG—FEMAINS LOCATED A
BURIAL	MT. HOPE CEMETERY 3751 MARKET ST., SAN DI		8-2-01	Ronald Nouse
9	12A. NAME AND ADDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMATER	12G. SIGNATURE OF PERSON IN CHANGE OF CREMATION
CREMATION				
SCIENTIFIC - USE	13A. NAME AND ADDRESS OF GALIFORNIA FA	CILITY RECEIVING REMAINS	138 DATE RECEIVE	D 19C. SIGNATURE OF PERSON W CHARLE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE T	E OR COUNTRY WHERE O BE SHIPPED	14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF SERSON IN CHARDE OF PLACING WITH THE CARRIER
3	144 PROBEST LYKANIAT, PARKE DE ASIPREMISA	OR OTHER DESCRIPTION SUF-	ISB DATE OF	IAC BIGNATURE OF PERSON IN SC LICENSE NUMBER NO. 65 DAPEA OF

### 16530

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE EVERLENA	NT-FIRST (GIVEN)	1B. MIDDLE	THOS	(FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
MAN DIEGO		() ()		TY OF DEATH—OUTSIDE CALIF., DIECO			MAILING ADDRESS AND	ZIP CODE
CALIFORNIA	CREMATION	& BURIAL CI SAN DIEGO,	HAPEL	78. CALIF, LICENSE NUMBER  F APPLICABLE  F-1357	SAN	65TH STREE DIEGO, CA		TE SIGNED
ACKNOWLEDGMENT OF AF				els is one of the dispositions authorized by Section 7100 of the Health and Safety Code.		boutto L	AND THE RESERVE OF THE PARTY OF	1/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE W ORNIA HEALTH AND SA Y FOR THE DISPOSITION DENHI OF DEPOSAL OUTSEE	FETY CODE SPECIFIED	7.00 08/01			OCAL REGISTRAR ISSU Queen	NG PERMIT
NY CHANGE IN DISPOSA- SEQUIRES A NEW TO SHOW FINAL SPOSITION.	VIVAL RECO	GISTRAR OF DISTRIC	OX 85222	9E. ADDRESS OF REGISTR. IF DISPOSITION IS TO OX				
		PLICARI E TIEMS	0000000	F-		I FOR CO	RONER'S USE ONI	Y
A. BURIAL (INCLU		T. LI CO MALL TI LOTTO		DRARY ENVAULTMENT		L DISPOSITION	n PENDING-REMAINS ( Address)	OCATED A
A. BURIAL (INCLU	OF CREMATED REMARKETERY SE  11A. NAME AND AD MT. HOPE	AINS OTHER DORESS OF CALIFORN	F. DISINT	ERMENT N TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR	85.1	(Name and		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS TO SEE THE	AINS OTHER DORESS OF CALIFORN	F. DISINT G. SHIP II H. TRANS IIA CEMETERY  DIEGO, CA 92	ERMENT N TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR	MED   110	C. SIGNATURE OF PE	Address)	BURIAL
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKETERY SE  11A. NAME AND AD  MT. HOPE  3751 HARK	ODRESS OF CALIFORN CEMETERY ET ST., SAN ODRESS OF CALIFORN	F. DISINT G. SHIP II H. TRANS IIA CEMETERY  DIEGO, CA 92	ERIMENT N TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR 2102  \$\int_{128} DATE CREM	MED 110	C. SIGNATURE OF PE	Address)  RSON IN CHARGE OF I	BURIAL
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION , SCIENTIFIC	OF CREMATED REMARKETERY SE  11A. NAME AND AD  MT. HOPE  3751 MARK  12A. NAME AND AD   13A. NAME AND AD   14A. NAME AND AD	ODRESS OF CALIFORN CHATTERY ET ST., SAN DORESS OF CALIFORN DORESS OF CALIFORN	F. DISINT G. SHIP I H. TRANS IIA CEMETERY  DIEGO, CA 92 IIA CREMATORY  IIIA FACILITY RECEIVING	ERMENT N TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR 2102   S- 2-0   12B. DATE CREM	MATED 116	C. SIGNATURE OF PE	RSON IN CHARGE OF C	SURIAL PREMATION

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

REA-104 (7-96)

City of San Diego

	7	7	123		1
Date	1 -	0	U	- 0	1

OF THE DIAM LOW	Ø 11 1 0 1	310
ina Double Depth F	Funeral, date, lime Well 8-1	1
Church, Chapel, Graveside	: mayer	_ Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		-
Lot 22 Grave 63 Row	Section MAS Division/Block	<u></u>
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	Med (E-15705)_	<del>-v</del>
Burial Container		<del>O</del>
Handling Fees		+
Flower vases - Marker setting fee		
Recording and filing fee		<u>+Q</u>
Sales taxes		<del>-0</del>
	Total Due	+
Paid	eceipt number	
X _	Balance due	
I hereby certify I am the SON	of the above name	d decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify an	d represent
any liability on account of said authorization a	ind interment.	
I hereby authorize the interment in lot I	1 Salue	
hold under deed.	X 13788 Fregut	RL
- and en Triant	Address	
Bignature of recorded holder of dised	(856) 484-3300 Talephone	Zip Code
71.78 cm 27.78 cm	Invoice #	
Work Order # E 16531	Acct. #	
REA-104 (7-96) This informs	ation is available in atternative formats upo	on request.

© Printed on recycled paper

### MESSAGE CONFIRMATION

07/30/2001 14:32 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/30	ØØ'36"	281 7587	CALLING	01	OK	0000

### 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 he burial space. $1.5 + 8 \cdot 1.0 $
STEWART 67 DE X PRIEST 65 66
Interment space for: DIANN SOHN.  Interment Date: WED 8-1_ Time: 3100
Lot: 23 Grave: 63 Row: Sect: MAS Div:
Grave Laid out by:
Agrees with Legal Card: Yes No Key on grown
Agrees with Map: 🔲 Yes 💢 No
Blind Check & Verified By: Date:
E-1653)

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(17)

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	1	2. DATE	OF BIRTH   3, D	ATE OF DEATH	A. SEX
107	Earnestine		D.	The second secon	okin	07/2		/27/2001	P
5A	CITY OF DEATH			58. COUNTY OF DEA		8. NAME, RELATION			IP CODE
	San Diego			ENTER STATE S	an Diego	OF INFORMANT	. Sohn, S	ion.	
7A	Mayer Mort	BREY	n Diego, CA		F APPLICABLE	13738 Par San Diego	, CA 921	d 29	TE SIGNED
	ACKNOWLEDGMENT OF AP			proposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of		Butara	. E Man	per 07/	31/200
	UTHORIZATION OF	THIS PERMIT IS ISSUED IN THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORINA HEALTH AND SAFE TY FOR THE DISPOSITION S 0 MINIT OF INSPOSAL OUTSIDE OF	H PROVI- TY CODE PECIFIED 9A. AMOUNT OF FEE 7.00	THE RESERVE OF THE PARTY OF THE	OT 2112	TURE OF LOCAL A	EGISTRAR ISSUI	NG PERMIT
	ON REQUIRES A NEW TO SHOW FINAL ISPOSITION.	P.O. BOX San Diego,	5222		DORESS OF REGISTRAR DISPOSITION IS TO OCCU				
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONL	Y
	B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			Name and Address		OCATED AT
(	BURIAL	Mt. Hope	censtary cet Street, S	CEMETERY In Diego, CA 9210	118. DATE BURIE	1/	IRE OF PERSON I	N CHARGE OF B	URIAL
CABLE ITEMS	CREMATION		DDRESS OF CALIFORNIA		128. DATE CREMAT	ED 12C. SIGNATI	IRE OF PERSON I	CHARGE OF CE	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138, DATE RECEI	VED 13C. SIGNATI	ire of Person I	N CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE BE TO BE SHIPPED	148. DATE SHIPP		S AND SIGNATURE CING WITH THE CA		CHARGE
•	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158, DATE OF DISPOSITION		ire of Person I of Disposition	OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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



#### INTERMENT ORDER

City of San Diego

Date 7-3 | -0 |

ot WINKIE	K HUNTER THUR 8-3 100
In a Type of Buriel Container	Funeral, date, time 11/01/
Church, Chapel, Graveside	: Mashile Mortuary.
All Funeral cars must arrive bef	ore 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to und	ersigned
Lot 59 \ Grave	Row Section\ Division/Block 9
Grave space & Care Fund	700.00
Additional spaces and care fund	PAID 125.00
obarmithornism a camb	
Burial Container	AUG 0 1 2001
Handling Fees	
Flower vases – Marker setting t	MT. HOPE CEMETARY CITY OF SAN DIEGO. 3. 45.00
	71101
Recording and filing fee	
Sales taxes	370.07
al, manta	29L X 14W X/Oh Total Due
ing elech	Paid receipt number 12-5 39 75 270,00
~	Balance due
( hausty and the 1 am the 1	10 TH€ € of the above named decedent
I hereby certify I am the	ike disposition of remains as above indicated. I certify and represent s authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said	authorization and interment.
Marakai	Hunter XIIII
I hereby authorize the intermen hold under deed.	tin lot 1 X Suga Rullin Dd # 1H
	Addiese 2
Signature of recorded holder of deed	City 72/5
	858 277 C603
	( altiproces
Whatever Whatever	Invoice #
Work Order # E 1653	32 Acct. #

### MESSAGE CONFIRMATION

07/31/2001 11:26 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/31	00'30"	92631507	CALLING	01	OK	0000

### MT HOPE CEMETERY

	GF	RAVEB	LIND CH	ECK FO	RM	
Write in th block mark existing m the burial	ked with arker's ir	"X". Plac	e the nam	ne's, lot # pace(s) th	and grav	djacent to
	ŧ					
They	×		X		W4	
	-		-	KELLY	<b>X</b>	-
Interment Interment Lot: 59	Date: 💃	1-2-0	<b>!</b>	Time:	1:00	Pm_
Grave Lai						DIV
Agrees w	ith Legal	Card: A	<b>j</b> Yes	□ No		
Agrees w	ith Map:	X Yes	$\supset$ $\Box$	NO 0		
Blind Che	eck & Ve	rified By	spay s	meder	∠_ Dat	e:87-01

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	MT-FIRST (G	IVENO 1	B. MIDDLE		IC. LAST (F	ASM VI			2. DATE OF	BIRTH	3 DATE	OF DEATH	4. SEX
Marlek			Ty		Hun	year nivers			07/119		MONTH,	27/2001	320
San DI	ego	/			SB. COUNTY		OUTSIDE CALIF.,		RELATIONSH FORMANT IN E. HE				ZIP CODE
Anderson-Ra	ngsdale	Mort San D	FUNERAL DIR ; 5050	Federal A 92102				San	Ruffin Diego, ATURE OF API	CA 92	2123	W B05593	TE BIONED
ACKNOWLEDGMENT OF M	en ruer T	hereby ackn	wiedge as applica	it that the proposed d	isposition stated herein is thorized pursuant to Section		Alle and Calaba Pade	-00	blu	wheel	lean	- 07/3	1/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT SIONS OF THE AND IS THE AL IN THIS PERMIT	IS ISSUED CALIFOR THORITY	IN ACCORDA NIA HEALTH A FOR THE DISPO	NCE WITH PROV ND SAFETY COD DISTION SPECIFIES	BA. AMOUNT O	GOODS THE REST OF THE PARTY.	88785726 Awhele	12	9C. SIGNATU	RE OF LO	CAL REG	211301	NG PERMIT
-	9D. ADDRESS	OF REG	STRAR OF D	BOX 85	π⊢ 222		SS OF REGISTRAR OSITION IS TO OCC				RNIA	1	
O. AUTHORIZED DISP	OSITION(S) CH	ECK APP	CABLE (TEMS						F	OR COR	ONER'S	USE ON	.Υ
									Jan.				OCATED AT
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	EMETERY SE		RESS OF CAL	Carlo Service Control Control	H TRANSIT	O CALIFORNI TO OUTSIDE	IA OF CALIFORNIA 11B. DATE BURIE	D   110	C. SIGNATURI	E OF PER	<i>3</i> ≈ 3 ≈ 1.1	HARGE OF	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	EMETERY SE 11A NAME	AND ADD	RESS OF CA Emetery San D	i ogo, CA lego, CA i fornia crem	G. SHIP IN TO H. TRANSIT TERY BERY 92102	O CALIFORNI TO OUTSIDE	OF CALIFORNIA			e OF PER	son in c	rud	BURIAL
G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	11A NAME	AND ADD	RESS OF CAL	lego, CA	G. SHIP IN TO H. TRANSIT TERY BERY 92102	O CALIFORNI TO OUTSIDE	OF CALIFORNIA 11B. DATE BURIE	TED 120	SIGNATURI Rong SIGNATURI	OF PER	SON IN C	web HARGE OF C	BURIAL
G. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A NAME	AND ADD	RESS OF CAL	Tego, CA	G. SHIP IN TO	O CALIFORNI TO OUTSIDE	OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	TED 124	SIGNATURI Rong SIGNATURI	E OF PERS	SON IN CO	HARGE OF C	BURIAL REMATION FACILITY

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









## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	R	3		
Date	a	-J	2001	

or <u>to</u> ;	G.	ende O	maule	
in a		Funeral, date, time		
Type of Buriel Cont Church, Chapel, Graveside	alnge	E.		Mortuary
All Funeral cars must arrive				
will be applied and billed to	undersigned, A			
Loi 1263 Grave	Was	3		8
Lol Grave	Row	Section	Division/Block	
Grave space & Care Fund .				
Additional spaces and care	fund	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		
Opening/Closing & Setup				
Burial Container	grain	/ '	1	
Opening/Closing & Setup  Burial Container  Handling Fees	Jerrer	droduff s	Wein -	
Flower vases – Marker setti		***************************************		
Recording and filling fee		***************************************		-
Sales taxes				
			Due	
	Paid r	receipt number		
			Balance due	
I hereby certify I am the and this is your authority to			of the above name	d decedent
and this is your authority to	this authorization	and I agree to hold MI	ndicated. I certify and Hope Cemetery har	d represent mless from
any liability on account of s				
any liability on account of s	ment in lot I	Χ	· · · · · · · · · · · · · · · · · · ·	
any liability on account of s  I hereby authorize the Inter- hold under deed.	ment in lot I	X Signature	See/	
any liability on account of s I hereby authorize the Inter- hold under deed.	ment in lot I	Address	see L	
any liability on account of s	ment in lot I	295-84656170 KN	Stuted	Zip Code
any liability on account of s  I hereby authorize the Inter- hold under deed.	ment in lot I	Address	Suteh	Zlp Code
any liability on account of s I hereby authorize the Inter- hold under deed.		Address Cily Telephone	See	27/0000



THE CITY OF

## SAN DIEGO

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

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

#### **QUITCLAIM DEED**

In consideration of Larraine (Tuback) akus Hilser of James Helsel. Remarket
mories R. aker Se.
I/We LORRAINE AKERS
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Libra (White Maule) (Grandaughtes)
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 1262 Grave Row Section 3 Division Block 8
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said, its successors and assigns forever.
WITNESS my/our hand this 8 day of 3 19
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:
Witnesses Witnesses





## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

d	

homestrea &

Date\_ 7-25-01

of www.	Welson - 12 1171
in a	Funeral, date, time
Type of Buriel Container	NO NE 01-00 1 Jean
oriarat, oriapsi, orareside	La Copy Washen with
All Funeral cars must arrive before 3:30 p	o.m. of regular work of y or an extra charge of \$
vill be applied and billed to undersigned.	<b>34-</b>
1 11 12	13
ot Grave D Row	Section Division/Block 13
3rave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
	**
No.	e Howest
landling Fees	
Flower vases - Marker setting fee	(0
Recording and filing fee	
Sales taxes	~ 12 Lee 3 mm 1
T 2x 193	Total Due
~	aid receipt number
	ard receipt number
5	Colones des
	Balance due
hereby certify I am the _ and this is your authority to make disposi	of the above named decedent of the above named decedent of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	of the above named decedent of the above named decedent of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	of the above named decedent of the above named decedent ation and I agree to hold Mt. Hope Cemetery harmless from ion and Interment.
hereby certify I am the	of the above named decedemition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature
hereby certify I am the	of the above named decedent of the above named decedent of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemelery harmless from lon and Interment.  Signature  Address  Address  Zip Code
hereby certify I am the	of the above named decedentifion of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature
hereby certify I am the	of the above named decedemication of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and Interment.  Signature  Address  City  Zip Code



## MT. HOPE CEMETERY INTERMENT ORDER



andrew & Walker City of San Diego

Date May 22, 2001

in a	DBL	DEPTH			Funer	al, date,	time I	hure,	May	24	100
Chur	rch, Chap	Type of Buriel C el, Graves	ide "DE	LIVER	ONL	Υ"	: MERK	LEY-	MITCHE	RLL	dortuary.
All F	uneral ca	rs must err	ive befor	e 3:30 p.r	n, of rec	gular wor	k day or	an extra	charge o	15_	
will b	e applied	and billed	to under	signed.							- 80
			4 D								F)
Lot_	6	_ Grave _	0	Row_	-	_ Section	n	DI	vision/Bio	ck	13
Grav	e space	& Care Fun	id			************				126	.00
Addit	lional spa	ices and ca	are fund			*****			***************************************		
Oper	ning/Closi	ing & Setup	j							165	.00
Burla	d Contain	er								-50	.00_
Hand	iling Fees	s			******		***********				
Flow	er vases	– Marker s	etting fee								an openium
Reco	ording and	d filing fee .								45	5.00
Salge	s laxes								.)		
							Total [	) euC		386.	.00
				Paid	i recelp	l number	-			_	
								Bala	nce due	2	
and t	his is you	y I am the ur authority right to me account o	to make	disposition	n of rer	mains as	above in	ndicated	I. I certify	and re	eoresent
	eby autho under de	orize the inte	lerment ir	lot I			-A RU	FFIN	RD.		
	re of recorder	d holder of deed	Y	_		SAN	DIEGO	,	CA	921	23-169 Zip Code
Signalu				41		(858)	694	-3500	)	3	Zip Goue
Signatu						1 elechane					
Signalu		7.54				(858)		-5127	24	0	141
	: Order #	E <sup>16</sup>	409				<b>,</b>	-5127 00 9	34	21	141

Crystal Wilson (sister of Andrew J. Wilson)

528-4522

Wants to disinter and choose lot from our cemetery. Price 1664.25

Ray waived 1,000 disinterment fee.

She may choose lot and make payments before disinterment. 25% 416.00

Will wait on payment of marker setting fee.



#### THE CITY OF SAN DIEGO

#### **AUTHORITY TO DISINTER, REMOVE OR REINTER**

7-25-0)."

T.		new J. V			
from Lot _ b _ Gr	ave 1 1 5	Section	Row	Block _	
Division 13	And to remove th	he same to an	d reinter said	remains in L	ot 193
Grave \rightarrow\foats	ction	Row	_ Block	Division	15
Cemetery	Hope Co	initery			
The undersigned h	ereby certify a	nd represent	that they are	the legal cu	etodione
	CICDI COLLINI	III I CDI COCIIL	tilat they are	tile legal ou	Stoulant
of the remains and	have the right	to make this	authorizatio	n, and that the	ney are
of the remains and related to the dece	have the right dent as indicat	to make this ted below. Th	authorizatione undersign	n, and that the decided in the decid	ney are gree to
of the remains and related to the dece hold Mount Hope C	have the right dent as indicat emetery harmi	to make this ed below. Thess from any	authorization ne undersign niability on a	n, and that the decided in the decid	ney are gree to
of the remains and related to the dece hold Mount Hope C	have the right dent as indicat emetery harmi	to make this ed below. Thess from any	authorization ne undersign niability on a	n, and that the decided in the decid	ney are gree to
of the remains and related to the dece	have the right dent as indicat emetery harmi	to make this ed below. Thess from any	authorization ne undersign niability on a	n, and that the decided in the decid	ney are gree to
of the remains and related to the dece hold Mount Hope C	have the right dent as indicat emetery harmi	to make this ed below. Thess from any	authorization ne undersign r liability on a erment.	n, and that the ed further against the edge of the edg	ney are gree to aid
of the remains and related to the dece hold Mount Hope C	have the right dent as indicate semetery harminaterment, removed	to make this ed below. Thess from any	authorization ne undersign liability on a erment.	n, and that the decided in the decid	ney are gree to aid
of the remains and related to the december hold Mount Hope Cauthorization, disin	have the right dent as indicate termetery harminaterment, removed the removed terment in th	to make this ted below. The less from any val, and reint to december to decemb	authorization ne undersign liability on a erment.	n, and that the ed further against the ed further against the edge of the edge	ney are gree to aid
of the remains and related to the december hold Mount Hope Cauthorization, disingular Cauthorization Cauthoriza	have the right dent as indicate termetery harminaterment, removed the removed terment in th	to make this ted below. The less from any val, and reint to december to decemb	authorization ne undersign liability on a erment.	n, and that the ed further against the ed further against the edge of the edge	ney are gree to aid



Mt. Hope Cemetery

(This form must be notarized, if not signed in presence of cemetery staff.)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

Bu- Michael

City of San Diego

Date 7-45-0]

neral, date, time; regular work day or an extra charge of section Division#8k	Mortuary.
Section 2 Division/Bit	oek IR
Section 2 Division/Bio	THE PROPERTY OF THE PARTY OF TH
	THE PROPERTY OF THE PARTY OF TH
	845,00
	375.00
	190.00
	142,00
	45,00
	14.25
8-61877	386.0
North March 1997	प्रे राज्य
remains as above indicated. I certify nd I agree to hold Mt. Hope Cemetery	and represent
Signature 7 DWIGA	T ST
50 × 0, ECO 005 528: 4522 Telephone	92104 Zip Code
Invoice #	
	pelpt number

REA-104 (7-88)

This information is available in alternative formats upon request.

15 -

G Printed an recycled paper

E 16534

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	IT-FIRST (GIVEN) 18. A	COLE	IC, LAST (FAS	55 TO A		2. DATE OF BIR MONTH, DAY, Y		MENT YEAR	4. 567
JOHN SA. CITY OF DEATH			00			NKNOWN	04/0	8/2001	
DES	CANSO		ENTER STA	F DEATH—OUTSIDE CALIF. TE SAN DIEGO	OF IN	STRONACH		AMESS AND Z	
MERKLEY-MIT	ORESS OF CALFORNA FUR CHELL MORTUARY CA 92103	, 3655 FIFT	H AVENUE,	78. CALF, UGENSE NUMBER —IF APPLICABLE FD-119	ROAD.	A RUFFIN	60, CA 9		-
ADDITIONAL DESIGNATION AND	to drawer I hereby acknowledge	e as applicable that the propose	es displanted states lesson is a	the all the degraces and solder each by 7100 of the Health and Soldery Code.	0/5	TURE OF APPLICA	alikal		
AUTHORIZATION OF	THE PERMIT IS ISSUED IN SIGNED OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THE PERMIT.	ACCORDANCE WITH PR NEALTH AND SAPETY O THE DISPUSITION SPECI	SODE \$7.00	FEE PAID 005 OATE PERM	7 issued / 2001	SE SIGNATURE	THE PERSON NAMED IN		- April 1989
TION REQUIRES A NEW PERMIT TO SHOW FRIAL	P.O. BOX 85222	LUPORNIA	5222	BE ADDRESS OF REGISTRA IF DISPOSITION IS TO OC					- 1
	DETTONIS) CHECK APPLICA		Constitution to the state of			FOR	CORONER'S	USE ONL	7
CT	Constitution and Administration of the Constitution of the Constit		I I TEMPORAR	Y ENVAULTMENT		I. DISPOS	STION PENDING	-REMAINS L	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS CEMETERY SE	METERY, 375	G. SHIP IN TO	ENT CALIFORNIA D OUTSIDE OF CALIFORNI		SIGNATURE OF	and Address) F PERSON IN (	CHARGE OF §	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS C EMETERY SE	OF CALFORNIA CE METERY, 375 92102	G. SHIP IN TO  H. TRANSIT TO  METERY  MARKET STE	ENT CALIFORNIA D OUTSIDE OF CALIFORNI	ED   110		F PERSON IN (		7
B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC  USE	OF CREMATED REMAINS COMETERY SE  11A MAME AND ADDRESS MOUNT HOPE CE SAN DIEGO, CA	S OF CALIFORNIA CE METERY, 375 92102 S OF CALIFORNIA CR	G. SHIP IN TO  G. SHIP IN TO  H. TRANSIT TO  METERY I MARKET STA	CALIFORNIA D OUTSIDE OF CALIFORNIA REET, 118. DATE BUR	MIED 13	SIGNATURE OF	F PERSON IN C	HARGE OF C	P REMATION
B. CREMATION  C. DISPOSITION THAN IN A CE D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REMAINS COMETERY SE  11A. NAME AND ADDRES MOUNT HOPE CE SAN DIEGO, CA  12A. NAME AND ADDRES  13A. NAME AND ADDRES	S OF CALIFORNIA CE METERY, 375 92102 S OF CALIFORNIA CR	EMATORY  CILITY RECEIVING REM	CALIFORNIA D OUTSIDE OF CALIFORNIA 118. DATE BUR 128. DATE CREA	MIED 13	SIGNATURE OF	F PERSON IN C	HARGE OF C	LE MATHON ACLITY

194

STATE FILE MINISHER

#### AFFIDAVII TO AMEND A RECORD

T-255 P 002/006 F-810

**DEATHS AFTER 1-1994** NO ERASURES, WHITEOUTS, OR ALVERATIONS MISTRATION DISTRICT AND CERTIFICATE HAMB!

STATE/LOCAL REGISTRAR USE 3 ONLY PART I INFORMATION TO LOCATE RECORD-TYPE OR PRINT IN BLACK INK ONLY 1. NAME-FIRST IGIVEN NAME AS IT 2. MIDDLE 3. LAST (FAMILY) JOHN DOE RECORD 4 SEY S. DATE OF EVENT-MM/DD/CCYY 6. CITY OF OCCURRENCE 7. COUNTY OF OCCURRENCE ADDITIONAL FND 04/08/2001 SAN DIEGO DESCANSO INFORMATION TO LOCATE 8. FATHER'S NAME AS STATED ON ORIGINAL S. MOTHER'S NAME AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN UNKNOWN UNKNOWN UNKNOWN STATEMENT OF CORRECTIONS-NO ERASURES, WHITEOUTS, OR ALTERATIONS PART II 01-00689 10. CERTIFICATE 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD 12. INFORMATION AS IT SHOULD APPEAR TTEM NUMBER JOHN ANDREW 2. JAMES -DOE WILSON LIST ONE 4 UNKNOWN 12/23/1978 THEM PER 5. UNKNOWN 9. UNKNOWN CALIFORNIA 11 UNK NO 12. UNKNOWN NEVER MARRIED 13. UNKNOWN 10 14. UNKNOWN CAUCASIAN 15. UNKNOWN NO 16. UNKNOWN SELF-EMPLOYED 17 UNKNOWN HANDYMAN 20. 12133 ROCKCREST ROAD, #18 UNKNOWN 21. UNKNOWN LAKESIDE 23. UNKNOWN 92040 28. UNKNOWN 29. UNKNOWN 30. UNKNOWN 35. UNKNOWN DEBBIE 36. UNKNOWN ANNE 37. UNKNOWN WILSON 38. CALIFORNIA UNKNOWN 39. 05/29/2001 09/25/2001 13. TO IDENTIFY THE PERSON LISTED AS JOHN - DOE ON THE ORIGINAL RECORD. REASON FOR CORRECTION PLEASE NOTE: THE DEPUTY PUBLIC ADMINISTRATOR WHO IS SIGNING BELOW IN #19. IS SIGNING ON BEHALF OF ROMA STRONACH, WHO IS LISTED AS INFORMANT ON THE ORIGINAL AFFIDAVIT, DUE TO THE FACT THAT SHE NO LONGER WORKING FOR THE PUBLIC ADMINISTRATOR. AFFIDAVITS We, the undersigned, hereby certify under genalty of perjury that we have personal knowledge of the above faci SIGNATURES and that the information given above is true and correct. 15. TITLE/RELATIONSHIP TO PERSON IN PART ( 14. SIGNATURE OF PURST PERSON 16. DATE SIGNED-MM/DD/CCY M.D., D.M.E. 09/20/2001 PERSONS MUST SIGN 17. AGE 18. ADDRESS (STREET, CITY, STATE ZIP) THIS FORM 5555 OVERLAND AVENUE, SAN DIEGO, CA 92123 LEGAL 21. DATE SIGNED-MM/DD/CCY 20. TITLE/RELATIONSHIP TO PERSON IN PART I 19. SIGNATURE OF SECOND PERSON PUBLIC ADMINISTRATOR 09/20/2001 USE BLACK INK 23. ADDRESS (STREET, CITY, STATE, ZIP) ZZ. AGE LEGAL. 5201-A RUFFIN ROAD, SAN DIEGO, CA 92123 24. SIGNATURE OF STATE OR LOCAL REGISTRAR 25 DATE ACCEPTED FOR REGISTRATION-STATE/LOCAL REGISTRAR USE ONLY

T-255 P.005/006 F-810

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(1	Unknown			n. San	Diego		Unk	nown	Unknown		Califo	enia
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DISPOSITION	Same In the same of the same o					. San	Diego	. Calif	ornia 92123	3	0.00	
FUNERAL DIRECTOR	Tempora:	SPOSITION. 5		7	42 SIGNATU	ME OF EN	mbalme	200			43. LIGE	HSE NO.
LOCAL	44. NAME OF P		70.05000			NO. 46.	MATURE	OF LOCAL ME	GISTRAR		\$1000 NO. 1000 NO. 10	H M/ D D/ C
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2000	Found, (	PLITTER GARLE	4-3	10	22. IF HOSPITA		ASOLWAY CONT.		THER THAN HOSPITAL	" CHEST PROTO.	Diego	
PLACE OF DEATH	105. STREET			SER OR LOC	ATION!	VOP	DOA	HOSF-	JEARE LOTHER	106.	Control of the second	-
DEATH	Boulder				CONTRACTOR OF THE PARTY OF THE	ilton				Des	canso	
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	DUE TO	(B)								3	OP. GIOPEY	PERFORMED N
CAUSE OF DEATH	DUE TO	(C)									YES	
	OUE TO	(0)							1	1	K .	SASSIMINATION
		CHARLE SCHOOL	ONDITIONS CO	HTRIBUTING T		NOT REL	ATED TO C	AUSE GIVEN I	N 107	-	Yes	No
	113. WAS OF	ERATION PER	FORMED POR A	NY CONSITIO	N IN ITEM 107	QR 1121	IF YES, US	FT TYPE OF O	PERATION AND DATE	. "	ib .	
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	120. SIGNATI	19 9	NER DE DEPUT	TY CORONER	127	4/16/	2001	CVV 128 TO	PED NAME, TITLE O	F CONC	e. M.D	D.M.E.
WESTER OF	1 7	- m	16	In .		STATE OF THE STATE	10		Selform Ril of Discounts	0.0000000000000000000000000000000000000	CREA STONES	K Najadayahar
REGISTRA	•			D					21068	27		CENSUS TI

DEATHS AFTER 1-1994

BYAYE	rd F m Amelin		THS AFTER 1-199 MES, WHITEOUTS, OR ALTERAT		E-16534	
STATE/LOCAL REGISTRAR USE ONLY	I.e.	1				
PART I	INFORMATION T	O LOCATE RECOR	D-TYPE OR PRIN	T IN BLACK INK	ONLY	
NAME AS IT APPEARS ON RECORD	1. NAME-FIRST KIVE	4) 2.	MIDOLE -	3. LAST (FAMILY) DOE		
ADDITIONAL INFORMATION TO LOCATE	M FND	04/08/2001	DESCANSO	192	SAN DIEGO	
RECORD		UNKNOWN UNKNOWN		UNKNOWN	UNKNOWN UNKNOWN	
PART II	STATEMENT OF	CORRECTIONS-N	O ERASURES, WH	TEOUTS, OR AL	TERATIONS .	
	10. GERTIPICATE 11. INFO	PRIMATION AS IT APPEARS	ON ORIGINAL RECORD	12 INFORMATI	ON AS IT SHOULD APPEAR.	
		R INVESTIGATION			NACH-PUBLIC ADMINISTRATOR	
	27.			FFIN ROAD, SAN DIEGO, CA		
LIST ONE				92123		
ITEM PER		6/2001	05/29/200			
LINE		OVERLAND AVENUE,	SAN DIEGO.		E CEMETERY, 3751 MARKE	
		FORNIA 92123	ST THE SOLVE THE STATE OF THE SOLVE		AN DIEGO, CA 92102	
		ORARY ENVAULTMENT		. BU ' .		
	44. S.D. 45. NONE	CO. MEDICAL EXAM	IINER	FD-119	ITCHELL MORTUARY	
	TO PROVIDE	FOR FINAL DISPOS	ITIAN			
CORRECTION	19. TO PROVIDE	FOR FINAL DISPOS	110M	9.6		
					· · · · · · · · · · · · · · · · · · ·	
AFPIDAVITS	We the maderaion	ort horoby partify warfa	r nanalty of nasive.	that we have se	rsonal knowledge of the above fa	
SIGNATURES	and that the inform	ation given above is tr		CO - 100-100-100-100-100-100-100-100-100-1	T 1 16. DATE SIGNED MM/DD/CC	
TWO PERSONS MUST SIGN THIS FORM	17. AGE	16. ADDRESS ISTRE		N - Wash Alberta and November 1999	05/24/2001	
	LEGAL 19. SIGNATURE OF SI	The state of the s	AND AVENUE, SAN			
DLACK INK ONLY	Victoria D.	MULTIPLE STREET	MORTUARY EMP		05/24/2001	
	LEGAL	1 (12 Control of 12 Control of	AVENUE, SAN DI	EGO. CA 9210	3	
STATEADCAL	24. SIGNATURE OF STAY				EFTED FOR REGISTRATION-MICE CO	
REGISTRAR USE ONLY	<b>•</b>					

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date\_ 8 - 6 - 0 [

ina BELL LINER	Funeral, date, lime WED 8-8 11:
Church Chape, Graveside	RAGSDALE Mortuary
All Funeral cars must arrive before 3.90 p.	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 104 Grave 9 Row	Section 3 Division/Block 19
Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	MID 375,00
Burial Container	170.00
Handling Fees	6 9 6 2001 145.00
CITY C	OPE CEMETARY WE SAN DIEGO, CA 14.25
Pa	Total Due 1564. 2
X 1-	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent floor of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	× Signature 447 Suphaven Rd
Signature of recorded holder of deed	X ALPINE, CA 9/90/ (6/9) 659-3784 24 Code (Telephone
Work Order # E 16535	Invoice #

### MT HOPE SEMETERY

				(2)		
	GF	AVE BL	IND CH	ECK FO	RM	
block mark	ed with ' irker's in	X". Place	the name	e's, lot # a	grave is fo and grave # at are adjac	of all
		3	3	PHAM Y	william s	, 6
	7	MCADOO	Noy X 7	- 10		
Interment :	space fo	r:_ D eve	Thy D	oner		3
Interment I	Date: 🔼	er 8-	-8	rime:	1/10 0 1/0 0	v:_\2
Grave Laid			Yes [	J No	* Sly	on Great
Agrees wit	h Map:	☐ Yes		Na Na		
Dind Cha	-1 0 M-	citized Dec			Date	

# €-16535

### MESSAGE CONFIRMATION

08/06/2001 12:16 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/06	00'26"	92631507	CALLING	01	OK	0000

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL	7)	2. DATE		ATE OF DEATH	4. SEX
Dorothy		Jean	Jones		05/12		/30/2001	F
SA. CITY OF DEATH	wood		58. COUNTY OF DENTER STATE	EATH-OUTSIDE CALIF.	OF INFORMANT	Lynne Jone		
7). TYPED NAME AND AD Anderson-R	oness of Californi Lagsdale Mo	rt. 5050 Feder San Diego, CA	al Blvd.	CALIF, LICENSE NUMBER —IF APPLICABLE FD1329	1447 Sunh Alpine, C	aven Rd.	-	
ACKNOWLEDGMENT OF AP		schowledge as applicant that the propose 876 of the Health and Sciety Code, and wa			Deblu	Willian	08/0	
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR FORMA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI ID NORT OF HISPOSIL DUTSEE OF CALLED	FIED \$7.00	08 / 0 7		ATURE OF LOCAL I	registrar issuin	G PERMIT
TION REQUIRES A NEW PROMET TO SHOW FINAL	313 N. Figi	EGISTRAR OF DISTRICT OF DISTRI	4./ P	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU.  O. Box 85222 an Diego, CA	JR IN ANOTHER DIST	RICT IN CALIFORNIA		
10. AUTHORIZED DISPO		The second secon	13	an Diego, CA	92100-522		R'S USE ONLY	<del></del>
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US	E		La tra densemble trass	UTSIDE OF CALIFORNIA		(Name and Addres	90	
BURIAL		Cemetery; 3751 San Diego, C	Makket St.	118. DATE BURIE	D 11C. SIGNAT	TURE OF PERSON	N CHARGE OF BU	IRIAL Z
CREMATION	12A, NAME AND AD	DORESS OF CALIFORNIA CRE	BMATORY .	12B. DATE CREMAT	TED 12C. SIGNAT	URE OF PERSON I	CHARGE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAIN	S 138, DATE RECEI	VED 13C. SIGNAT	TURE OF PERSON	IN CHARGE OF FA	ICILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPP		ss and signatur Acing with the C		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		UREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA !		JF- 15B, DATE OF DISPOSITION		TURE OF PERSON IE OF DISPOSITION		NATED RE-

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	A CONTRACTOR OF THE PARTY OF TH	
Date 8	-6-01	

V	TRD
In a BELL LINER	Funeral, date, time WED 8-8 10:00
Church Chapel, Graveside	: KAGS DALE Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	í
Lot 39 Grave 4 Row	Section 2 Division/Block 12
Grave space & Care Fund	e- Need E-2010 _ 0
Additional spaces and care fund	
Opening/Closing & Setup	D 8-6-01 375,00
Burial Container	140.00
Handling Fees	145.00
Flower vases Marker setting fee9	abythme mae 148,75
Recording and filin Rep A	45.00
Sales taxes - AUG 0 6 2001	14.25
AUG 0 6 ZUUI	Total Due 918.00
THORE CEMETA	PMd receipt number K-53993 918.00
CITY OF SAN DIEGO	, CA Balance due
I hereby certify I am the	of the above named decedent sition of remains as above indicated. I certify and represent station and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in of I hold under deed.	Nex 5020 hove St.
Signature of recorded holder of deed	X Cay 2/9-2634859 Zip Code
F 40500	Invoice #
Work Order # <b>E</b> 16536	Acct. #
REA-104 (7-96) This in	formation is available in alternative formats upon request.

6 Frield on recycled paper

REA-104 (7-96)

### MESSAGE CONFIRMATION

08/06/2001 10:19 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/06	00'26"	92631507	CALLING	01	OK	0000

## E 16536

#### 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 3	9 X 4	3	6	_
7	2	9	10/	TE	(2	- 618
nterment sp	85		ie Wh			
terment Da	ste: <u>WED</u> Grave:_	8-8	, 48 TE 48	3:\(0\); Sect:(	Zince-in	3

#### E-16536

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE Rosle	NT—FIRST (GIVEN)	18. MIDDLE Lee	IC. LAST (FAMILY) Ward	91	N		OF DEATH 4. SEX
San Di	ego		58. COUNTY OF DEAT ENTER STATE San Diego			ELATIONSHIP, FULL MAILING AC EMANT bert, Daugh	
Anderson-P	Ragsdale Mo	A—FUMERAL DIRECTOR OR PERSON rt.; 5050 Federal Diego, CA 92102	Blvd.	LIF. LICENSE HUMBER F APPLICABLE 1329	San D	Lise St. lego, CA 92102 URE OF APPLICANT—Person basing	AR DATE SIGNATURE
ACKNOWLEDGMENT OF A	PPLICANT   1 hereby a	chrowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was autho	esition stated herein is one of the prized pursuant to Section 7100 of the	a thought and Salah Salah	Me	ble ulille	- 08/06/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DIRECT OF REPOSEL OUTSIDE OF CALFORNIA.		10 08/08/200	ISSUED 90	SIGNATURE OF LOCAL REG	STRAF ISSUING PERMI
	VITATH RECO	POSTRAR OF DISTRICT OF DEATH POST P.O. Box 852 n Diego, CA 92186	22	DRESS OF REGISTRAR DISPOSITION IS TO OCC		T OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			- 1	FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC LI	OF CREMATED REM	AINS OTHER [	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED (
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEMETE Cemetery; 3751 Ma San Diego, CA 92	rket St.	118. DATE BURIE		SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN CA	LARGE OF CREMATION
SCIENTIFIC USE	ISA, NAME AND A	ddress of California Facility	PRECEIVING REMAINS	13B, DATE RECEI	VED 13C,	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148, DATE SHIPP		ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shorieline, or o' entify final place and ca <u>distr</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	0 -	1 - 0	1	
Date	O	6	31	

of should seem	\$ 1011	111726
In a T J D V A V L Funeral, date	time The O - 10	1100
Church, Chapel Graveside	: Ca Durial	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular wo	rk day or an extra charge of \$	
will be applied and billed to undersigned.		
Lot 108 Grave Row Section	on Division/ <del>Bloc</del> k	11
Grave space & Care Fund		(45,00
Additional spaces and care fund		
Opening/Closing & Salup		75.00
	<u> 9</u>	50.00
		85,00
Flower vases   Marker setting fee   July 100		33.75
Recording and Tile HOPE CEMETARY CITY OF SAN DIEGO, CA	<u>,                                     </u>	15.00
Sales taxes CTT OF SAIT SIZE		195 7
	Total Due	614.20
Paid receipt number	Br R- 5377/ 1	345-20
X Husón	Balance due _	-0
I hereby certify I am the	of the above name	ed decedent
and this is your authority to make disposition of remains a that I have the right to make this authorization and I agree	to hold Mt. Hope Cemetery ha	id represent irmless from
any liability on account of said authorization and interment	1 4 5	Loop
I hereby authorize the interment in lot I	ragelle ( )	Sur
hold under deed.	7591 Stylin	EDA,
Signature of recorded holder of deed	in Diero C	1. 92/14
Telaphoni	9-4/5-159	16 Zip Code
Involce	o W	
Work Order # E 16537		

16537

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

THERESA	NT—FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)			TE OF DEATH 4. SEX
5A. CITY OF DEATH	ITY		58. COUNTY OF DE ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT PRAYTHER EUGENE BELL	DORESS AND ZIP CODE
CALIFORNI	CREMATION	FUNERAL DIRECTOR OR BURIAL CHA SAN DIEGO, C	PEL 7B.	CALIF, LICENSE MUMBER  IF APPLICABLE  D. 1357	7591 SKYLINE DRIVE SAN DIEGO, CA 92114 BA. SUPMATURE OF APPLICANT—Person taking	permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A			oposed disposition stated herein is one of all was authorized sursuant to Section 7100 o	d the Health and Safety Code.	Vinthe Seven	08/07/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	TED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SE DIRENT OF BISPOSAL OUTSIDE OF C	PECIFIED \$7.00	98. DATE PERMIT 08/97/200 G. RESSA	issued oc. signature of local rec 2113288 RD   >	BISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF IN CAUFORNIA BOX CA 92186-522	85222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION	OF CREMATED REMARKS		E. TEMPORARY EN	337770kr773kr	FOR CORONER'S  L DISPOSITION PENDEN (Name and Address)	S USE ONLY 3—REMAINS LOCATED AT
BURIAL	MT. HOPE	DORESS OF CALIFORNIA CEMETERY ET ST. SAN DIE	TOTAL TOTAL TOTAL TOTAL TOTAL	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	odress of California	CREMATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF ERSON IN C	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA	Facility receiving remains	13B, DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		E, OR OTHER DESCRIPTION SUF CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



### E-16531

#### MESSAGE CONFIRMATION

08/06/2001 14:14 ID=SD MT, HOPE CEMENTERY

DATE	S.R-TIME	DISTANT	STATION ID	MODE	PAGES	RESULT	ĮŠ.
08/06	00'36"	619 286	2674	CALLING	01	OK	0000

#### 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					
		BYRNE	10 <b>Q</b> X 1	& Lenn	RELINOLDS	4
			PASTER	8	KETHOLD S	18
	<u> </u>	1	<u> </u>	<u> </u>		
			10 - 10 -	A STATE OF THE STA	(.xD	*
	1000			2 57	ام <u>چ</u>	iv:_\\
Grave La	id out by	Ken	X J	R	1 20	
Agrees w	ith Legal	Card:	Yes (	J No	thys	n
Agrees w	ith Map:	☐ Yes	D			M. 1- 2-0
Blind Ch	eck & Ve	erified By:			Date:_	
			., 2	27		

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

BURIAL

City of San Diego

Date\_8-7-01

ina DOUBLE DEPT	Funeral, date, time FR: 8-10	11,0
Church, Chapel, Graveside	RAGGDALE	Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of \$	
will be applied and billed to unders	gned	0.00
Lot 136 Grave 8	Row Section 2 Division/Block Pre-New E-7467	17
		<del>-0</del>
Additional spaces and care fund		
Opening/Closing & Setup	Present E-	<del>-0</del>
		<del>-0</del>
Handling Fees		-0
Flower vases - Marker setting fee		
Recording and filing fee		0_
Sales taxes		0
2.4	Total Due	0
	Paid receipt number	
X	Balance due	
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said auth	of the above name disposition of remains as above indicated. I certify and thorization and I agree to hold Mt. Hope Cemetery has corization and interment.	represent
I hereby authorize the interment in hold under deed.	Signature Address	
Signature of recorded holder of deed	City Telephone	Zip Code
Work Order # <b>E</b> 16538	Invoice #	

#### MT HOPE CEMETERY

CDAL	/E-DI	INID	CHECK	FODM
GRAI		IND	CHECK	FURIN

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Kirel 2	3	* 4	WILLIAM
	Niekol s	136 8	smith	10	11
Interment space for the space of the space o	ri 8-1 ve: 8	0T	ime:\_ Sect:_	00,	iv: <u>/</u> 2
Grave Laid out by	l Card; 🗖	Yes [	J No	dy "	n W
Agrees with Map Blind Check & V	erified By:_			_ Date:	
	E	- 1653	38		

## E-16538

#### MESSAGE CONFIRMATION

08/07/2001 09:34 ID=SD MT. HOPE CEMENTERY

DATE 5.R-TIME DISTANT STATION ID MODE PAGES RESULT

08/07 00'38" 92631507 CALLING 02 OK 0000

08/07/2001

09:33

SD MT. HOPE CEMENTERY → 92631507

NO.084

D01

16538

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DE	CEDENT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)		2.		DATE OF DEATH	
John	•	Lee	Haynes		ď	873171932	870272001	H
SA. CITY OF DEA Sar	n Djego		SB. COUNTY OF DEATH	H-OUTSIDE CALIF.	OF INFO	ELATIONSHIP, FULL MAIL RMANT I a Almonor,		ZIP CODE
The state of the s		San Diego, CA 9	2102	UF, LICENSE MUMBER FAPPLICABLE	Sprin	Purdy St. g Valley, CA URE OF APPLICANT—PERS		TE SIGNED
ACKNOWLEDGMENT	OF APPLICANT   I hereby a Section 10	cirrowledge as applicant that the proposed 376 of the Health and Salety Code, and was	disposition stated herein is one of the setherized persent to Section 7100 of the	dispositions authorized by the Hiselite and Safety Code.	sour	he Wheli.	en 08/	09/2001
PERMIT AUTHORIZATION LOCAL REGISTR	SIONS OF THE CALIF AND IS THE AUTHORIT OF IN THIS PERMIT.	IED IN ACCORDANCE WITH PRO CRINIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIF DIBINITIES OF CALFEE	\$7.00	08/10/20		SIGNATURE OF LOCA	L REGISTRAS ISSU	ING PERMIT
ANY CHANGE IN DIST TION REQUIRES A N PERMIT TO SHOW FILE SPOSITION.	VI EST RECO	GISTRAR OF DISTRICT OF DI PAS CAUSE NA. Box 85 Diego, CA 9218	222	DRESS OF REGISTRAR	OF DISTRIC	T OF DISPOSITION— IR DISTRICT IN CALIFORNI	•	
UTHORIZED	DISPOSITION(S) CHECK A	PPLICABLE MEMS				FOR CORON	ER'S USE ON	LY
B. CREMATI	NON OF CREMATED REM. A CEMETERY	AINS OTHER	E. TEMPORARY ENVA	XHNIA		I. DISPOSITION PE (Name and Addr	MONG REMAINS (eas)	LOCATED AT
BURIAL	Mt. Hope C	oness of California CEM emetery; 3751 M San Diego, CA		8-10-0	i	SIGNATURE OF PERSON	N IN CHARGE OF	BURIAL
CREMATION		DDRESS OF CALIFORNIA CREE	MATORY	12B. DATE CREMA	TED 12C. 5	SIGNATURE OF PERSON	CHARGE OF C	REMATION
SCIENTIFIC	C 25000000000000000000000000000000000000	ODRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAINS	13B. PATE RECE	WED 13C.	SIGNATURE OF PERSO	N IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP		ADDRESS AND SIGNATI OF PLACING WITH THE		N CHARGE
SCATTERING AT OR DISPOSITION O THAN IN A CEME	THER -	rest point on shoreline, of entify final place and ca <u>o</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON OF CR	SE NUMBER EMATED RE- DISPOSER PPLICABLE

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

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-7-01

or TIFFANI	1. JARRELLS
in a	Funeral, date, time THVR 8-9 1:00
Church, Chapel, Graveside	ERICKSON - Mortuary
	3:30 p.m. of regular work pay of an extra charge of \$
Lot 1628 Grave	Row Section Division/Block9
	\00.00
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	8-8-01
Flower vases - Marker setting fee	U
	45.00
	Paid receipt number R-5 (009 270.00
	Balance due
I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said aut	disposition of remains as above indicated. I certify and representation and I agree to hold MI. Hope Cemetery harmless from
I hereby authorize the interment in hold under deed.	Nothing & Jarrells  A 913 PARKS Are # 11
Bignature of recorded holder of dead	7619) 985-9331 Zip Code
E 4050	Involce #
Work Order # <u><b>L</b> 16539</u>	Acet. #
REA-104 (7-96) 7	his 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.

he bur	ial space.	T	7=	T	T	T
16 72	1626	1629	ња <i>#</i>	1629	1630	1631
				1797 goves		
Lot:_\	b∂8 Gr	ave:	8-9 Row:_	Sec		Div:_9
	- 2 / CONTEST AS ILL TIPLE ( ) ( )		J Yes	1	My	Grand
		Jerified By		of.	Dat <b>L</b> ₩	27 . v

16539

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

하다 소설 개선 (1일 1일	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM	L'O		DATE OF BIRTH	3. DATI	E OF DEATH	4. SEX
TIFFANL	L KRISTINA JARRELLS			LLS		7/26/2001	08/0	5/2001	7
IA, CITY OF DEATH		0-1400000				LATIONSHIP, FULL	MAILING AL	DORESS AND 2	OP CODE
SAN DIEGO			ENTER STAT		OF INFO	MY JARREL	LS - F	ATHER	
EL CAMINO	MEMORIAL -	A-FUNERAL DIRECTOR OF PER ERICKSON ANDERS MESA, GA 9194	SON CHAPEL	B. CALIF. LICENSE NUMBER —IF APPLICABLE	4813 LA ME	PARKS AVE SA, CA 91 IRE OF APPLICANT-	, #11 941	A <sup>2</sup>	TE SIGNED
ACKNOWLEDGMENT OF A	December     hereby a	charwiedge as applicant that the propos 376 of the Haalth and Selety Code, and wo	ed disposition stated herein is on	e of the dispositions sutherized by		ute Val			8/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PE ORINA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI	SODE \$7.00	98. DATE PERMIT II 08/08/200	01 21	SIGNATURE OF L	LOCAL REG	istrar issui	NG PERMIT
LOCAL REGISTRAR		O MONT OF IMPOSAL OUTSIDE OF CALLED EGISTRAR OF DISTRICT OF I	The same of the sa	P Valenti		T OF DISPOSITION			
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERSON TO SHOW FINAL SPOSITION.	VITAL REC	DIN CALIFORNIA	85222	IF DISPOSITION IS TO OCCUR					
O MUNICIPED NOD	OSITION(S) CHECK A	O, CA 92186-522	<u> </u>			EOD CO	DONED'S	USE ONL	
A. BURIAL (INCL.			F. DISINTERMEN			I. DISPOSITIO (Name and		-REMAINS L	OGATED A
A. BURIAL (INCL.	OF CREMATED REM EMETERY SE 11A. NAME AND AL MT HOPE C	DORESS OF CALIFORNIA CEI	F, DISINTERMEN G, SHIP IN TO C H, TRANSIT TO	σ	110.		Address)		70110000eee
A. BURIAL (NCLL)  B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US	OF CREMATED REMETERY SE  11A. NAME AND AI MT HOPE C SAN DIEGO	DORESS OF CALIFORNIA CEI	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO METERY MARKET ST,	OT CALIFORNIA OUTSIDE OF CALIFORNIA	1	(Name and	Address)	CHARGE OF E	URIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETERY SE  11A. NAME AND ALL MT HOPE C SAN DIEGO  12A. NAME AND ALL	ODRESS OF CALIFORNIA CEI EMETERY, 3751 P , CA 92102	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO METERY MARKET ST,	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURNED 8-9-01 128. DATE CREMATE	ED 12C.	(Name and	Address)  ERSON IN C	CHARGE OF E	ELIFIIAL EMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A. NAME AND ALL MT HOPE C SAN DIEGO  12A. NAME AND ALL 13A. NAME AND ALL 13A. NAME AND ALL 14A. NAME AND ALL	DORESS OF CALIFORNIA CEI EMETERY, 3751 1 , CA 92102 DORESS OF CALIFORNIA CRI	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO METERY MARKET ST,  EMATORY  CILITY RECEIVING REMA	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIED 8-9-01 128. DATE CREMATE	ED 13C.	(Name and	RISON IN CO	CHARGE OF E	IURIAL IEMATION

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City ci-San Diego

	0 - 11	
Date	8-7-01	

ina BELL LINER	Funeral, date, ti	me Fri	8/10/0	1 1100
Church, Chapel Graveside Church	Sec. P.	5.D.		Montuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work	day or an ex	tra charge of	s
will be applied and billed to undersigned.			76	- 2-3
Lot 39 Grave 9 Row	Section	_a	Division/Bloc	1
Grave space & Care Fund	***************************************			895.00
Additional spaces and care fund	PAID			=
Opening/Closing & Setup	en Samuel en avent de la company			375.00
Burial Container	JG 0 9 2001		·	190.00
Handling Fees	HOPE CEMETA	P)		115.00
Flower vases - Marker setting fee CTTY	OF SAN DIEGO	, t		$\sim$
Recording and filing fee			***************************************	45.00
Salas taxee				19.25
( ot, YARUTAD)		Total Due		664.23
RING CHECK	aid receipt number	R-840	15	1661.23
X 1		В	alance due	+
I hereby certify I am the	1	oft	he above na	med decedent
and this is your authority to make dispos that I have the right to make this authoriz	ation and I agree to	hold Mt. Hop	e Cemetery	parmiess from
any liability on account of said authorizat	pris /		11	
I hereby authorize the interment in lot I hold under deed.	Signature	24 - 0	4	
TION UNDER GEEN.	X 590	6 17	7-57	
Signature of recorded holder of deed	XZ Jbl	POCK	TX	79425 21p Code
	Telephone	1960-	175 1	***
	X.			
Work Order # E 16540	Invoice #	2		***
Work Order #	Acct. #			

## E-16540

#### MESSAGE CONFIRMATION

08/07/2001 12:45 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	3
08/07	00'31"	619 6920896	CALLING	01	OK	9999

## MT HOPE CEMETERY E- 165 40

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
	DANIEL	2	3	म	MC 5	we the
	7	BOUDREA	<sup>B</sup> 1X 9	. 10	な	12
1-1						
		r: 02 vi 8-			11.00	
		e: <u>9</u>	200	_ Sect:	<u>z</u> c	)iv:_ <u>/</u> 2
Grave La	id out by:	NF	KEN			
Agrees w	vith Legal	Card: 🗖	Yes [	O No	alte	In
		☐ Yes ,	DADE	No No	GA	9601
Blind Ch	eck & Ve	rified By:	VHICE	ye .	Date:	1-101

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16540 57

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

ORLIN	NT-FIRST (GIVEN)	1B. MODLE  LEVANCE	NORRIS	SR		04/28/1944	3. DATE O	The second second	4. SEX
A. CITY OF DEATH  LA MESA			5B. COUNTY OF DEA ENTER STATE	TH-OUTSIDE CALIF., 6. SAN DIEGO		ELATIONSHIP, FULL NEWANT NORRIS JE		ess and ze	CODE
		A FUNERAL DIRECTOR OR PERSO BAPEL SAN DIEGO CA 9210	Character Charac	FAPPLICABLE	LUBB	79TH ST OCK TX 7942 TURE OF APPLICANT—		. 88. DATE	SIGNED
ACKNOWLEDGMENT OF AP		chnowledge as applicant that the proposed of 176 of the Health and Safety Code, and was as		he dispositions authorized by	8a	>1:00 ·	~~	08/08	
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE	E	98. DATE PERMIT IS 08/08/20	100	C. SIGNATURE OF LO 2113389	OCAL REGISTI	rar issum	PERMIT
	P.O. BOX	DIGHT OF DISPOSAL OUTSIE OF CALFORNIA GISTRAR OF DISTRICT OF DEA DIN CAUFORNIA DIN CAUFORNIA DIN CAUFORNIA	TH- 19E. A	DORESS OF REGISTRAR O DISPOSITION IS TO OCCUR	F DISTRIC				
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMS	-				ONER'S U		
B. CREMATION		MINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF			(Name and			CATED A
B. CREMATION C. DISPOSITION (	OF CREMATED REMANDERERY SE  11A. NAME AND AD  HT HOPE	DRESS OF CALIFORNIA CEMET	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	FORNIA		SIGNATURE OF PER	RSON BY CHA	ACE OF BU	RIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS THE PROPERTY OF CREMATED REMAINS AND ACCUMENT HOPE 3757 MAINTENANCE OF CREMATED REMAINS AND ACCUMENT HOPE ACCUMENTS AND AC	DRESS OF CALIFORNIA CEMET	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	SIDE OF CALIFORNIA		(Mame and /	RSON BY CHA	ACE OF BU	RIAL
B. CREMATION C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKETERY SE  11A. NAME AND AC  HT HOPE  3757 MA  12A. NAME AND AC	CEMETERY RKET ST SAN DIEG	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT FERY CA 92102 ATORY	SIDE OF CALIFORNIA	D 12C.	SIGNATURE OF PER	RSON BY CHA	RGE OF CRE	RIAL MATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINSETERY SE  11A. NAME AND AC  12A. NAME AND AC  13A. NAME AND AC	DRESS OF CALIFORNIA CEMET CEMETREY RKET ST SAM DIEGO DORESS OF CALIFORNIA CREMI	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT TERY  D. CA. 92102  ATORY  TY RECEIVING REMAINS  OR COUNTRY WHERE	SIDE OF CALIFORNIA  11B. DATE BURIED  8-10-01  12B. DATE CREMATE	D 12C.	SIGNATURE OF PER	RSON IN CHAR RSON IN CHAR RSON IN CHA	INGE OF CRE	RIAL MATION

## I DAY OLD

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

		Date 8-7-01	
You are hereby authorized and instruct		regulations, to inter the re	
OI BERNELL DESH	AWN HOPKIN	SY PATACOZO	301
in a	Funeral, date, time	Nes 8-14	10.0
Church, Chapel, Graveside DEL	IVERYONLY: S.	D. MEMORIALMO	rluary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day o	r an extra charge of \$	
will be applied and billed to undersigns	id		- <del> </del>
Lot 10 2 Grave 2 Ro	w Section	F - Division/Block 4	3
Grave space & Care Fund		90	00.
Control of the Contro			
Additional spaces and care fund  Opening/Closing & Setup	ALV	<u>75</u>	<u>.00</u>
Charles to be a finished by the contract of the property of the contract of th	Control of the Contro		
Burial Container	7-31-01		8
Flower vases - Marker setting fee			
Recording and filing fee		<u> 45,</u>	00
Sales taxes	***************************************		_
208	Total	1Due	.00
DELA TOBRA	Paid receipt number	Balance due	Olive E
	ADMINITORD A MOD	Committee and and and an an an an an an an an an an an an an	enuvasa.
and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	ADMINISTRATOR cosition of remains as above rization and I agree to hold interment. MAR	indicated. I certify and rep	resent
I hereby authorize the interment in lot hold under deed.	5201 - A	RUFFIN ROAD	ed,
Signature of recorded holder of deed	SAN DIECC Chy (858) 694-	), CA 92123-1 -3503	699 2000
Work Order # <b>E</b> 16541	Invoice #	351093	
Work Order # - 10041	Acct. # C	00100	- 55

REA-104 (7-96) This info

This information is available in alternative formats upon request.

# E-16541 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(I-DAY)

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

RECENELL.	1000 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DESHAWE	HOPKINS	TV		24/2001		72001	4. SEX
CITY OF DEATH		DESCENSE	58. COUNTY OF DEA		NAME, REL	TIONSHIP, FULL IN	MAILING ADD	ESS AND ZIE	
	William Control of the Control of th	HAPEL SAN DIEGO CA 9210	UU. Pri distor	LIF-LICENSE NUMBER IF APPLICABLE	SAN DI	OGAN AVE EGO CA 92 EOBAPPLICANT—		wt. 88. DATI	- BIONET
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed dis 0375 of the Health and Safety Code, and was auth		e dispositions authorized by		House		08/06	
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	AUED IN ACCORDANCE WITH PROVI- FORMIA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED RD MIGHT OF DISPOSAL OUTSIDE OF CRUFORMA.	CONTRACTOR OF THE PROPERTY	OS/06/200	<b>4</b>		DEAL REGIST	NAMES DESCRIPTION	3 PERMIT
and the control of th	P.O. BOX	REGISTRAR OF DISTRICT OF DEAT B5222 GO CA 92186-5222	TH- I BE AL	DISPOSITION IS TO OCCUR	F DISTRICT				
. AUTHORIZED DISP		The state of the s	- 5		S 1	FOR COR	RONER'S	JSE ONLY	
C. DISPOSITION	THE CONTRACTOR FOR			March Assessment	900				
D. SCIENTIFIC U	EMETERY SE 11A. NAME AND A MT HOP	DDRESS OF CALIFORNIA CEMETE CEMETERY ARKET ST SAN DIEGO	ERY	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 8//4/01	11C. 86	NATURE OF PER	RSON IN CHA	ARGE OF BU	RIAL.
D. SCIENTIFIC U	11A. NAME AND AND AND AND AND AND AND AND AND AND	DDRESS OF CALIFORNIA CEMETE  CENETERY	H. TRANSIT TO OUT	SIDE OF CALIFORNIA	1	INATURE OF PER	to Car	Olins	Q-20-20-2
D. SCIENTIFIC U	11A. NAME AND AMT HOP 3757 M.	DDRESS OF CALIFORNIA CEMETE E CEMETERY ARKET ST SAN DIEGO	H. TRANSIT TO OUT	SIDE OF CALIFORNIA 11B. DATE BURIED 8/14/01	D 12C. SIG	Connels	SON IN CHA	Of CRE	MATION
D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	11A. NAME AND A  17A. NAME AND A  17A. NAME AND A  17A. NAME AND A	ADDRESS OF CALIFORNIA CEMETE E CEMETERY ARKET ST SAN DIEGO ADDRESS OF CALIFORNIA CREMA	H. TRANSIT TO OUT  ERY  CA 92162  TORY  Y RECEIVING REMAINS	SIDE OF CALIFORNIA  11B. DATE BURIED  8//4/01  12B. DATE CREMATE	D 12C. SiG	Cennell INATURE OF PER	SON IN CHA	RGE OF CRE	MATION CILITY

#### MT. HOPE CEMETERY

1 DAY OLD

#### INTERMENT ORDER

City of San Diego

Date 8-7-01

ina Fu	Hopkinst PA#20	4 10.0
Church, Chapel, Graveside DELIVEY	y ONLY S.D. MEMORI	A L Mortuary.
All Funeral cars must arrive before 3:30 p.m. of		
will be applied and billed to undersigned.		(60)
	100F	., 2
Lot 10 7 Grave 7 How	SectionBivision/Blo	ck y
Grave space & Care Fund		90.00
Additional spaces and care fund		
		75.00
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		110000
Recording and filing fee		15:00
Sales taxes		
neA	Total Due	310.00
A TOBRA Paid rec	pelpt number	
Dec	Balance due	
I hereby certify I am the PUBLIC ADMI and this is your authority to make disposition o	NISTRATOR of the above na	med decedent
and this is your authority to make disposition o that I have the right to make this authorization a any liability on account of said authorization and	f remains as above indicated. I certify nd I agree to hold Mt. Hope Cemetery	and represent harmless from
any liability on account of said authorization and	d Interment, MARCO DE LA TO	BA
I hereby authorize the interment in lot I	X Signature	
hold under deed.	5201 - A RUFFIN ROAL	)
Signature of recorded holder of deed	SAN DIEGO, CA 921	23-1699
	(858) 694-3503	
	Telephone	
	Invoice #	
E 40544		
Work Order # E 16541	Acct. #	

REA-104 (7-96)

This information is available in alternative formats upon request

& Printed on recycled paper

#### MESSAGE CONFIRMATION

08/14/2001 13:37 ID=SD MT. HOPE CEMENTERY

DATE

S.R-TIME

DISTANT STATION ID

MODE

PAGES

RESULT

08/14

00'41"

858 495 5127

CALLING

02

OK

0000

08/14/2001

13:32

SD MT. HOPE CEMENTERY → 918584955127

NO.099

DØ1



SANDIECO

SAN DIEGO

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

# FAX COVER LETTER

TO: MR. Marco De La Toba

PHONE FAX# (858) 495-5127

FROM: Denise Culverson

DATES Tue. Aug. 14. 2001

PAGES incl this page 2

1 DAY OLD

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Onto 8-7-01

	DESHAWN HOPKINST PA#20020031
na	Funeral, date, lime TVC5 8-14 10.0
Church, Chapel, Graveside	DELIVERY ONLY : S.D. MEHOTIAL MONUSTY.
La Funeral care must errive be	fore 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to und	deralgned.
107 Grave 3	Now Section UO FU 3
Srave space & Cere Fund	90.00
Additional spaces and care fun	d
opening/Closing & Selup	73.00
turla) Conteiner	***************************************
landing Fees	
Flower vases - Marker cetting	foe
lecording and filing too	<u>45.00</u>
Sales taxes	
-08	Total Due 210.00
A TOBER	Paid receipt number
EU.	Belance due
hat I have the right to make this any ilebiliky on account of said a	SELIC ADMINISTRATOR of the above named decadent ske disposition of remains as above indicated. I consty and represent authorization and I agree to hold Mi. Hope Comment hamiless from authorization and interment. HARCO DE LA TORA
hereby authorize the informer rold under dead.	Sphaluri - A RUFFIN ROAD
ignature of recorded holder of seed	SAN DIEGO. CA 92123-1699 Gly (858) 694-3503

D Printed on respelationer

# PLACE AShes

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-8-01

in aFuneral, date, lime	8-25 1:00 5
Church) Chapel, Graveside	wie tolonial Mortuary.
All Funeral cars must arrive before 3.00 p.m. of regular work day o	r an extra charge of \$ 150.00
vill be applied and billed to undersigned,	
ot 5097 Grave Row Section	Division/Block \ 0
Grave space & Care Fund Ru-Nuck D	-9194
Additional spaces and care fund	
Opening/Closing & Setup	105.00
lurial Container	55,00
landling Fees	60.00
lower vases - Marker setting fee SATURDAY DVER	LINE S10.00
secording and filing fee	45 00
iales taxes.	4 12
Paid receipt number	15401D 479,13
V 🗀 🕡	Balance due
hereby certify I am the hand this is your authority to make disposition of remains as above that I have the right to make this authorization and I agree to hold hany liability on account of said authorization and interment.	of the above named decedent indicated. I certify and represent lit. Hope Cemetery harmless from
hereby authorize the interment in lot I	Will sungo
tracerula Tourseyou Andrews (	esta CA 9191
Tollophone T	-20-0253
Vork Order # E 16542 Invoice #	

FOHM	61		
N. S. A. L. S.	NV PR		*.
Lots	5089	thru	5100

DIVISION 10

Lots	5089 thru 5100 DI	IVISION 10					
	DECEASED	OWNER	MA & STAD	THUON	BURIED	ORDER	REN
5089	Nadahara, Masako	Nobuo Nadahara	1-14-1994	1095.00	4-5-1994	E-11284	Ash Vault
5090		George & MASUMOTO, Chiyoko	8/11/1980	425.00		E-15680 E-1596	Over
5091		George & MASUMOTO, Chiyoko	8/11/1980	425.00		E-15680 E-1596	Over
# 6008	TSURUDOME, SHIGENORI	Shigenori & TSURUDOME, Peggy	8/11/1980	425.00	05/13/2000	E-15669 E-1596	Over VAUL
5002		Shigenori & TSURUDOME, Peggy	8/11/1980	425.00	*	E-15669 E-1596	Over
5094	OLIVERIO, Andres W.	OLIVERIO, Jose	1/10/1978	350.00	1/12/1978	D-8834	Top Seal
3095	Nowden, Gwendolyn Marie	Nowden, Gwendolyn Marie	10-08-92	\$995.00	10-08-92	E-10382	T.S. Vault
5090	KAMIMURA, (Baby Boy) KAMIMURA, Mituko Kamimura KAMIKURA, Fumaemon Midori	KAMINURA, Ei	6/25/1977	(D.I.F) 525.00	9/30/1977	D-8471 D-8472 P-8185	Two infan X-DFLT T.S. Vault
7	YAMASAKI, Jim K.	YAMASAKI, Tetsu	6+25/1977	(D.I.I) 525.00	9/30/1977	D-8473 D-8184	X-D: 11
5098	BOWIE, Durnell	BOWIE, Fannie L.	9/26/1980	425.00	9/30/1980	E-1725	
5098		BOWIE, Fannie L.	10/31/1980	425.00	la .	E-1819	ř
5100	NOWDEN, RUDY LAMON Nowden, Rugina	Armstrong, Mintha L.	02/07/1989	\$695.	03-29-2001 02/13/1989	E-16291 E-7891	T.S.Vault Top Seal V
	The state of the s		The state of the s				The second secon



TAYLOR SYSTEM OF CEMETERY RECORDING



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 93 183

A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		TAMASA	\$20.50a		2. DATE OF BIRT		E OF DEATH	4. SEX	
. CITY OF DEATH			58. COUNTY OF ENTER STAT	DEATH—OUTSIDE CALIF.,		RELATIONSHIP, FU			
SAN DIEGO			I shien oin	SAN DIEGO	ANGRI	THE K. T	SUBBYOS	HI - DA	UCHTE
EL CANTRO	MEHORIAL -	A-FUNERAL DIRECTOR OR PERS BENEBOUGH CHAPET SAN DIEGO, CA 92	L	B, CALIF, LICENSE NUMBER —IF APPLICABLE  FD-480	CHUL	VISTA,	DR CA 9191	1	
ACKNOWLEDGMENT OF A	ne Paur     hereby a	Incorpodge as applicant that the proposed I/G of the Health and Safety Code, and was	disposition stated heres is on	e of the dispositions authorized by	BAL SIGNA	TURE OF APPLICAN			/2001
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIFI MINIT OF DISPOSAL OUTSIDE OF CALFOR	*7.00	98. DATE PERMI 08/07/20 P Valent	001 2	C. SIGNATURE OF	F LOCAL REG	STRAR ISSUM	IG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	GISTRAR OF DISTRICT OF DE ON CALIFORNIA ORDSPO BOX 8: CA 92186-5222		E. ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC					
			in the line of the control of the co				TON BELIEVE		
B. CREMATION	11A, NAME AND AL	DRESS OF CALIFORNIA CENE E CEMETERY, 3751	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	CALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE	D   11C.		nd Address)		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMIEMETERY SE  11A. NAME AND AT HOUST HOP SAN DIEGO	DRESS OF CALIFORNIA CEME	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO ETERY HARKET ST,	CALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE	ED   11C.	└── (Name a	PERSON IN	CHARGE OF B	URIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKERY SE  11A. NAME AND ALMORAT HOUST HOP SAN DIRGO  12A. NAME AND AL  CITARS A  AVE, SAN	DRESS OF CALIFORNIA CEME CEMETERY, 3751 , CA 92102 DRESS OF CALFORNA CRES	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  ETERY MARKET ST,	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIE  8 25-01 12B. DATE CREMA	ED 11C	SIGNATURE OF	PERSON IN C	CHARGE OF B	EMATION
B. CREMATION  C. DISPOSITION THAN IN A CE  D. SCIENTIFIC US  BURIAL  CREMATION  SOMENTIFIC	OF CREMATED REMINISTRY SE  11A. NAME AND ALL BOOKT BOP SAN DIBCO  12A. NAME AND ALL LISA. NAME AND ALL	DRESS OF CALIFORNIA CEME CEMETERY, 3751 , CA 92102 DRESS OF CALFORNIA CRE DIEGO, CA 92113	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  ETERY HARKET ST,  MATORY IMPERIA  LITY RECEIVING REMA	CALIFORNIA OUTSIDE OF CALIFORNIA 11B, DATE BURIE 8 25-01 12B, DATE CREMA NINS 13B, DATE RECE	TED 12C.	SIGNATURE OF	PERSON IN C	CHARGE OF B	URIAL EMATION ACILITY

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8 - 9-01

na LINER	Funeral, date, time SAT 6-1	1:00
Type of Buriel Container Church, Chaper, Graveside	. CA BURIAL	Mortuary.
All Funeral cars must arrive before 3:50 will be applied and billed to undersigned.	p.m. of regular work day or an extra charge of	\$ 150.0
ot 59 Grave 7 Row		. 13
1500		895.00
Grave space & Care Fund	PAID	73.00
Opening/Closing & Setup	JG U 9 2001	375.00
Purial Container		190.00
Handling Fees	HOPE CEMETARY	145.00
Flower vases - Marker setting fee	PORTAGO SVERTIME	600.0
Recording and filing fee		45.00
Sales taxes	***************************************	14,25
	Total Due	264.2
,	Paid receipt number R- 54016	3361.3
X	Balance due	-0
hereby certify I am the	of the above na sition of remains as above indicated. I certify	med decedent and represent
hat I have the right to make this authorization tradition and the said authorization and the said authorization.	ation and I agree to hold Mt. Hope Cemetery	narmless from
hereby authorize the interment in lot I hold under deed.	Signature See,	
Signature of recorded holder of deed	- & attubed	e.
	Cey	Zip Code
	Invoice #	
Nork Order # E 16543	1200002000	

## 16543

#### MESSAGE CONFIRMATION

08/09/2001 10:19

ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/09	90'36"	92292750	CALLING	01	OK	0000

#### 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.

		क्रियल्ट	a	3	ч
		59 X 7	. 8	9	10
				×	Tel
Interment spa SAT Interment Dat Lot: 59	e: <b>6</b>		Dhonu ne:   70 0 Sect: _ 1		13
Agrees with L			No W	nd en	W
Agrees with M		Dut her Z	» У/	Date: 1	9-01

## E-16543

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE JIMMY	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 08/03/2001 MALE
A. CITY OF DEATH SAN DIEGO				B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SANDY D. THOMAS-DAUGHTER
CALLFORNIA	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON BURIAL CHAPEL LAND AVE., NATIONAL CITY, CA	N - 4	LIF. LICENSE NUMBER F APPLICABLE 7-1689	5760 CHURCHWARD ST. SAN DIEGO, CA 92114
ACKNOWLEDGMENT OF A	I I had almost a subset flat the assess &	sposition stated herein is one of the		BA. SIGNADORE OF APPLICANT TYPES ISSUED   88. DATE SIGNED   08/08/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO MONT OF DISPOSAL OUTSINE OF CALFORNIA.	\$7.00	98. DATE PERMIT 08/08/20 C. RUSS	
TON REGURES A NEW TO SHOW FINAL ISPOSITION.	VITAL RECORDS F. D. BOX 8522 SAN DIEGO, CA 92186-5222		DISPOSITION IS TO OCC	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	DRINIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMET MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEG	ERY 20, CA 92186	118. DATE BURIE	1/ -/
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15G. SIGNATURE OF PERSON IN 150. LICENSE NUMBER OF CHARGE OF DISPOSITION OF CHEMATED REMAINS DISPOSER —IF APPLICABLE

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



SALE OF SOMEORE AS A SAME OF

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#### INTERMENT ORDER

CHARLENCE CHARLE

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5760 CHURCHWAND ST. SAN DIEGO, CA 92114

w- auto E 16543

Word Dider \* ► 1004 PEA-104 (190

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#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 08-09-2001

in a	LINER			Funera	l, date, time	FRI	8/17/01	11:00
Church,	Chapel Grave	side C	HURCH		15 A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AND A CONT	RAGS	DALE	Mortuary
All Fune	ral cars must a	rrive bef	ore 3: <b>80</b> p.s	m. of regi	ılar work da	y or an e	xtra charge of \$	150.00
	ipplied and bille			X	- ALC: 11 SUCCESS S. V. SA			
			,					
	16 Grave					5	Division/Block	_8_
Grave s	pace & Care Fu	ınd	PRE-NE	ED E-1	1133	7-90		ø
Addition	al spaces and	care fund	Liter	m d	Sporest	1 2	m_	13 <del>-0-2</del>
	/Closing & Set			transmin accusa	8-23	0	_	ø
S. A. S.	ontainer		BEST T	TWED	2000-020-010000		-	Ø
	g Fees							•
	vases – Marker						- 2	9/0
	ng and filing fee							ø
	xes						encestes contra	4
Jaios II							-	4
			Da	id randal	number	otal Due	···············	
			ra	ia receipi	number		Balance due	4
	alt. V 11	V	15	. A	Tache	1)	and the supplied of the suppli	
and this		ity to ma				ove indic	the above name ated. I certify ar ope Cemetery ha	d represer
	ility on account					o w. nc	pe Cemetery na	Timesa IIo
				>	( 1	50	· Atta	chol
	authorize the l der deed.	ntermen	t in lot i	(	Signature	. ~	~ ,,	
					Address			- 16
Signature o	f recorded holder of de	bel		7	Cay \			Zip Coc
				>				
				98.0	Telephone			

#### MESSAGE CONFIRMATION

08/09/2001 15:46 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID		PAGES	RESULT	
08/09	00'38"	92631507	CALLING	02	OK	0000

08/09/2001 15:45 SD MT. HOPE CEMENTERY → 92631507

NO.094 D01

#### 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

				<u> </u>			
nterment s	space for:_	MAGGIE	BULLO	CIK		_	-
Interment I	Date: FRI	8/17/2	001	Time:_	11:00A	м) сні	JRCH
Lot: 516	Grave:_	- 1	Row:_	S	ect: _ <u>5</u>	_ Div:	8
Grave Laic	out by:						
Agrees with	h Legal Ca	ırd: 🗆 `	Yes	□ No		Flag	ave
Agrees wit	h Map: 🗖	Yes		No	/	OF.	
Blind Chec	k & Verifi	ed By:	-		D	ate:	-#-
E-	16544						

16544

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DEC	EDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAS	T (FAMILY)	2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
Margare	t -	Bullock.	69/08/1910 08/05/2001 F
SA. CITY OF DEAT			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
Mationa	l City Sa	n Diego	OF INFORMANT Pamela Thomas, Niece
Anderso	io address of california—funeral director or person acting as s n=Ragsdale Mortuary deral Blvd., San Diego, CA 92102	—IF APPLICABLE	5002 Bunnell Street San Diego, CA 92113 8A SIGNATURE OF APPLICANT—Person taking parmit, 8B, DATE SIGNED
ACKNOWLEDGMENT		rein is one of the dispositions authorized by	► ( Write 1015/01) 08/16/200
PERMIT  AUTHORIZATION ( LOCAL REGISTR/	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	NT OF FEE PAID 98, DATE PERMIT 08/16/200	3113820
ANY CHANGE IN DISP TO SHOW FIN ISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—	9E, ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION—  B. AN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED I	DISPOSITION(S) CHECK APPLICABLE ITEMS	1	FOR CORONER'S USE ONLY
B. CREMATIO	ON F. DISINI ON OF CREMATED REMAINS OTHER A CEMETERY	Orary envaultment lerment In to California Bit to Outside of California	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	8 - 14-0	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING	REMAINS 138. DATE RECEN	/ED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	WHERE 148. DATE SHIPP!	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT OR DISPOSITION OT THAN IN A CEMET	HER		16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSE!

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



15:45

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diago

3300	08-09-2001	
Sander.	MA -04 PORT	1

Fungral, dale, time		
	RAGSDALE	Mortuary
n. Distinguis work day:	or an entry charge of	4 150.00
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Section	Dayledon/#loc	×_8_
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NER		9
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	***************************************	
Total	s/ Ove	4_
receipt number		
	Balance due .	
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ou and j sides to hold ou ou usumene se apon	a indicased, ) certify : Mt. Hope Oametery h	end represent termises from
and interment.	.0 0	Hiory
Son	nea a	DACONG
- 500°	2 prinne	ul a
A. O.	· laly.	9211
→ <u>769</u>	262-32	74
Imvalae #		
	Socion S  D E-11133  DE E-11133  DE E-11133  DE E-11133  DE E-11133  Toff  G receipt number   Total Due	

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 08-09-2001

in a	T	.s	VAULT	77-0001		Funeral	date, tim	TUE.	8/14/01	11:00A
	5	hap	el Eravesio		APEL			RAGSD	ALE	Mortuary.
		_	_		e 3: <b>60</b> p.				extra charge of \$	150.00
will b	e ap	plied	and billed	to under	signed.	<u>X</u>			>>> MO MUNICIPAL PROPERTY (SECTION AND ADMINISTRATION AND ADMINISTRATI	
Lot_	149		_ Grave	7	_ Row_	2/5	Section_	1	_ Division/Block	_11
Grav	e spa	ice l	& Care Fund	d	PF	E-NEEL	E-16	6203		Ø
										-ell-a
Oper	ning/(	Closi	ing & Setup							9
Buria	al Cor	ntain	erT.	SVA	WLT					9
Hand	fling I	Fees	\$				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9
Flow	er va	808	– Marker se	etting fee	·					
Reco	ording	and	filing fee						······ _	ø
Sales	s taxe	98	<u>.</u>					******		10.2011
							3	Total Due		
					Pa	id receipt	number _	-		
									Balance due _	
and t that I any Ii	his is have iabilit	you the y on	right to ma account of	to make ke this a said au	uthorizatio	ion and I a	gree to he	ove Indic	the above name ated. I certify ar the Camatery ha	d represent
hold			rize the inte ed.	erment li	n kot l		100000000000000000000000000000000000000	CHURC	HWARD ST.	·
Signatu	ue of re	cordec	i holder of deed	<del>- 11/2</del>		ē (	SAN DI	EGO, 262-7		92114 Zip Code
Work	Orde	er#	E 1	654	5		nvoice #_ Acci. #	***		0
REA-1				7.4	This info	mation is	available	in altern:	ative formats up	on request

© Pristed on recycled paper

REA-104 (7-96)

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NOTE: T.S. VAULT

10	11	12_	7	8	9.	10
open	-	Mays, Mamie D,	X	span	Anduson, Crawford	open
	-					1005

Interment Date: TUE. 8/14/2001	Time:11:00AM	CHAPEL
Lot: 149 Grave: 7 Row:	Sect: 1	_ Div:
Grave Laid out by:		
Agrees with Legal Card: DYes	□ No	FIA9 ON GRA
Agrees with Map: D Yes	J No	GRA
Blind Check & Verified By:		ate:
V-16545		

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16545 (86)

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

NAME OF DECEDE		18. MIDOLE			1177			
Jack	NT-FIRST (GIVEN)	) -	1C. LAST (FAMILY)	e		O/10/1914	3. DATE OF DEAT	
A. CITY OF DEATH San D	lego	10	SB. COUNTY OF DEAT ENTER STATE San Diego	H-OUTSIDE CALIF., 6	NAME, F	RELATIONSHIP, FULL N	MAILING ADDRESS AN	
Anderson-Ra		t.; 5050 Federal Diego, CA 92102	SON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER F APPLICABLE 1329	5650 San D	Churchward iego, CA 9	St. 2114	DATE SIGNED
*ACKNOWLEDGMENT OF A	PPLICANT   I hereby a Section 10	actrometative as applicant that the proposed 376 of the Health and Safety Code, and was a	disposition stated herein is one of the setherized persent to Section 7100 of the	as Moralth and Cadaty Code	2001	Huwe		/10/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO FORMA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI IO MONT OF DISPOSAL OUTSIDE OF CALFORN	FD \$7.00	10 889147200 Merelia	SPUED 9	C. SIGNATURE OF LO	OCAL REGISTRAR ISS 21136	SUING PERMIT 06
	VITATT RECO	EGISTRAR OF DISTRICT OF DE PAS, P.U. Box 85 n Diego, CA 9218	222	DRESS OF REGISTRAR C DISPOSITION IS TO OCCUR				
AUTHORIZED DISPO	JOES ENTOMBMENT)	Treaties nema	E. TEMPORARY ENV	AULTMENT		L DISPOSITION	PENDING REMAINS	
B. CREMATION	SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	TANK ROLL		(Name and )	Addrese)	NA - 1078   2004   1/10/2008
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	EMETERY SE 11A. NAME AND A	oness of california ceme Cemetery; 3751 I	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS  ETERY  Market St.	TANK ROLL		SIGNATURE OF PER	ISON IN CHARGE OF	-
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	ITA NAME AND AI Mt. Hope	DORESS OF CALIFORNIA CEME Cemetery; 3751	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS  ETERY  Market St.  2102	118. DATE BURNED			ISON IN CHARGE OF	-
B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC  USE	METERY SE  11A. NAME AND AI Mt. Hope  12A. NAME AND AI	DDRESS OF CALFORNIA CEME Cemetery; 3751 I San Diego, CA 9	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS  ETERY  Market St.  2102  MATORY	80E OF CALIFORNIA 118. DATE BURNED 8-14-0/ 128. DATE CREMATE	D 12C.	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	TIA. NAME AND AL	DORESS OF CALIFORNIA CEME Cemetery; 3751 F San Diego, CA 9 DORESS OF CALIFORNIA CREA	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY Market St. 02102 MATORY  LITY RECEIVING REMAINS  OR COUNTRY WHERE	80E OF CALIFORNIA 118. DATE BURNED 8-14-0/ 128. DATE CREMATE	D 12C.	SIGNATURE OF PER	ISON IN CHARGE OF	CREMATION F FACILITY

## E 16595

### MESSAGE CONFIRMATION

08/09/2001	15:51
ID-SD MT	HODE CEME

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/09	00'34"	92631507	CALLING	02	OK	0000

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

						Oate	08-09-2	001
u are hereb	JACK A			enplect to	Auton Unjea	and regu	ilations, la inter	the remains
T.S	VAULT			Funeral	date, time	TUE.	8/14/01	11:00A
urch, Chapt	nyes president co el, Gravesia	te _CE		23		RAGSD		_ Mortuary.
Funeral our				V	er work de	1. 00	duda	150.00
		22	,	9 - 387 <del>198 - 1</del> 87	•	33.67.1946	- 1	
149					Section _		Division/Block	
iva space à	Care Fun	d	Pl	le–need	E-16	203	conservatelphragat	
distance ope	res and ca	e fund .					<u> </u>	=
ening/Clos	ing & Selvs	k				***********		0
rial Contain	er	S. W	ULT.	*************		*******		•
nding Fees								4
2839V 18W	- Marker s	awng fee					·,···	_
								1_
112	50							4_
					7	cial Due		4
			P	aid receipt ;	umber_			31,000
						Nave was	Balance dua _	
it ) have the y ilebility or	or muthority a right to my a secount o	to make ske this i said au	Marianut (Assnort)	Mon of rem Mon and I c on and leto	bres to he	owo Inch	the above name and the stand. I control to	and retoresent
ereby authorite		SIMMINE	n war i	/ %			HWARD ST.	
Appel mode	a field of sold			·	619)			92114
ork Order #	E 1	654	5		nvalou #_	100		-
nir Giddi s	-	ZV-T	×		STANSON ME	ln -N		

Two (2)

REA-104 (7-96)

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-10-2001

of To: Gwen	Momita	
N &	Funeral, date, time	
Church, Chapel, Graveside	, 1º	Mortuary
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of	s
vill be applied and billed to undersigned.		
5228		10
Lot 5223 Grave Row	Section Division/Blee	
Grave space & Care Fund	CPAID.	
Additional spaces and care fund	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Additional spaces and care fund	TENHOLANG TO ZOO.	
Burial Container	MT. HOPE CEMETARY	
Handling Fees	OTY OF SAN DIEGO, CA	
Flower vases - Marker setting fee		
TOTAL VOCA - INGINO SOUTHY 100	,	
Recording and filing fee	er fee × 2 (45,00)	90.00
Recording and filing fee	er fee × 2 (45,00)	90.00
Recording and filing fee	er fee × 2 (45,∞)	90,00
Recording and filing fee	er fee × 2 (45,00)	90.00
Recording and filing fee	er fee × 2 (45,∞)	90,00
Recording and filing fee	Total Due	90,00 90,00
Paid  I hereby certify I am the and this is your authority to make disposition	Total Due	90,00 90,00 ned deceden
Paid  hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	Total Due	90,00 90,00 med deceden
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	Total Due	90,00 90,00 med deceden
Paid  hereby certify I am the	Total Due	90,00 90,00 ned decedent and represent parmiess from the
Paid  hereby certify I am the	Total Due	90,00 90,00 ned decedent and represent parmiess from the
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization and this is your authority to make disposition that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Total Due	90,00 90,00 ned deceden and representar ita.
Paid  Thereby certify I am the and this is your authority to make disposition that I have the right to make this authorization and the support of said authorization.	Total Due	90,00 90,00 ned deceden and represent iarmless from it A
Recording and filing fee	Total Due	90,00 90,00 ned deceden and representar ita.
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization and this is your authority to make disposition that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Total Due	90,00 90,00 ned deceden and represent iarmless from it A

C Printed on recycled paper

This information is available in alternative formats upon request.

Transfer Lets

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-10-2001

1 70: Gwen	Momita
Type of Bunal Conjeiner	Funeral, date, lime
church, Chapel, Gravesida	Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
rill be applied and billed to undersigned	d
522 <b>1</b> ot <u>5223</u> Grave Rov	
Grave space & Care Fund	
idditional spaces and care fund	PAIU
Opening/Closing & Setup	MAJENOTO AUG 10 2001
Burial Container	AUG 10 ZUUI
tandling Fees Light	MT. HOPE CEMETARY
lower vases - Marker setting fee	CITY OF SAN DIEGO, CA
lecording and filing see	ofer fee x 2 (4500) 90.00
Sales taxes	
	Total Due
	Pald receipt number 54020 90.00
	Balance dus
hat I have the right to make this suther	of the above named decedent polition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from allon and interment.
	& Deven Marrita
	Signature
	Signature 10582 VIACHIA DR
	Signature 10582 VIACHA DR. Address DIEGO CA.921
old under deød,	Signature 10582 VIACHA DR. Address DIEGO CA.921 CA.
old under deed,	Signature 10582 VIACHA DR. Address DIEOD CA.921 CA.
hereby authorize the interment in lot I look under deed.  Granule of recorded holder of deed.	Signature  10582 VIACHA DR.  Address SAN DIEGO CA.921 CV 858) 277 - 8808 Telephone  Invoice #

& Printed on recycled paper



#### CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

# 更强强更

### OWNERSHIP AND INTERMENT PRIVILEGES

TO GWEN MOMITA	<del></del>	for the sum of \$	(DOLLARS)
LEGAL DESCRIPTIONI	OTS 5222 & 5223		re .
AS DESCRIBED ON PURCHA	SE ORDER NUMBER	E-16546	
endowed care. Subject to all rules	and regulations now in force of f the Cemetery. The rights her	or may hereafter be adopted, included by conveyed for interment priviles	To be held for burial privileges only with ling the right to ingress and egress with ses shall not be relinquished without the t Hope Cemetery.
stone, vaults or other improvement be assumed by legal owner or representation and natural causes of Cemetery. The following type of many	s of like nature that is already resentatives of plot. In no case deterioration, but reserves th morial will be permitted:	or may hereafter be erected or plan will the Cemetery Division be resp	ake any repairs to any monument, head ned on said lot or plot. Cost of same shall consible for damage, malicious mischief, detracts from the embellishment of the
STATE OF THE PARTY OF	· · · · · · · · · · · · · · · · · · ·		
Della Cemetery I	Waits	Real E	State Assets Director
PY-584 (Rev. 4-95)	This intermation is availa	ible in alternative formats upon request.	$\nu$



THE CITY OF

## SAN DIEGO

E-16596

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 Administrative Fee of \$45.00	
each Lot: one (1) Lot.	
I/We KIYOKO MATSUMOTO	
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to	
all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County San Diego, State of California, described as follows:	of
Lot 5223 Grave Row Section Division/Block O	
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said, its successors and assigns forever.	
WITNESS my/our hand this 10th day of August 19 2001	<u> </u>
THE FOLLOWING WITNESS:  Williams  1490 Marsino 1	$\frac{\circ}{-}$
Samo aluero Witnesses	_





THE CITY OF

## SAN DIEGO

E-16546

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

### **QUITCLAIM DEED**

In consideration of _	Admi	nistrativ	e Fee	of a	\$ 45.00
each L		one, (1	) Lot.	-	
1/We X140	KO	MATS	UMOTO	7	
do hereby rei Si E F	MISE, RELE	EASE, AND Q DUANE	UITCLAIM &	MITA,	GWEN
VI .			1	10 50	San Diego, County o
San Diego, State of	÷.			~ ~	. / 9
Lot <b>522</b> 7 Grav TO HAVE		OLD THE abou			erty unto the said
WITNESS	my/our hand	this 10th	* //		2022200
THE FOLLOWING		A STATE OF THE PARTY OF THE PAR			MATSUMOTO alsurate
Mensolice Witnesses	verso		200		



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-13-01

na T.S. VAULT Funeral, date	NT 5 te, time T 0 = 8 - 14 10	, (
Church Chapel Graveside	: mayer Mortua	ry.
All Funeral cars must arrive before 3:30 p.m. of regular w	vork day or an extra charge of \$	
vill be applied and billed to undersigned.	*	_
at 26 Grave 5 Row Sec	clion MAS Division/Block T	
	1 -5 54 -3	_
Grave space & Care Fund		_
Additional spaces and care fund  Dening/Closing & Setup	577.6	77
pening/Closing & Setup Y T \ V \ \ N	3/5/0	<u>V</u>
Burial Container FVLL 8-1-3	3-01-	<u> </u>
landling Fees	185.0	0
Flower vases - Marker setting fee		_
Recording and filing fee	<u>45 0</u>	O
Sales laxes	10 70	5
	Total Due	7
nold MARKARIAN Paid receipt numb	ther MC 2468.	7
TA 1	Balance due	_
hereby certify I am the Sow	of the above named decede	-
and this is your authority to make disposition of remains	as above indicated. I certify and represe	ent
hat I have the right to make this authorization and I agree any liability on account of said authorization and interme	1911	om
×4	Mauren	
hereby authorize the interment in lot I Signature and under deed.		==
Address	1 TIE 0 CA 9212	2
Remarkance of recorded holder of deed	An DIECO CA 9212	ioda
XC	858) 37 1-41 11	-
1 gregito		
Тфорти	The same of the sa	
Nork Order # E 16547 Acct.	ice #	-

### E-16547

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(70)

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	Control of the Contro		E OF DEATH 4. SEX
Movaes	Sarkisyants	Sarkisy	ants	12/06/1930 08/	11/2001 M
SA. CITY OF DEATH		58. COUNTY OF DEATH		6. NAME, RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
Tijuana		ENTER STATE	extico	Arthur Sarkisyants,	Son.
Mayer Mort	DORESS OF CALIFORMA—FUNERAL DIRECTOR OR PERSON AS HALFY AVERNIE, San Diago, CA 92116	-	F. LICENSE NUMBER APPLICABLE	1611 Hotel Circle So San Disgo. CA 92108 8A. SKNATURE OF APPLICANT—FIRST BIRK	). #A-11
" ACKNOWLEDGMENT OF M	I bendy submodules as analyzed that the assured describ	ion stated herein is one of the	dispositions authorized by Health and Selety Code.	· John May	08/13/2001
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  MOTE: THIS PERMIT GRES NO MONT OF DISPOSIAL OUTSIDE OF-CALIFORNIA.	9A. AMOUNT OF FEE P/ 7.00	98. DATE PERMIT 08/13/20 John Ma	01 2113586	ustrar issuing Permit
_	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA	P.0			
AUTHORIZED DISPO	DISTRION(S) CHECK APPLICABLE ITEMS		Daniel Co.	FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and Address)	n et woods fitte tra-branen e doubt-de
BURIAL	Mt. Hope Cemetery 3751 Maximat St., San Diego,	DELI LEBERE	8-14-01	D 11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSONAN C	HABBE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE CO OF PLACING WITH THE CARE	CONTRACTOR STATE OF THE STATE O
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE PRIMITER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



### MT. HOPE CEMETERY

#### INTERMENT ORDER

City-of San Diego

Date 8-13-01

or LOLA WOOTE	Funeral, date, time Tues 8/14/0	1 1:30
Church Chapel Graveside CHAP	EL : RAYSDAIE	Mortuary.
	.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.	X	
Lot 92 Grave 6 Row	Section 3 Division/Block	12
Grave space & Care Fund	·	0
Grave space & Care Fund	re-Need Lot _	
Opening/Closing & Setup #	Trust	Ø
Burial Container	E-12349 _	0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		O
Sales taxes		0
	Total Due	0
Pa	ald receipt number	
	Balance due	0
I hereby certify I am the X and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	of the above name tion of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cemetery ha on and interment.	d represent
I hereby authorize the interment in lot I hold under deed.	Signature X	
Signalure of recorded holder of deed	X Dee Like	939400
X	X Telephone	Zip Code
NULS SUB-SOURCES ON A PICCACO	Invoice #	
work Order # <b>E</b> 16548		

#### 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	1000 g	- 3	93 X 6	BUTLER		
9	10	П	MOKEND			
nterment	space for:_	LOLF	Woo	TEN		
nterment	Date: Tue	8-1	Чт	ime:\	, 30	
_ot:92	_ Grave:_	6	Row:	Sect:	3 1	Div: 12
	id out by:					
Agrees w	ith Legal Ca	rd: 🗆	Yes [	J No	gull	on v
	ith Map: 🗖				U	gui

Date:

F- 16548

Blind Check & Verified By:

E 16548

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92

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

THE THIRD OF LOCATION	ENT—FIRST VSIVENO 18. MIDDLE 10	C. LAST (FAMILY)	2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
Lola		Wooten	06/26/1909 08/11/2001 F
SAL CITY OF DEATH	56	COUNTY OF DEATH-OUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
San Di		San Diego	Blanche W. Parker, Daughter
Anderson-R	ROORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTIVITIES AND ACTIVITIES OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTIVI	NG AS SUCH 7B CALIF. LICENSE NUMBER	10215 Pinetree Dr. San Diego, CA 92131  SA AIGNATURE OF APPLICANT—PERSON DARRE DEFINI. SB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposition Section 10376 of the Health and Safety Code, and was authorized pu	I stated heren is one of the dispositions authorized by ursuent to Section 7100 of the Health and Salety Code	Melbu William 108/13/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GHES NO INSMIT OF DISPOSAL DUTSIDE OF CALFORNIA.	\$7.00 ANULLE	TISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
TION SEQUIRES A NEW TO SHOW FINAL POSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— VICAT RECORDS 15 SAN 90.0. Box 85222 San Diego, CA 92186-5	IF DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORMA
O. AUTHORIZED DISP	POSITION(S) CHECK APPLICABLE ITEMS	- M	FOR CORONER'S USE ONLY
X A. BURIAL (MCL	UDEB ENTOMBMENT) E.	TEMPORARY ENVAULTMENT	I DISPOSITION PENDING—REMAINS LOCATED A
B. CREMATION	OF CREMATED REMAINS OTHER G.	DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA St.   118. DATE BURIE	(Name and Address)
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER  EMETERY ISE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market	DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA St.   118. DATE BURIE	(Name and Address)  D , 11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	of CREMATED REMAINS OTHER  EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market San Diego, CA 9210	DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA  St.  118. DATE BURIE  128. DATE CREMA	(Name and Address)  D   11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REMAINS OTHER  EMETERY ISE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market  San Diego, CA 9210  12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY  -	DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA  St.  11B. DATE BURIE  12B. DATE CREMA  12B. DATE RECEI  14B. DATE RECEI  14B. DATE SHIPPI	(Name and Address)  D 11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL  TED 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION  VED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY

E16548

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST GAMEL	10		ATE OF DEATH   4. SEX
Obla			Woot	ten	06/26/1909 68/	11/2001 F
SA. CITY OF DEATH			58. COUNTY OF D	EATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
San Di			San Dies	90	Blanche W. Parker, E	augheet
Anderson-R		A—FUNERAL DIRECTOR OF 't.; 5050 Fee Diego, CA 92	PERSON ACTING AS SUCH 78.	CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	10215 Pinetree Dr. San Diego, CA 92131	
14.		200 C. C. C. C. C. C. C. C. C. C. C. C. C.			BA. SIGNATURE OF APPLICANT—Ferson take	
ACKNOWLEDGMENT OF A			reposed disposition stated herein is one one was authorized aurauant to Section 7100		stobe Willian	08/13/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S DIRECTOR OF DESPOSAL DUTSIDE OF	PECIFIED \$7.00	98, DATE PERMI 08/13/20	TISSUED 9C. SIGNATURE OF LOCAL RI	EGISTRAR ISSUING PERMIT 2113595
The second secon	OF TAT REC	BISTRAR OF DISTRICT Bras, P.O. Bo San Diego, CA	OF DEATH— 9E.		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A C	SE 11A. NAME AND A	DRESS OF CALIFORNIA	CEMETERY			
BURIAL	nt. nope u	emetery; 3751 San Diego,		8-14-01	Sun F	lemen
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAIN	S 138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ME, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	IF- 15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	1.5D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

## MT. HOPE CEMETERY INTERMENT ORDER

Olty of San Diego

Date 8-13-01

	<u> </u>
LINER	Funeral, date, time Tues 8/14/01 1:30
hurch Chapel Graveside CHAP	
Il Furwrel cars must errive before 360 p.m	n. of regular work day or an order charge of \$ 15000
fit be applied and billed to undersigned.	1 Blanche D. Parker
et 92 Grave 6 Row_	Section 3 Ohlelog/Block /2
trave space & Care Fund	
ddhional spaces and care fund	E-Need Lot
경취 가입이 있다. (10.11년에 발견되었다면 가입니다 하다 가입니다 않다. (2.11년에 가입하다 ) 사람이 가입니다.	Trust
pening/Closing & Setup	=-12349
landing Fees	(1,
lower vasos - Marker selling tes	
lecording and filling fee	
oles 14x00	
	Total Gua
Pal	id receipt number
	Balance due
nereby contily I am the X Daughter	CONTRACTOR AND AND AND AND AND AND AND AND AND AND
and this is your annoylly to make discussion	ion of remains as above indicated. I carrily and represent ion and I agree to hold Mr. Hope Cametery harmises from
hereby authorize the interment in let I and under deed.	X Blanche W. Tarke
and a light descr	X 10215 Pinetree Dr.
Squaters of (opposed bottom or 8440	X San Diego, CA 92131
	X 858 271-5172
	7 Telephonia
Morth Order J E 16548	Involce #

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-13-01

ina LINER	Funeral, date, time Fri 8/17/01 1100
Church, Chapel, Graveside CHurc	h ; RAGSDAIE Mortuary.
All Funeral cars must arrive before 3:80 p.m	n. of regular work day or an extra charge of \$ 15600
ot 194 Grave 1 Row_	Section 2 Division/Block 12
Grave space & Care Fund	(2018) A 184 March 1973 Children (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978)
Additional spaces and care fund	PAID 375,00
전 본 프	ANG 15 / NA 190.00
lower vases – Marker setting fee	AT HODE CEMETAD
Nower vases – Marker setting feeCl	TY OF SAN DIEGO, 5
	14.25
· ·	Total Due
	Belance due
hereby certify I am the hereby certification I am the hereby certification I a	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from a and interment.
hereby authorize the interment in lot I hold under deed.	X Signature 31 DE spt que
Signature of recorded holder of deed	X SAN DIEGO CA 92/20 XCIII 286-BC24 Zip Code
Work Order # E 16549	Invoice #

## E-16549 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.

			T	_
	Hesse			
	X	SILLS	- J	
	Pabert	5	5HAW	
Interment space for Interment Date: Lot: <u>194</u> Grave	e:_/ Row:_	Time:		
Grave Laid out by:		□ No		
Agrees with Map:	X Yes 🗆	No		
Blind Check & Ver	ified By:		Date:_	





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

IA. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			E OF BIRTH	3. DATE OF DEATH	4. SEX
THROUGH		MeMBOO	VILLIAME		61/3	0/1343	08/11/2001	M
SA. CITY OF DEATH		W	58, COUNTY OF DEA ENTER STATE	TH-OUTSIDE CALIF., 6.	OF INFORMANT		AILING ADDRESS AND Z	P CODE
CANTARD	wikipmen manutation concurred		ALMERIA			MILLIAME	-MUTHER	
THE RESERVE OF THE PARTY OF THE		KA-FUNERAL DIRECTOR OR F	PERSON ACTING AS SUCH 78. C	ALIF. LICENSE NUMBER HF APPLICABLE	1951 47 SPM DID	th 87. ( 60, CA	77 92102	
5500 FOO		CARLINED, CA		A STATE OF THE RESERVE AND ADDRESS OF THE RESERV	A SIGNATURE OF	PAPPLICATE -	erage taking perset, 68. DAT	E SIGNED
* ACHIOMLEDISMENT OF A	PPLICANT I hereby a	activization as applicant that the pro 0876 of the Mapith and Safety Code, and	spaced disposition stated herein is one of t d was authorized pursuant to Section 7100 of	ne dispositions authorized by the Health and Sefety Code.	4 JULIUM	WALLE	(1) -ON	1200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE	PROVI- Y CODE ECIPIED 7 00	PAID 98. DATE PERMIT IS	SSUED SC. SIGN	NATURE OF NO.	CAL MIGISTRAR ISSUIN	G PERMI
LOCAL REGISTRAR	Contract of the Contract of th	NO MIGHT OF PROPOSAL OUTSIDE OF CA	Choser			Door	MU).	
TICM REQUIRES A NEW	LOCO THE COOL	MX SIE, 5000	"	DDRESS OF REGISTRAR O DISPOSITION IS TO OCCUR	IN ANOTHER 45	TRICT IN CALIFOR	NOVA	
	Man, C		j 38	51 ROSECTIONS	ST. SM			2
						EOD CODE	ONER'S USE ONL'	
10. AUTHORIZED DISPO	A-C-20-C-20-C-20-A-1-10-A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	PPLICABLE ITEMS	C TEMPODARY EN	ALIE TAKENT				
B. CREMATION	OF CREMATED REM		E. TEMPORARY ENG. F. DISINTERMENT G. SHIP IN TO CALIF	Utacoa II			PENDING REMAINS L	
A. BURIAL (INCLU-	OF CREMATED REM EMETERY SE		F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA		DISPOSITION I (Name and Ad	PENDING - REMAINS L idrasa)	OCATED A
A. BURIAL (INCLU	OF CREMATED REM EMETERY SE	iains other	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA		DISPOSITION I (Name and Ad	PENDING REMAINS L	OCATED A
A. BURIAL (INCLU- B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND A	DORESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	SIDE OF CALIFORNIA	11C. SIGNA	DISPOSITION I (Name and Ad	PENDING - REMAINS L idrasa)	OCATED A
A. BURIAL (INCLU	OF CREMATED REM EMETERY SE  11A. NAME AND A	DORESS OF CALIFORNIA CO	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY CREMATORY FACILITY RECEIVING REMAINS	SORNIA SIDE OF CALIFORNIA 11B. DATE BURIED  8-17-0/ 12B. DATE CREMATES	11C. SIGNA	DISPOSITION I (Name and Ad TURE OF PERS	PENDING REMAINS LI	URIAL EMATION
BURIAL ONCLU  B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC USE	OF CREMATED REMEMETERY SE  11A. NAME AND ALL 12A. NAME AND ALL 13A.  DORESS OF CALIFORNIA CO	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY CREMATORY FACILITY RECEIVING REMAINS	SORNIA SIDE OF CALIFORNIA 11B. DATE BURIED  8-17-0/ 12B. DATE CREMATES	11C. SIGNA D 12C. SIGNA D 13C. SIGNA	TURE OF PERS	PENDING REMAINS LISTERS OF BUTTON IN CHARGE OF CR	URIAL EMATION ACILITY	
BURIAL ONCLU  B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC USE	OF CREMATED REMEMETERY SE  11A. NAME AND ALL 12A. NAME AND ALL 13A.  DORESS OF CALIFORNIA CO	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY CREMATORY FACILITY RECEIVING REMAINS	SORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 8-17-0/ 12B. DATE CREMATE	11C. SIGNA D 12C. SIGNA D 13C. SIGNA	TURE OF PERS	PENDING REMAINS LISTERS OF BUTTON IN CHARGE OF CR	URIAL EMATION	

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-13-01

ine LINER	Funeral, date, tim	WED.	8-15	, a;31
Church Change Com False		CFANS	. DF	24-4-4
All Funeral cars must arrive before 3:30 p	.m. of regular work d	av or an ext	ra charge of \$	T264
will be applied and billed to undersigned.		***************************************	4m - 14m 1 <b>H</b> - 150 - 150	
Lot 190 Grave 10 Row	Section	<u>a</u> -	Division/Bleek	13
Grave space & Care Fund			<u> </u>	15.00
Additional spaces and care and	<b></b>			
Additional spaces and care pd. A			<u>3</u>	15.00
Burial Container AUG 1-3-2	001			90.00
Handling Fees			<u>1</u>	45.00
Handling Fees MT HOPE CEM Flower vases - Markey setting the CEM CITY OF SAN DIE	IETARY			
Recording and filing fee	EGO, 02			5.00
Sales taxes	**************************		·············	19,25
P	aid receipt number_	R-54		664.25
friend	./		lance due	<u>-o-</u>
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization in the said authorization in th	ation and I agree to h	bove indicat	e above name ed. I certify an Cemetery ha	d represent
I hereby authorize the interment in lot I hold under deed.	Signature X 1418	Puls s	The second second	
Signature of recorded holder of deed	> Cea	nsicle 519-8	CA 92 445	Zip Code

40p O'SIDE Mortuary

E-16550

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	NT-FIRST (GIVEN)	IB. MIDOLE	IC. LAST (FAMILY)			2. DATE OF BERTH	3. DATE C	F DEATH	4. SEX
JESUS		MENDIOLA	GASPAR		10	3472571947	08706	72001	M
OCEANSIDE			SB. COUNTY OF DEATH		OF INFO	HELATIONSHIP, FULL NORMANTVANESSA	CUELL	AR, FRI	END
TYPED NAME AND AD	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS	SON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER	1418	Puls Street	et Ocea	nside	. CA
		02 S. Coast Hwy		F APPLICABLE		92054			
Oceanside,	, CA. 92054		, FD	-253	BA SIGNA	TURE OF APPLICANT-	Freson taleagracia	t, 60. DAT	E SIGNED
ACKNOWLEDGMENT OF AP	Section 10	chroniedge as applicant that the proposed 175 of the Heelth and Safety Code, and mas	authorized personnt to Section 7100 of th	depositions authorized by the Health and Safety Code	>yeu	muc yen	mari	08/1	0/2001
The second secon	IN THIS PERMIT.	ED IN ACCOMDANCE WITH PRO DRINA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIFI MISSIE OF DISPOSAL OUTSDE OF CALFOR	1ED 47.00	J. Kendall 108/13/200		2113535	CAL REGIST	RAR ISSUM	G PERMIT
ON REQUIRES A MEW I	o "80X" 8522	DISTRAR OF DISTRICT OF DE 2 CALFORMA CA. 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU			W) KA		
AUTHORIZED DISPO		and the second second second			1	FOR COR	ONER'S L	SE ONL	
THAN IN A CE SCIENTIFIC US	SE .	oness of California Cent Cemetery 3751 Ma	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY ETERY ETERY		) i 110.	SAGNATURE OF PER		AGE OF B	RIAL
C. DISPOSITION O	METERY SE (1A NAME AND AC Mt. Hope (		G. SHIP IN TO CALIFO	SIDE OF CALIFORNIA	116.			AGE OF B	RIAL
C. DISPOSITION OF THAN IN A CE	IIA NAME AND AC Mt. Hope ( San Diego	ORESS OF CALFORNIA CEME Cemetery 3751 Ma	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY ATKET Street	SIDE OF CALIFORNIA			SON IN CHA		
C. DISPOSITION OF THAN IN A CE SCIENTIFIC US	METERY SE  IIA NAME AND AD Mt. Hope ( San Diego IZA NAME AND AD	oness of California cema Cemetery 3751 Ma , CA. 92102	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY STREET STREET	I 18. DATE BURIER	ED 12C.	SIGNATURE OF PER	SON IN CHAI	RGE OF CR	MATION
C. DISPOSITION OF THAN IN A CE SCIENTIFIC US BURIAL CREMATION  SCIENTIFIC	METERY SE  11A. NAME AND AD Mt. Hope ( San Diego 12A. NAME AND AD 13A. NAME AND AD	oness of California Cent Cemetery 3751 Ma , CA. 92102 Oness of California Crea	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS  ETERY  STREET STREET  MATORY  LITY RECEIVING REMAINS  OR COUNTRY WHERE	I 18. DATE BURIER	ED 12C.	SIGNATURE OF PER	SON IN CHAI SON IN CHAI SON IN CHA	RGE OF CR	CRITY

## E-16550

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE JESUS	ENT—FIRST (GIVEN)	IB. MIDDLE		GASPAR	77	2. DAT	E OF BIRTH	3. DATE OF	
OCKANSIDE	print	1 1	+4.	B. COUNTY OF DEATH	DIECO TO				R, FRIEND
		602 S. Coast			LIF. LICENSE NUMBER FAPPLICABLE -253	30.000	92054		
ACKNOWLEDGMENT OF A	on years I hereby	acknowledge as applicant that 0375 of the Health and Safety Co				BA. SIGNATURE O	il Ken	dall	88. DATE SIGNE 08/10/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISS SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	LUED IN ACCORDANCE. FORMA HEALTH AND SITY FOR THE DISPOSITION TO BOOK OF DISPOSAL CRISES	WITH PROVI- METY CODE N SPECIFIED	AMOUNT OF FEE P		1 211	3535 OF LO	OCAL REGISTR	AR ISSUING PERMI
CHICAGO STATE OF THE STATE OF T	the district of the last of th	CONTRAR OF MATER	the state of the state of the state of the state of		DRESS OF REGISTRAY DISPOSITION IS TO SOC				
a Strongery		AND THE STREET	7 7 3		A C.	A 12.	FOR COL	ONER'S US	E ONLY
E BORIAL DICC	42	Assessed to the same	The Section of the Principles	PEARSKAN ENV	Harry (1 at		Contract of	MEDICALITY AND MICHAEL PROPERTY AND ADMINISTRATION OF THE PERSON OF THE	MARKET CONTROL
To scientific the	CALENTED AND BARTESIS CALENTERS	PAR CONTR	. <b>□</b> •	, SHP IN TO CALIFO TRANSP TO OUTS	100			-35 F35.	
BURIAL	San Dieg	Camerery 37	APPEAR OF THE SHOP OF THE SHOP	Street	8-16-0	1 116 SIGNA	TUSK OF PER	SON IN CHAR	GE OF BURIAL
CREMATION	12A. NAME AND /	DDRESS OF CALIFOR	NIA CREMATORY		12B. DATE CREMA	TED 12C. SIGNA	TURE OF PER	Selv in CHASE	E OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFOR	NIA FACILITY RE	CEIVING REMAINS	13B, DATE RECE	IVED 13C. SIGNA	TURE OF PER	RSON IN CHAR	GE OF FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS			14B. DATE SHIPE		ess and sign acing with t		RSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHOR PENTIFY FINAL PLACE A			15B. DATE OF DISPOSITION		TURE OF PER GE OF DISPOS		OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_8-13-01

ina T.S. VAULT	Funeral, date, time MON 8-20 1,00
Church Chapel Graveside	FEATHERING ! L Montuary
	o.m. of regular work day or an extra charge of \$
PARTICIPATE DE LA PORTACIONE DE LA CIPACIONE DE LA COMPANION D	
will be applied and billed to undersigned.	
Lot 109 Grave 3 Row	Section   Division/Block 17 Pu-Ned E-11214 -0
Grave space & Care Fund	Pu-Nul E-11211 -0
Additional spaces and care fund	
Opening/Closing & Setup	1D 375.00
Burial Container	150,00
Handling Fees	1 2001 185.00
Flower vases - Marker setting fee	
CITY OF SAN	EMETAR) リタック リタック リタック (8、75)
Sales taxes	071 70
	Total Due
(3)	
Brothe	Balance due
I hereby certify I am theand this is your authority to make dispos	of the above named decedentifion of remains as above indicated. I certify and represent
that I have the right to make this authorized any liability on account of said authorization $\mathcal{O} \wedge \mathcal{O} \cap \mathcal{O} \cap \mathcal{O}$	ation and I agree to hold Mt. Hope Cemetery harmless from lon and interment.
hereby authorize the interment in lot I	MANUAL CONTO
hold under deed.	> 1711 Midlote Dr.
	x son Diego 92/29
Signature of secorded holder of deed	
Signature of recorded holder of deed	619-2628063
Work Order # E 16551	100   100

REA-104 (7-96)

#### 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.

	18			
Thirston	M X s	3	4	
TAWAY	88	F-SCORET	TAUANOD	14
				5-1 - 47 -

Interment space for:		0
Interment Date: Mon 8-20	_ Time:\'`,0 0	
Lot: 109 Grave: 2 Row:	Sect:\ Div:_	15
Grave Laid out by:		
Agrees with Legal Card: DYes	O No Day or	~
Agrees with Map: TYes	J No 🖴	rel
Blind Check & Verified By:	Date:	
E- 1659	<del>5</del> )	

E-16551

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	ļ 1C.	LAST (FAMILY)	HODELIA TOMBAS ASSASSA	SOLDHAM. HE	2. DATE OF BIRTH	3. DATE C		SEX
Annie		s.		Beard			08/04/1911	08/12	2001	F
SA. CITY OF DEATH			58.	5B. COUNTY OF DEATH-OUTSIDE CALIF., 6.			RELATIONSHIP, FULL MA	AILING ADDR	ESS AND ZIP CO	ODE
San Diego	i			San Diego 1			d DeSoto, Br		in-law	
	gial Mortua				IF LICENSE NUMBER FAPPLICABLE 1083	San	Midvale Dr. Diego, CA 92 ATURE OF APPLICANT—N	105	e SA DATE SA	GNED
ACHNOWLEDGMENT OF AP	thereby a	cknowledge as applicant that to 375 of the Health and Safety Coc	he proposed disposition sta			- 11	'Asda	4	08/13/	1
	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WORMLA HEALTH AND SA Y FOR THE DISPOSITION D NIGHT OF DESPOSAL OUTSIDE	PETY CODE N SPECIFIED		98. DATE PERMI 08/14/2 T.Truesd	001	9C. SIGNATURE OF LOX 2113608	CAL REGIST	RAR ISSUING PE	ERMIT
	PO BOX 85	GISTRAR OF DISTRIC D IN CALFORNIA 1222, San Di 16-5222					HCT OF DISPOSITION— THER DISTRICT IN CALIFOR	RNIA		
O. AUTHORIZED DISPO	DSITION(S) CHECK AF	PPLICABLE ITEMS		414			FOR COR	ONER'S U	SE ONLY	
B. CREMATION C. DISPOSITION 1 THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA	AINS OTHER	F. (	TEMPORARY ENVA DISINTERMENT SHIP IN TO CALIFO TRANSIT TO OUTS			I. DISPOSITION (Name and Ad		REMAINS LOCAT	TED A
BURIAL		emetery, 37 CA 92102		St.	7. 20 - 0		SIGNATURE OF PERS	- ,	RGE OF BURIA	L
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORN	NA CREMATORY		128. DATE CREMA	TED 12C	SIGNATURE OF PERS	ON IN CHAS	GE OF CREMA	TION
SCIENTIFIC	ISA. NAME AND AD	odress of Californ	NA FACILITY RECE	IVING REMAINS	138, DATE RECE	IVED 13C	. SIGNATURE OF PERS	SON IN CHA	irge of Facili	ΠY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS			148. DATE SHIPP	ED 14C	ADDRESS AND SIGNA OF PLACING WITH TH			ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AN			15B. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREMATED MAINS DISPO	D RE-

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



## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-11-00

In a	5	uneral date ti	me		
	ner Fi	unotal, uato, li	1100		1900 Destances
Church, Chapel, Graveside				_	A POST BOSPANIOS EN
All Funeral cars must arrive t	sefore 3:30 p.m. o	f regular work	day or an e	extra charge of	\$
will be applied and billed to u	ndersigned.				
2017					10
Lot 2967 Grave	Row	Section	1	Division/Blee	* 10
Grave space & Care Fund					30,8
Additional spaces and care for					
Opening/Closing & Setup			<i>j</i>		
Burial Container	Verio	رخ	200	<u>.</u>	3 == 3
Handling Fees			********		
Flower vases - Ma R An	I.D	men nomination	NOTICE IN COMPANIES		
					45-00
Recording and filing fee	1 2001	**************			
NAT LICES (	EMETARY		Total Due		45.00
CITY OF SAN	DIEGC Paid re	naint number	R-5	8601	JO. 21
Citi Oi Oi	- raio re	ceipi number	- del		<del>'</del>
				Balance due .	- 0
I hereby certify I am the and this is your authority to r	maka diangalilan	of ramalas as	obaya ladi	the above nar	ned decedent
that I have the right to make I	this authorization	and lagree to	hold Mt. Ho	pe Cametery h	and represent
any liability on account of sai	d authorization ar	nd interment.			
I hereby authorize the interm	ent in lot I	4			
hold under deed,		Signature			
		Address	Jes	V .	
Signature of recorded holder of deed		City	-11	1.1.	Zip Gode
		Telephone	ago	WW.	
		Invoice #	,		
Work Order # E 165	552	Marke W	_		
Work Order # LOC	JUL	Acct. # _		CHOICE CO.	



## CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

3/23/1982 *F*-16552 **N**º 10853

## Deed

#### OWNERSHIP AND INTERMENT PRIVILEGES

TORuby Cabral	for the sum of \$	355.00 (DOLLARS)
LEGAL DESCRIPTION Lot 2967 Divis	sion 10	
AS DESCRIBED ON PURCHASE ORDER NUMB	BERE-2736	
According to a map of said Cemetery filed in held for burial privileges only with endowed hereafter be adopted, including the right to in Cemetery. The rights hereby conveyed for int of the Cemetery Authority in each and every c	care. Subject to all rules ngress and egress with esse erment privileges shall not b	and regulations now in force of may ntials for care and operation of the be relinquished without the consent
It is expressly understood however, that said repairs to any monument, head stone, vaults of after be erected or placed on said lot or plot. Of of plot. In no case will the Cemetery Division natural causes of deterioration, but reserves ment of the Cemetery. The following type of m	r other improvements of like Cost of same shall be assume on be responsible for damage the right to remove any obje	nature that is already, or may here- ed by legal owner or representatives , malicious mischief, vandalism and
*Flush M	Marker Only*	-10.0
Robert Sutton	x 1	wat 3
Cemetery Manager		The same
		Property Director

## POWER OF ATTORNEY

- A District Transfer of State	Ruby Cabral
and appoints GENE E. WHAT! State of California or, in his abs the cemetery broker, his true an stead and for his use and benefi pertaining to the sale, disposal,	everally if more than one), hereby makes, constitutes LEY, a licensed and bonded cemetery broker in the sence, Gene K. Whatley, a licensed representative of ad lawful attorney for him and his name, place and it to perform and sign in his place in all matters use, or to give burial rights to any other party or cemetery property described as follows:
Lot	2967, Division 10
at I	Mount Hope Cemetery
perform all and every act and to be done in and about the premi could do if personally present, I do or cause to be done by virtue	es, the masculine gender includes the feminine and/or es the plural.  Ley Cabral  Signature  County of Liverside
on fune 22 and for said State personally ap	, 2001 before me, the undersigned, a Notary Public ppeared Ruby Cabral
	11/para la Vanna



THE CITY OF

## SAN DIEGO

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

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

### **QUITCLAIM DEED**

In consideration of a deed transfer (deed	#10853) to person listed below.
Ruby Cabral	T
DO HEREBY REMISE, RELEASE, AND Q	OUTCLAIM to Othell Laster
Address: P.O. Box 20258 - El Cajon	, CA 92021
TO HAVE AND TO HOLD THE abou	ve-described quitclaimed property unto the said its successors and assigns forever.
WITNESS my/our hand this 9th	day of August 40 2001 Ruly Cabral by Jone & what
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:	15428 El Capitan REal Lane
	El Cajon, CA 92021
	At the second se
Witnesses	The state of the s



Bu-rul

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	0	6 0	1
Date	9-	15-0	1

OF ARNOL	D MARKARIAN	
in a	Funeral, date, time	-
n a	F	
	fore 3:30 p.m. of regular work day or an extra charge of	750 C
vill be applied and billed to und	dersigned.	S12 44 7
	MA 5	
ot a b Grave 5	Row Section Division/Blo	ock
		1595,0
	d	
8		
The state of the s		
	PAID	
7.7	fee	
Recording and filing fee	AUG D 6 2003	
Sales laxes	MT. HOPE CEMETARY	15900
	CITY OF SAN DIEGO CAS	10 10.0
	Paid receipt number	311.0
	Balance due	1196.0
hereby certify I am the and this is your authority to make I have the right to make the any liability on account of said ARHOLD MARKI hereby authorize the intermedid under deed.	nt in lot I	rend represent harmless from
Wark Order # E 165	53 Acct. #	
REA-104 (7-96)	This information is available in alternative formats	upon reques

O Printed on recycled paper



#### THE CITY OF SAN DIEGO

#### MOUNT HOPE CEMETERY CERTIFICATE OF INTERMENT RIGHTS

CONTI	RACT / CERTIFICATION NO:	E-16553	DA	TE: 08/	06/03	_
	undersigned, City of San Diego, Me edged, does hereby grant and convey			ll purchase	price, receipt of whic	h is hereb
as Grant	ee, for interment purposes only, subjett rights for the Purchase Price of \$	ect to conditions, reservations, res	trictions and Rules and Res	gulations se	t forth herein, the follo	owing
		MINISTER COMMUNICATION OF THE PROPERTY OF THE	53 Sd,566	26	CDANEGA.	¥
DIVISI		T BLOCK/ROW:		20	GRAVE(s):	4
A CONTRACTOR OF THE	g to the map of Mount Hope Cemete					
	s conveyance, and all right, title and es, and to the following conditions, r					g laws and
(a)	No transfer, conveyance or assignr Hope Cemetery and being thereafte		uired by Grantee shall be	valid witho	out the written consen	t of Moun
(b)	No inscription, alteration or orname upon, altered or removed from an consent of Mount Hope Cemetery, with the above-described intermen interment's, disinterment's and rem the type of outer burial container as	y property associated with the All grading, landscape work at t rights, shall be done, all trees toyals shall be made only by Mor	above-described interment and improvements of any ki and plants of any kind sha ant Hope Cemetery. All in	rights by nd, and all II be plant terments sh	the Grantee without of care of any property ed, trimmed or remov- nall be made subject to	the writter associated red, and al
(c)	Mount Hope Cemetery, at the experiment or other memorial which other object or embellishment that be	is improper or offensive or which				
(d)	Mount Hope Cemetery shall not be mischief makers, unavoidable accid control.					
(e)	The enumeration herein of certain of interest and rights shall be limited to it hereafter adopted either by amend for inspection at Mount Hope Ceme	by and subject to the Rules and R Iment, alteration or the adoption of	egulations of Mount Hope of new Rules and Regulation	Cemetery r	now existing or which Rules and Regulations	may be by
(f)	Mount Hope Cemetery agrees to pr further charge.	rovide endowment care as require	ed by applicable law and de	efined in its	Rules and Regulation	ns, withou
(g)	In the event this certification is is developed, Mount Hope Cemetery rights to reasonably comparable de property, until such time as construc-	may, with the consent of Grantee eveloped interment property, or	, and at no increase in price	e, permane	ntly transfer Grantee's	s intermen
and are	bove conditions, reservations and resenforceable only by Mount Hope Cerof the cemetery other than herein con-	metery or its successors in interes	st. Nothing herein containe	d shall be	deemed to restrict the	use of any
	NESS WHEREOF, Mount Hope Cerr day of _August 2003	netery has caused this instrument	to be executed in its name.	y its duly a	authorized representati	ives this
14	Signature / Date		Ray	nider, Cer	metery Manager	-



1595.00

1196.00

MARKARI	AN, ARNOLD 7777 Belden St #51 San Diego 92111		
		DEBIT	CREDIT
08-15-01	Opened Pre-need Lot		
- "	Lot 26, Grave 4, Mas, T	1595.00	
08-01	M/C		399
09-07-01	1 + 54110 coupon # 1		50
10/5/01	L# 54110 coupon# 1 R# 54203 coupon # 2		50

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E-16553

Coupon #

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MARKARIAN, ARNOLD

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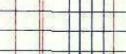
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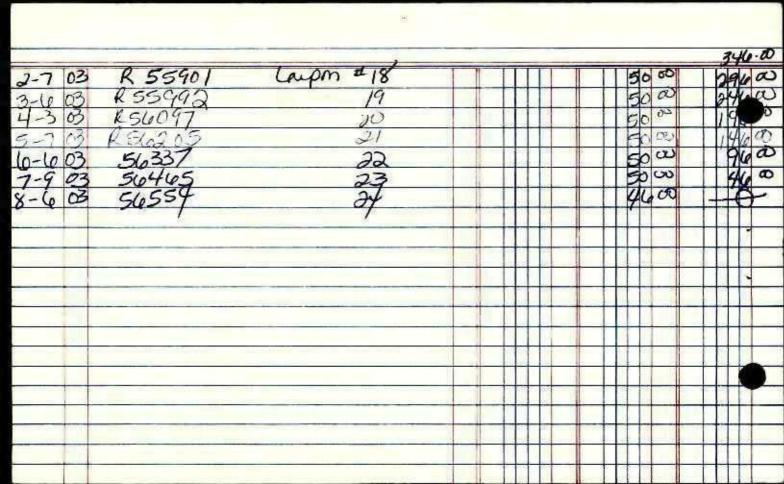
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AUG 0 6 2003

MT. HOPE CEMEITARY

CITY OF SAN DIEGO, CA



#### CITY OF SAN DIEGO, CALIFORNIA

54110

#### MOUNT HOPE CEMETERY (619) 527-3400

West and a state of the state o		<u> 9 7/01</u>		, 20	
From anold Markenian	Address: 3277 Borger	avr. #3	5.0	CA 921	23-19
- Fuffy	Dollars 7/100	D	ollars (\$	50.00	)
	re-need Lot				
Lot 26 Grave 4	arkarian, arnold	Section MAS		Division T	-
	OTVALID FOR PUR BE ATTO LIBESS STAMPED		67007 77184		
Acct. No W.oE-(6553	SEP 0 7 2001	60% Sales of Lots Opening/ Closing Buriel	100. 77184 — 100 77181 —	50	00
BALANCE DUE	MT. HOPE CEMETARY CITY OF SAN DIEGO, C,	Containers  Handling Fee Recording & Misc. Fees	77182 — 100 77185 — 100 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	10. A.	Pre-Need Trust Seles Tax	63033 9022 — 60101 78390 —		
AC212 (Rev. 5-66) 412 15	SUED BY Tillie Perince	TOTAL PAID	\$	50	00

OFFICIAL RECEIPT

## WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400 54203

Depty and To	Date: 3277 Deger	ave # =	5, S.	D.92	123
	rnold Markenian  4 Row Se	ection MAS	5	Division ~	=
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	50	00
Pre-Need Lot At Need Con Acct Pre-need Trust Cash Check A	ISSUED BY Vi Wms	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	50	00

... AUDITOR

WHITE

CANARY .

#### CITY OF SAN DIEGO, CALIFORNIA

54296

#### MOUNT HOPE CEMETERY (619) 527-3400

From Edmina Nacinera	· · · · · · · · · · · · Date:	11-5	, 20	0
From Sanua Raginera	Address: 1111 Belle	C . N -1 - 1	50 · 0 C	)
Lot 26 Grave	4 Row Se	hetion MAS	Division	Γ_
Acct. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 5 0 77181 100 77181 100 77185	0.0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94)	ISSUED BY DULLUL	Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77163 63033 9022 60101 78390 \$ 5 0	00

#### CITY OF SAN DIEGO, CALIFORNIA

54511

#### MOUNT HOPE CEMETERY (619) 527-3400

From Elnia Nagivera	_ Address: On Reco	1-7		2007
In part Payment of	Pre- Need St		foliars (\$ <u>50,0</u>	0,
Lot 26 Grave	4 Row	Section	Division	MAS
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel	67007 77184 100 77184 100 77181 100	0 00
Pre-Need Lot At Need On Acct		Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust	77182	
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Dhillion	Sales Tex TOTAL PAID	* 50	00

PINK AUDITOR

From: Elmia Magyiy Tifty and 000	Date: Or re 2-red let you	rond	ello oliars (\$	50.00 50.00	02
Lot 26 Grave	4 sow so	ection MA	S	Division :	T
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisl Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 —	50	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Taulette Crawford	Pre-Need	83033 9022 — 80101 78390 —	50,	00

## WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Elmina Nasiner		ate: 3 - 6 - 0	2 ,20	
In_Payment of_	Pre-hul In	Dol	lars (\$ 50.00	)
Lot 26 Grave	Y Row	Section MAS	Division Block	T
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 100 77184 100 77181 100 77182	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	111 111	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 100 77183 83033 9022 80101	
AC-212 (Rev. 5-94)	ISSUED BY Danielle	TOTAL PAID	* SO	09

	OFFICIAL RECEIPT
4	
	From and

#### CITY OF SAN DIEGO, CALIFORNIA

1º 54946

#### MOUNT HOPE CEMETERY (619) 527-3400

From And Markana In Payment of	Pu- hud Lit	Sen	20 Duys 815 (\$ 50,00	
Lot 26 Grave	ROWSONSO	20% Sales Care 7 80% Sales 7 D Lois 7 Dening/ Tosing 7	Division — Block	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check R	ISSUED BY DULLUL	Handling Fee Residing & Misc. Fee Pre-Need Trust Sales Tax	100 17185 100 17183 13033 9022 90101 18390 \$ 50	070

WHITE TO CUSTOMER CANARY CEMETERY

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55057

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From Elmira A. Na	awww.	Date: 4	7-3-	_,20 02
Fifty and a	Pre-need los	+ Account	oollars (\$ 570	upon #
Lot 26 Grave	4 Row_	Section MA	S Divi	ision T
Invoice No.	NOT VALID FOR PURPOSE STATED UNLE "PAID" IN THIS SPACE.	SS STAMPED CREDIT 20% Sales Care 80% Sales of Lota Opening/	87007 77184 100 77184	50 D
W.O E - 16553  BALANCE DUE \$ (66.	<del>z</del> o	Closing Burial Containers Handling Fee	77181 100 77182 100 77185	
Pre-Need Lot At Need On Acct C		Recording & Misc. Fees Pre-Need Trust Sales Tex	100 77183 ————————————————————————————————————	
478	3 ISSUED BY TUQUE	TOTAL PAID	78390	50 00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Eifty and 00	D.	ollars (\$ 50	) 00	- 5
In Part Payment of Pre-need for Ann	old Markay	cian D	ivision T	
Invoice No		57007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 63033 9022 60101 78390	50,	00

PINK ...... AUDITOR

En Elmina Nagiyer	0. 0	ite: 8-8-0	, 20	-
In Payment of	Pre- need lit		ollars (\$ 50.00	
Lot 26 Grave _	Y Row	Section_ MAS	Division Block	T
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPE PAID IN THIS SPACE.	20% Sales Care 60% Sales of Lots Opening/ Closing Burlel Containers Handling Fee Recording & Misc. Fees	67007 77184 100 5 0 77184 100 77181 100 77182 100 77185 100 77185	60
Pre-Need Lot Dat Need On Acct Pre-need Trust Cash Check  AC-212 (Rev. 5-94)	ISSUED BY BULLILLE	Pre-Need Trust Sales Tex TOTAL PAID	60033 9022 60101 78390 \$ 5 0	00

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55378

From Elmira H. Nagi	YE Vaaddress:	en v	Date:9	-6	, 20	02
Fifty and	O DC	-		ollars (\$	50.0	0,
m	e-nee	_	accou	tra	Ť	
Lot 26 Grave	<u>' 4</u>	Row	_ Section MA	2	Division -	T
Acct. No.	NOTVALID FOR PURPOS "PAID" IN THIS SPACE.	BESTATED UNLESS STA	20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	50	00
W.O. E-16553 BALANCE DUE \$546.00			Opening/ Closing Burial Containers	7718) — 100 77182 — 100		
Pre-Need Lot At Need On Acct			Handling Fee Recording & Affec. Fees Pre-Need Trust 7718	77165 — 106 77163 — 63033 6. 38032 —		
Pre-need Trust Cash Check A	ISSUED BY Paul	lette C.	Sales Tax  TOTAL PAID	60101 78390 —	50	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Emisa A. Magin	gua Address: D	n record	- set	oues	¥_,20Q	22
Fifty and OD In part Payment of P	re-need		eoust (	ollars (\$ _	50,00	
Lot 26 Grave	4	Row Si	MA S	<u> </u>	Division 7	~
Acct. No W.O. E - 16553	NOT VALID FOR PURPOSI "PAID" IN THIS SPACE.	ESTATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 ————————————————————————————————————	50	00
BALANCE DUE \$ 496.00			Burial Containers  Handling Fee Recording & Misc. Fees Pre-Need	77182 — 100 77185 — 100 77185 — 100 77183 — 63033		
Pre-Need Lot 4 At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94)	ISSUED BY Paul	ette C.	TOTAL PAID	60101 78390	50	οĐ

OFFICIAL RECEIPT  WHITE CANARY PINK.	CEMETERY MOUNT HOPE CEM	IN-	55577
From: Elimina A. Waru	Date  JEVA Agarees: ON MCDM	nov.4th	, 20 <u>0</u> }
In Party and Payment of Pa	ened lot accor	ut Coupon	50.00 + 15
- Lot & Lo Grave		ection MAST	Division * Block
Invoice No	MOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burtal 100 Containers 77182 100 Handling Fee 77185	50 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check  AC-212 (Rev. 5-94)	Paulotte Ci	Pecording & 100 Misc. Fees 77183  Pre-Need 53033  Trust 7 7 7 6 9059  Seles Tax 60101 78380  TOYAL PAID \$	50.∞

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55694

ONE TO THE RESIDENCE OF THE PROPERTY OF THE PR	Date:	Dec.4	, 20	02
Fifty and "	account for Arr	_ Dollars (	\$50.00 rKarian	
1 1/L		MAS	Division T	
Invoice No	ACE. CREDIT 20% Sales 80% Sales of Lots Opening/ Closing Burial Containers Handling F Recording	100 77184 - 100 77181 - 100 77182 - 100 77185 - 8 100	50	Ø
Pre-Need Lot X At Need  On Acct  Pre-need Trust  Cash  Check  ISSUED BY Paule D  AC-212 (Rev. 10-02)	Misc. Fees Pre-Need Trust Sales Tax	63033 77186 60101 78390	<b>5</b> 0.	00

From: Irrold Markers in Payment of	An Address: On Run		Dollars (\$ 56	0,00	70
Lot Grave	Row	Section	Div Blo	ision ck	
Acct. No. W.O. E- 16553 BALANCE DUE 346.00	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Cer 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording &	67007 9 77184 100 77184 100 77181 100 77182 100 77185 100	50	<b>୭</b> ଚ
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐ S 7 6  AC 212 (Rev. 10-02)	ISSUED BY	Misc. Fees Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	<b>೮</b> 0	00

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

CITY OF SAN DIEGO, CALIFORNIA

55901

V.20708 - 2-2010 (100.00) (100.00) (100.00) (100.00)	Da	te: FCD 1	, 20	00
From: ELMINA Nagiver	2 Address: 7777 Be	elden stesi	90 9	1115
Fifty dollars 10	(N)	Dollars	\$ 50.0	O_)
in Part Payment of	frenue lot		OIVISION U	
Lot Grave	Row	Section	Block M	180
5	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	23	00
W.O.	PAID	80% Sales 100 of Lots 77184 Opening/ 100	27	DO
BALANCE DUE 296.00	FEB 0 7 2003	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185		- 56
Pre-Need Lol ★ At Need □ On Acct □	MT. HOPE CEMETARY CITY OF SAN DIEGO, CH	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186		30
AC-212 (Rev. 10-02)	SSUED BY Fam Lettel	Sales Tax 60101 78390 TOTAL PAID \$	56	æ
This information is available in alternative formats upon request.				

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	100	1	65	
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WHITE	TO CUSTOMER
CANARY	CEMETERY
NK	AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Division Block

From: E. Nagiyua	Address: 7777 Blade	in st#51
in Dack Payment of	ore gud lot for	AMHA Section
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  MAR U.S. 2003	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 77181 Bunal 100 Containers 77182
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X	MT. HOPE CEMETARY CHTY OF SAN DIEGO, C.	Handling Fee 77185 Recording & 100 Misc. Fees 77185 Pre-Need 53033 Trust 77186 Sales Tax 60101 78390
AC-212 [Rev. 10-02)  This information is available in alternative formats upon request		TOTAL PAID

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56097

0 '	D	ate: april 3	.20 43
From: E. Magyuva	_ Address: 7777 Buld	len st #51	SU 9111
Juty dollars 9 00/10	0 7	Dollars	50 W
in Dout Payment of	umug lot		
Lot 124 Grave	4 Row	_ Section/	Division MAS
	VALID FOR PURPOSES STATED UNLESS	S CREDIT 67007	50   -
Acct. No	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184	
w.o	MAIN UNITED AND AND AND AND AND AND AND AND AND AN	Opening 100 Closing 77181	
BALANCE DUE 194.00	APR 0 3 2003	Burial 100 Containers 77182 100	
Si	MT. HOPE CEMETARY	Handling Fee 77185 Recording & 100	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGO, CA	Misc. Fees 77183 Pre-Need 63033 Trust 77186	
Pre-need Trust Cash Check	JED BY (CUX HETY)	Sales Tax 60101 78390	
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.	Sensi Jan 10 Jo	TOTAL PAID S	50   -

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56205

A		Date: May 1	7 03
From: A. Markarian	Address: 7777 P	ulden of +	SI 30 9311
fit dollars for	1100	Dollars	(s 50.00)
in Payment of	acred la	<del>/-</del>	%
Lot Grave	Row	Section T	-Block MASO N
	OT VALID FOR PURPOSES STATED UNLE	CREDIT 67007	501-
Acct. No	PAID	20% Sales Care 77184 80% Sales 100	50 -
W.O		of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 140.00	MAY 0 7 2003	Burial 100 Containers 77182 100	
***	MT. HOPE CEMETARY	Handling Fee 77185 Recording & 100	
Pre-Need Lot / At Need   On Acct	CITY OF SAN DIEGO, UM	Misc. Fees 77183 Pre-Need 63033 Trust 77186	
Pre-need Trust   Cash   Check	SUED BY Tan Hetzel	Sales Tax 60101 78390	
AC-212 (Rev. 10-02)  This information is evaluable in alternative formats upon request.	SUCU BY .	TOTAL PAID \$	50 -

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56337

From: 4 luni Maxieu	a Address: 7777 Bull	les of os	6
in Sout Payment of	ore need lat	Dolla	ars (\$ _
Lot 24 Grave		Section7	В
Invoice NoE /L653  Acct. No W.O BALANCE DUE96.00  Pre-Need Lot / At Need   On Acct	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  JUN 0 = 2003  MT. HOPE CEMETARY CITY OF SAN DIEGO.	CREDIT 6700 20% Sales Care 7711 80% Sales 7711 of Lots 7711 Opening/ 10 Closing 7711 Burlal 10 Containers 7711 Handling Fee 7711	84
Pre-need Trust Cash Check   AC-212 (Rev. 10-02)  This information is available in alternative formats upon reque	issued by tam Hotza	Sales Tax 6010 7830 TOTAL PAID	01

WHITE TO CUSTOMER CANARY CEMETERY

PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

56465

From Markarian	Address: 7777	Belden S	9 4 #5/ SO ollars (\$ 50	9211
in Sout Payment of Lot Grave	pre nud	Section 7	Division Block	128-
Invoice No	NOT VALID FOR PURPOSES STAT STAMPED "PAID" IN THIS SPACE.  PAI PO  JUL 0,992962	CREDIT 20% Sales Care 80% Sales of Lots Opening	67007 77184 100 77184 100 77181 100 77182	<u> </u>
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MATHORE CENET	Handling Fee Recording 6 Misc. Fees Pre-Need Trust Sales Tax	100 77185 ————————————————————————————————————	
AC-212 (Rev. 10-02)  This information is available in alternative formats upon reque	ISSUED BALLIN TIC	TOTAL PAID	, _ 50	<u></u>



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

om Junold Marka	Dan Address: 7777 Bulde	n stasi	20 921	11
Forts of Payment of	pre need tot	Dollars Section 7	(\$ YG.Q	2 1a
roice No. E 16553	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	4ce	C
D	AUG 0 6 2004	Opening/ 100 Closing 77181 Buriat 100 Containers 77182 100		
Pre-Need Lot At Need   On Acc	10 11	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101		
212 (Rev. 10-02) Informative formats upon n	ISSUED BY SHOW TO SEE	78390 TOTAL PAID \$	46	0

OF	FICIA	AL R	ECEIF	т
	-	DE TO		

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

54416

arnold much	Date  Address: Dr rect	: Dec.	4	, 20 _	01
Fifty and oo	Pre-need lot	<u></u> D	ollars (\$ _	50.00	9_,
Lot 26 Payment of Coupon:	#4 4	Section MA	S(7)	Division Bleek-	
Acct. No	PAID PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 100 77184 100 77161	50	00
BALANCE DUE \$ 99(6,00	DEC - 4 2001	Burial Containers Handling Fee Recording &	100 77162		
Pre-Need Lot At Need On Acci	tulletta sawda	Misc. Fees Pre-Need Trust Seles Tax	77183	<i></i> 3	00
AC-212 (Rev. 5-94)	S ISSUED BY WWW.	TOTAL PAID		50	00

### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_ 8 ~ 15 ~ 10

	ABDUL		. 11 .445
in a	Funeral	I, date, time <u>Mu</u>	18-19 1516
Church, Chapel, Graveside		: Creen	Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regu	lar work day or an ext	re charge of \$
will be applied and billed to unders	signed		
Lot \ 20 Grave	Row	MUSLI !	
Lot 1 C Grave	Row	Section	Division/Block
Grave space & Care Fund			
Additional spaces 🕞 🗛 🖍	I		
Opening/Closing & Setup	na		<u> 450.00</u>
Burial Containe AUG 1 6 ZU	01		
Handling FeMT: HOPE CEME	TARY		
Flower vadaITW@FeSANhQIE			
Recording and filing fee	411594444117544111155117549	***************************************	45.00
Sales taxes			_6.00
		Total Due	501.00
apad, 12 - 2646	Paid receipt	number 1-5 4	35 50/0
58	100	16	lance due
I hereby certify I am the		of th	e above named decedent
and this is your authority to make that I have the right to make this a	disposition of rem	sine se should indicat	ed I certify and represent
any liability on account of said aut	horization and inte	erment. / \// \/ /	
I hereby authorize the interment in	ulott X		MOSD
hold under deed.	1.00.1	Signature 1	
		Address	-
Bignature of recorded holder of deed	**	Caly	Zip Code
	- 15	Telephone	III
	9	Invoice #	
Work Order # <b>E</b> 1655	(S)	STATE OF THE STATE	

A Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

## E-16554

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

ABDULL	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMIL	7)		OF BIRTH 21/1926	3. DATE OF 08/12		4. SEX
A CITY OF DEATH		1 2000	A STATE OF THE STA		NAME, RELATION OF INFORMANT	INSHIP, FULL M	MILING ADDRE	SS AND ZE	CODE
A STATE OF THE PARTY OF THE PAR	THE RESERVE OF THE PARTY OF THE	IA-FUNERAL DIRECTOR OR PE - 1-805 & IMPED SAN DIRECO, CA	RIAL AVENUE	CALIF. LICENSE NUMBER —IF APPLICABLE	P.O. BOX SAN DIEGO A. SIGNATURE OF	261058 D, CA 92	2126	00 000000 1	57
ACKNOWLEDGMENT OF A		acknowledge as applicant that the propo 0376 of the Health and Safety Cade, and y			Shewa	Khan	les.	08/1	6/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC NO MINIST OF MISPOSAL ORTSIDE OF CALL	PROVI- CODE CIFIED BA. AMOUNT OF F	SHARON LAW		ATURE OF LO	ICAL REGISTE	LAR ISSUIN	PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW TO SHOW FINAL SPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA 85222 , CA 92186-5222		ADDRESS OF REGISTRAR ( IF DISPOSITION IS TO OCCUR			RHIA		
O. AUTHORIZED DISP	INER ENTONBRIENT		TE TEMPODARY	MVAULTMENT		DISCOURTING	DEMONIC OF	EMAINS 17	CATED A
A. BURIAL (INCLU	OF CREMATED REM EMETERY SE  11A. NAME AND A MOUNT HOP	DDRESS OF CALIFORNIA CE	METERY	SET 11B. DATE BURIED		DISPOSITION (Name and A	ddress) ,		CATED A
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMETERY SE  11A. NAME AND A MOUNT HOP SAN DIEGO	DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO CA METERY 51 MARKET STRI	SLIFORNIA SUTSIDE OF CALIFORNIA	11C. SIGNA	(Name and A	SON IN CHAP	RGE OF BU	CATED A
BURIAL  CREMATION  D. SCIENTIFIC  BURIAL  CREMATION  SCIENTIFIC  USE	OF CREMATED REMEMETERY SE  11A. NAME AND A MOUNT HOP SAN DIEGO 12A. NAME AND A	DDRESS OF CALIFORNIA CE PE CEMETERY, 37 D, CA 92102	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO CA EMETERY 51 MARKET STRI	SET 128. DATE CREMATE	11C. SIGNA	TURE OF PER	SON IN CHAR	RGE OF BU	CATED A
A. BURIAL (INCLE B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMETERY SE  11A. NAME AND A MOUNT HOI SAN DIEGO  12A. NAME AND A  13A. NAME AND A	DDRESS OF CALIFORNIA CE PE CEMETERY, 37 D, CA 92102 DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO CA EMETERY 51 MARKET STRI REMATORY  COLUMN RECEIVING REMAIN	SET 128. DATE CREMATE	11C. SIGNA	TURE OF PER	SON IN CHAR	GE OF FA	RIAL MATION

Any a

# Bu-need trush

## MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	0	. 7	0	1
Date	9 -	17-		,

ina i	uneral, date, time	
Type of Buriel Container	•	
All Funeral cars must arrive before 3:30 p.m.	and the same of th	- COLEON TO SEC.
will be applied and billed to undersigned.		<b>*</b> / 16 * * *
Lot Grave Row	Section GAR	Division/Block
Grave space & Care Fund	i-Nud E-1	3000
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 laxes	***************************************	4.13
Paid	Total Due.	38 269,13
		telance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indica	the above named decedent ited. I certify and represent to Cemetery harmless from
I hereby authorize the interment in lot i hold under deed.	Signature	* -
	Address	
Signature of recorded holder of deed	City	Zip Codi
	Telephone	
Work Order # E 16555	Invoice #	

E-16559 cooperation and prompts.
attention for all the recessary details. Lincoly, Lay Hyking PS- and receipt

#### MT. HOPE CEMETERY

#### INTERMENT ORDER



#### City of San Diego

Date 8-17-0

of them!	- A	
Type of Burial Container	Funeral, date, time	
Church, Chapel, Graveside	ř	Mortuary.
All Funeral cars must arrive before 3:30 p.m		
will be applied and billed to undersigned.		
19	4 -	7
Lot Grave Row	Section 7 Division	/Block(
Grave space & Care Fund		
Additional spaces and care fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Opening/Closing & Setup		·····
Opening/Closing & Setup	whomas	
Handling Fees	201	
Flower vases - Marker setting fee	WWW.	
Recording and thing the		<u>45.00</u>
AUG 1 7 2001	Total Due	45.00
MI. HOPE CEMETARY	Balance o	
CITY OF SAN DIEGO, CA	115 C-915 C-15 C-15	e named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I ca on and I agree to hold Mt. Hope Ceme	ertify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
Wine	Address #1. Ju	<i></i>
Signature of recorded holder of deed	City Oxfor	Zip Code
	Telephone	5
Wark Order # E 16556	Invoice #	11

# POWER OF ATTORNEY SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That (I /We), \_\_\_ Veta Thompson Munzinger

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March, Jr. d.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead for the principal's use and benefit:

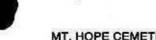
- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any party or parties to that certain parcel of Cemetery Property described as:
- Lot 19, Row 5, Section 7, Division 7, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March Associates, Inc., provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

x Data.	smu	ming	er er	
STAE OF CAL	FORNIA 1	00		***
On this _2	San Die 0 day of	uly		2001, before me, the
Veta T	hompson	Munzing	e/	ry evidence) to be the
person_ who:	E. 050 500	subscribe		hin instrument, and
WITNESS my l	nand and official sea	al.	NOTA:	OFFICIAL SEAL HILIP D. HERTZ TY PUBLIC CALIFORNIA

ublic in and for said State.





# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date\_ 8 -17-0 ]

of	Lula	Mae Baker	
ina	Liner	Funeral, date, time	-23 1110
Church	Chapel Graveside	: 20 hemo	nist Mortuary.
All Fune	ral cars must arrive before 3	p.m. of regular spork day or an extra cha	rge of \$ 150.00
	pplied and billed to undersig	1 . /// 1/	
Lot 5	5 Grave 12	Now Section Division	n/Block 12
Grave s	pace & Care Fund		895.00
Addition	al spaces and care fund		-
Opening	/Closing & Setup		375.00
Burial C	ontainer	GAID	190.00
Handling	Fees	A	145.00
Flower	rases - Marker setting fee	AUG 20 2001	
Recordi	ng and filing fee	POO	45.00
Sales ta	xes	MT. HOPE ON DIEGO, CO	14.25
2007/10/20/21/2000		MT. HOPE CEMETARY  MT. HOPE CEMETARY  CITY OF SAN DIEGO, CA	1664,25
		Paid receipt number 54045	1.664.2
	21.1	Balance	due
and this	is your authority to make dive the right to make this aut	DAUGHTER of the aborisposition of remains as above indicated. I chorization and I agree to hold Mt. Hope Cemprization and Interment.	etery harmless from
	euthorize the interment in le der deed.	× 4060 Messin	a DR. #F
Signature of	recorded holder of deed	/	1252 2p Code
		Invoice #	
Work Or	Har # E 16557	Accl. #	

### 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	_5_	جا			- W
Allen	open	Jones			_
10	-11	12			
Open	open	X	35		
			-	- 3	
	10	Allen open	Louise Open Sophite James  10 11 12  Agen Open X	Louise Open Sophite Allen Open Jones  10 11 12  Agen Open X	Louise Allen open Sophite Allen open Jones  10 11 12  Agen open X

Interment	space for:	Lu	la M	hae	Ba	Ker	
Interment I	Date:			Time:		-	_
Lot: 55	Grave:	12	Row:	_ Se	ct:	_ Div:_	12
Grave Laid	d out by:	ME	KE	N		_=	1
Agrees wit	h Legal C	ard: 🗖	Yes [	J No	(1	DEAG ON GE	ر )
Agrees wit	h Мар: 🗀	J Yes		No	/	6	
Blind Ched	ck & Verif	ied By:_		_	Da	ate:	

E16557

## E- 16557

## MESSAGE CONFIRMATION

08/21/2001 15:28 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/21	00'33"	619 6920896	CALLING	01	OK	0000

## E-16557

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 08/14/2007 1171771939 BAKER LHLA MAR 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE WANTER-DAUGHTER LA MESA 1685 PENTECOST WAY #6 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER SAN DIEGO CA 92105 SAN DIEGO MEMORIAL CHAPEL FD-1575 2441 UNIVERSITY AVE SAN DIEGO CA 92104 BA. SIGNATURE OF APPLICANT-Ferson taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 08/21/2001 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 71,00 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9B. DATE PERMIT ISSUED, BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF FEE PAID PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 08/21/2001 2114031 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THES PERMIT \$7.00 ROSA NAVA MOTE: THUS PERMIT GRES NO BUSHT OF DEPOCAL DISTRICE OF CALFORNIA LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-RE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE DEPLY DECLINED AP CYTLOUNG IF DISPOSITION IS TO OCCUR IN AMOTHER DISTRICT IN CALIFORNIA TION REGURES A NEW PERMIT TO SHOW FINAL AN DIEGO CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY REMAINS LOCATED! AT BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-(Name and Address) 8. CREMATION DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED CHARGE OF BURIAL BURIAL MY HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 150. LICENSE NUMBER 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-DATE OF SIGNATURE OF PERSON IN SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OR MAINS DISPOSER DISPOSITION OTHER THAN IN A CEMETERY

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8/20/01

ina Bell Liner	Funeral, date, time Thur Aug 23 12:0
Church, Chapel Graveside	: El CAMINO-BENBAGHOMURY.
	p.m. of regular work day or an extra charge of \$_150.00
will be applied and billed to undersigned.	1000
Lot <u>1773</u> Grave Row	Section Division Back
Grave space & Care Fund	995.0
Additional spaces and care fund	BA10 ==
Opening/Closing & Setup	375.°°
Burial Container	AUG 2 0 2001 190.00
Handling Fess	143.*
Flower vases – Marker setting feeC	NI. HOPE CEMETARY
Recording and filing fee	TO SAN DIEGO, CA 45.00
Sales taxes	14.25
1	Total Due
, , , 1	Balance due
I hereby certify I am the	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from the and interment. Joy Ce L. BAR KS DAL
I hereby authorize the interment in lot ( hold under deed.	3 45 41 Rainier Ave
	- 5 Jan 1880 42/20
Signature of recorded holder of deed	- CAT (619) 284-0847 219 Code

# E-16558

## MESSAGE CONFIRMATION

08/20/2001 15:10 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/20	00'33"	619 283 1176	CALLING	01	ok	0000



## GRAVE BLIND CHECK FORM

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

1771	1772	1773	1774	1775
August Befiris	1772 Eugenia Por Firis	X		

Intorment o	pace for: Pau	1 1	Rool	Is dala	
	pace for <u>Fau</u> pate: Thus Au				on
	Grave:	J			
Grave Laid	out by: N F	- KE	N .		2 - <del>2 - 4</del>

Agrees with Legal Card: Yes

Agrees with Map: Yes No

Blind Check & Verified By: DAKCEY! Date: 8220

# E-16558

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

47

			SE BLACK INK ONLY—MAK	E NO ERASURES	, WHITEOUTS OR C	/IMEH /	ALIERATIONS	FOUND	
14	PAUL	ENT-FIRST (GIVEN)	1B. MIDDLE LANDERS	1C. LAST (FAMIL	14400		2. DATE OF BIRTH MONTH, DAY, YEAR 02/02/1954	3. DATE OF DEATH MONTH, DAY, YEAR 08/16/2001	4. SEX
5.A	SAN DIEGO			58. COUNTY OF I	SAN DIEGO		RELATIONSHIP, FULL A	MAILING ADDRESS AND	ZIP CODE
7.4	EL CAMINO	MEMORIAL .	A—FUNERAL DIRECTOR OR PERSON BENEOUGH CHAPEL	i i	CALIF, LICENSE NUMBER —IF APPLICABLE	A Company of the Company	DIEGO, CA 9		
0	ACMONLEDGMENT OF A	DES CANT   I hereby	SAN DIEGO, GA 921 schrowledge as applicant that the proposed dis 1376 of the Health and Sahely Gode, and was puth	osation stated hareis is one	of the dispositions authorized by	1 10	NATURE OF APPLICANT— CILLETTY VALENTY		TE SIGNED 20/2001
	PERMIT JTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISS SIONS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT.	DED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED TO MOST OF MEPOSAL DITISTS OF CALFORNIA.	STATE OF THE PERSON NAMED IN COLUMN	EE PAID 98, DATE PERM	001.	9C. SIGNATURE OF LO 2113977	OCAL REGISTRAR ISSU	ING PERMIT
T	Y CHANGE IN DISPOSI- ON REQUIRES A NEW SMIT TO SHOW FINAL DISPOSITION.	VITAL RE	EGISTRAR OF DISTRICT OF DEAT DI IN CALIFORNIA CORDSPO BOX 852 D, GA 92186-5222	200	ADDRESS OF REGISTRAF			XI-LA	•
	B. CREMATION		AINS OTHER [	E. TEMPORARY  F. DISINTERMENT  G. SHIP IN TO C.  H. TRANSIT TO	T	C)	L DISPOSITION (Name and A	PENDING REMAINS ( ddress)	LOCATED A
	BURIAL	MI HOPE	DDRESS OF CALIFORNIA CEMETE CEMETERY, 3751 MAR D, CA 92102	RY RET ST,	118. DATE BURIS	ED   11	C. SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
BLE HEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMA	TED 12	C. SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
L APPLEA	SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAI	138, DATE RECE	IVED 13	C. SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
MILEIE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPF	PED 14	C. ADDRESS AND SIGN OF PLACING WITH		n Charge
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA DISTR		UF- 158. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SETTION OF CRE	E NUMBER SMATED RE- DISPOSER PPLICABLE

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





REA-104 (7-96)



### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

				88
	10	20	- 17	
Date	0 -	a v		

You are hereby authorized and instructed	, subject to your rules and regulations, to int	er the remains
OF EMERY JOHNS	DN	
in a T.S. VAULT	Funeral, date, time WED 8-2	2 11:0
Church, Chapel Graveside	PACIFIC BEAC	H Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge o	1\$
will be applied and billed to undersigned.		
0	Section 0 0 F	ck <u>4 3</u>
Grave space & Care Fund	u- Nud B-4191	
Additional spaces and care fund		
Opening/Closing & Setus		375.00
Burial Container PAID		250.00
Handling Fees	***************************************	185.00
Flower vases – Marker setting fee		
Recording and MJ HOPE CEMETA	B)	45.00
CITY OF SAN DIEGO	_	18.75
	Total Due	873.70
~~ () P	eid receipt number R-54643	773.75
50N .	Balance due	-0
I hereby certify I am the and this is your authority formake disposithat I have the right to make this authorization in the said authorization.	of the above ne flight of remains as above indicated. I certify whon and I agree to hold Mt. Hope Cemetery on and leterment	amed decedent and represent harmless from
150 E XXXX 110 12 XX AVA-	X Ramies John	CAN
I hereby authorize the interment in lot I hold under deed.	X1063 Mesa View	Dr.
Signature of recorded holder of deed	x dustin Co.	814/10 Zip Code
	Telephone 000	
E 10EE0	Invoice #	
Work Order # <b>E</b> 16559	Acct. #	- 2

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This information is available in alternative formats upon request.

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

	wichked				
	Dover	IM X o	d	WA750H	KO 4HAN
Interment spa	ace for: EME	RY 50	HN501	<u> </u>	
Interment Da	te:	т	ime:	84 - SET - ROSE 84 - SET - SEE	
Interment Da	te:	т	ime:	84 - SET - ROSE 84 - SET - SEE	
Interment Da  Lot: \( \frac{\lambda}{\sigma} \)  Grave Laid o	te:8 Grave:8 ut by:/<_//	T Row:	ime:Sect:	FOOP D	iv:
Interment Da  Lot: \( \frac{0}{0} \)  Grave Laid o	te:8 Grave:8 ut by:/<_//	T Row:	ime:Sect:	FOOP D	iv:
Interment Da  Lot: \( \frac{0}{0} \)  Grave Laid o	te: Grave:8	T Row:	ime:Sect:	FOOP D	iv:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

70

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) MONTH DAY, YEAR 04/08/1911 GROBER TOWNSON DOOLY 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF., NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE CEULA VISTA N DIEGO ROWIE L. JOHNSON - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 1963 MESA VIEW DR -IF APPLICABLE EL CAMINO MEMORIAL - PACIFIC BRACH CHAPER AUSTIN CO 81410 4710 CASS ST RAW SIRGO CA 92109 FD-815 BB. DATE SIGNED 8A. SIGNATURE OF APPLICANT—Person taking permit. 08/20/2001 I hereby ecknowledge as applicant that the proposed dispesition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT tion 19376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 98. DATE PERMIT ISSUED SA. AMOUNT OF FEE PAID PERMIT 08/22/2001 2114074 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \*AUTHORIZATION OF IN THIS PERMIT. \$7.00 CASTRO NOTE: THIS PERMET GIVES NO RIGHT OF ENSPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA L RECORDS ... PO BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED HT BOPS CEMETERY 3751 MARKET ST BURIAL SAN DIEGO CA 92102 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED ' CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCHENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15B. DATE OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN LICENSE NUMBER SCATTERING AT SEA FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY IPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT PLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM

TOOUE DATE.

#### INTERMENT ORDER

City of San Diego

Date 8-20-0

ne BELL LINFP	Funeral, date, time ThuR 11,00
Type of Regist Company	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 11 Grave 10 Row	
Grave space & Care Fund	793.00
Additional spaces and care fund  Opening/Closing & Setup	
Burial Container	140.00
Handling Fees	145.00
Flower vases - Marker setting fee\	145.00
Recording and filing fee	12.00
	14.25
	Total Due
Paid	receipt number
11,000,000	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cernetery harmless from and interment.
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold ML Hope Cernetery harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at I hereby authorize the interment in lot I	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold ML Hope Cernetery harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization so I hereby authorize the interment in lot I hold under deed.	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold ML Hope Cernetery harmless from

## E-16560

## MESSAGE CONFIRMATION

08/20/2001 12:58 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION II	MODE	PAGES	RESULT	
08/20	00'42"	619 286 2674	CALLING	01	<b>O</b> K	0000



## MT. HOPE COMETERY INTERMENT ORDER



City of San Diego

	150000		3530	0.153			V
Date	X	-	2	0	-	0	1
Date			- 67			,	۱

OF BILLY MADD	
in a DOVBLF BOOM Funer Church Chapet Graveside	al, date, time The 8-33 1;
All Funeral cars must arrive before 3:30 p.m. of reg	
will be applied and billed to undersigned.	in a non say or all onta charge of \$7_
Lot 144 Grave 3 Row	Section 3 Division/Block 12
Grave space & Care Fund	175.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Bunal Container	<u>30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>
Handling Fees AUG 20 2001	320.00
Flower vases - Marker setting fee	
CITY OF SAN DIEGO (	28.50
Paid regelp	Total Due
X Land	Balance due —
I hereby certify I am the	agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	SLOOMING WEST STREET
Bignature of recorded holder of deed	SAV DZEGO CA 97113  OPT
Work Order # E 16561	Invoice #

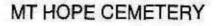
## E-16561

## MESSAGE CONFIRMATION

08/20/2001 15:41 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/20	00'37"	619 286 2674	CALLING	01	OK	0000





## GRAVE BLIND CHECK FORM

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

		multicett	Wesster	SHA m		
*vother"	1	2	₩ X 3	- A	3	DELCADO
	7	8	٩			V K504 C
		-	7			

Interment D	Date: <u>1H v R 8</u>	-23	_Time:	1:00		
Lot: 144	Grave: 3	_ Row:_	Sec	ot:_3_	Div:	13
Grave Laid	out bu					

Interment space for: B.LLY MADD at

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

Agrees with Legal Card: Yes No

Blind Check & Verified By: DAKKEY Date: 8-22-0

E-16561

16561

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68

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

14	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		9	DATE OF BIRTH	3. DATE (	SE DEATH	4. SEX
	BILLY	. J.	MADDOX		M	6/09/1933	08716		M
5/	CITY OF DEATH	Dr	SB. COUNTY OF DEATH		6. NAME, RE	ELATIONSHIP, FULL M	IAILING ADDE		
7.4	TYPED NAME AND AC	CREMATION & BURIAL CHAPEL SON BLVD., SAN DIEGO, CA 92115	. 1	F LICENSE NUMBER	528 V SAN I	FEST ST. DIEGO, CA 9	2113	w. 8B. DATI	E SIGNED
	ACKNOWLEDGMENT OF A	PLICANT   I hereby acknowledge as applicant that the proposed disposition 10376 of the Health and Safety Code, and was applicanted.			· 91	and ben	71	08/2	0/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	04/20/20 J. BENTA	01	2113943	CAL REGIST	RAR ISSUM	G PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VITAL RECORDS-F.O. BOX 85222 SAN DIEGO, CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU			RNIA		
10	A. BURIAL (INCLU	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA		FOR COR	PENDING-		
20	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKE SAN DIEGO, CA 92102		118, DATE BURIE	D 11C.	SIGNATURE OF PER	SON IN CH	ANGE OF BU	for
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y.	12B. DATE CREMAT	TED 120.	SIGNATURE OF PER	SON IN CHA	AGE OF CAI	EMATION
UL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	13B, DATE RECE	VED 13C.	SIGNATURE OF PER	SON IN CH	VAGE OF FA	CILITY
OMPLETE !	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE SE		14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICHENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		150, LICENSE OF CREM MAINS D —IF APP	ATED RE-

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

# Pur Truck

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_8-20-0

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$		are
Church, Chapel, Graveside  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.  Lot \( \frac{111}{2} \) Grave \( \frac{3}{2} \) Row \( \frac{3}{2} \) Section \( \frac{3}{2} \) Division/Block  Grave space & Care Fund \( \frac{1}{2} \) Copening/Closing & Setup \( \frac{3}{2} \) Opening/Closing & Setup \( \frac{3}{2} \) Burial ContainAll \( \frac{3}{2} \) 2 2001  Handling \( \frac{1}{2} \) HOPE CEMETARY  Flower \( \frac{1}{2} \) Flower \( \frac{1}{2} \) Flower \( \frac{1}{2} \) Flower \( \frac{1}{2} \) O \( \frac{1}{2} \) Balance due  Paid receipt number \( \frac{1}{2} \) Total Due \( \frac{1}{2} \) O \( \frac{1}{2} \) Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless the signal liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Talephoree  Invoice #	in a	Funeral, date, time
Will be applied and billed to undersigned.  Lot \( \frac{111}{111} \) Grave \( \frac{3}{12} \) Row \( \frac{12561}{12561} \) Section \( \frac{3}{12561} \) Opening/Closing & Setup \( \frac{3}{12561} \) Surial Containable \( \frac{3}{12661} \) 2 0 2001  Handling \( \frac{12561}{12661} \) Per CEMETARY  Flower \( \frac{12561}{12661} \) Flower \( \frac{12561}{12661} \) Recording and filing fee \( \frac{3}{12661} \) Recording and filing fee \( \frac{3}{12661} \) Recording and filing fee \( \frac{3}{12661} \) Relative of the above named decedent of the signature of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed \( \frac{12661}{12661} \) Recorded \( \frac{12661}{126		, Mortuary.
Grave space & Care Fund  Additional space Pan Aar InD  Opening/Closing & Setup.  Opening/Closing	All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
Grave space & Care Fund  Additional space PanAsr in D  Opening/Closing & Setup. 375  Burial Contained G 20 2001  Handling MS. HOPE CEMETARY  Flower verse CANDREGO, C.C.  Recording and filing fee. 15.0  Paid receipt number 15.0  Balance due 0f the above named deceand this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless to any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Invoice #	will be applied and billed to undersigned	
Grave space & Care Fund  Additional space PanAar in D  Opening/Closing & Setup. 3.75  Burial Contain III 2.0 2001  Handling INT. HOPE CEMETARY  Flower vertex Core RAN IDEGO, Cr.  Recording and filing fee. 3.15  Paid receipt number 1.5 40 43 420.  Paid receipt number 1.5 40 43 420.  Belance due 0.15  Total Due 1.5 40 43 420.  Belance due 0.15  I hereby certify I am the of the above named decedend this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the properties of the state of th	Lai /1/1 Grave 3 Flow	Section 3 Division/Stack 12
Opening/Closing & Setup		P 1 6-16511 0-
Opening/Closing & Setup 375  Burial Contained G 2 0 2001  Handling Mar HOPE CEMETARY  Flower CHAY OF RAMIDIEGO, CC.  Recording and filing fee 3 4 20 4 20 4 20 4 20 4 20 4 20 4 20 4		
Flower CAPY CORREST IDEGO. C.C.  Recording and filling fee	Opening/Closing & Setup	h opening   closing 375.0
I hereby certify I am the	Sales taxes	Paid receipt number <u>R-54048</u> <u>420.0</u>
Signature of recorded holder of deed  Signature of recorded holder of deed  City of the photose  Invoice #	and this is your authority to make dispo- that I have the right to make this authorize	of the above named decedent sition of remains as above indicated. I certify and represent the restriction and I agree to hold Mt. Hope Cemetery harmless from
Signature of recorded holder of deed  City attraction 26  Telephone  Invoice #		Signature
E 10EC2	Signature of recorded holder of deed	city attribut 2000
16562	F 40500	Invoice #
Work Order # Accl. #	Work Order # E 16562	Accl. #

O Printed on recycled paper

#### INTERMENT ORDER

En- Wer

City of San Diego

Date 8-40-01

	<u> </u>
Type of Buriel Conteiner	Funeral, date, time
Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
ll be applied and billed to undersigned	
137 Grave 3 Row	Section a Division/Bleek &
ave space & Care Fund	
iditional spaces and care fund	
pening/Closing & Setup	375.00
urial Container	190.00
andling Fees	145.00
ower vases - Marker setting fee	
ecording and Wing tee	45.00
PAIU	14.25
ales taxes	71935
AUG 20 2001	Total Due 769.25
AUG 20 2001	71935
AUG 20 2001  Paid  MT. HOPE CEMETARY	Total Due 769.25
AUG 20 2001  MT. HOPE CEMETARY  CITY OF SAN DIEGO, C+	receipt number R-54049 769.25  Balance due
AUG 20 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, C hereby certify I am the	receipt number R-5 40 49 769-25  Balance due
AUG 2U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Concretely certify I am the and this is your authority to make disposition at I have the right to make this authorization	receipt number R-5 40 49 769 25  Balance due of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, C+ nereby certify I am the nd this is your authority to make disposition at I have the right to make this authorization	receipt number R-5 40 49 769 25  Balance due of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Connereby certify I am the light to make disposition at I have the right to make this authorization by liability on account of said authorization in the light to make the right to make the light to make the	receipt number R-5 40 49 769 25  Balance due Of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Consereby certify I am the light to make disposition at I have the right to make this authorization by liability on account of said authorization intereby authorize the interment in lot I	receipt number R-5 40 49 769 25  Balance due Of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Consereby certify I am the light to make disposition at I have the right to make this authorization by liability on account of said authorization intereby authorize the interment in lot I	receipt number R-5 40 49 769 25  Balance due Of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Careereby certify I am the led this is your authority to make disposition at I have the right to make this authorization of liability on account of said authorization is lereby authorize the interment in lot I sid under deed.	receipt number R-5 40 49 769 25  Balance due of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Careereby certify I am the dight to make disposition at I have the right to make this authorization of liability on account of said authorization in the light to make the interment in lot I alid under deed.	receipt number R-5 40 49 769 25  Balance due Of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2 U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Careereby certify I am the dight to make disposition at I have the right to make this authorization of liability on account of said authorization in the light to make the interment in lot I alid under deed.	receipt number R-5 40 49 769 25  Balance due Of the above named decedent of remains as above indicated. I certify and represent and Lagree to hold Mt. Hope Cemetery harmless from
AUG 2U 2001  Paid  MT. HOPE CEMETARY  CITY OF SAN DIEGO, Connereby certify I am the and this is your authority to make disposition	receipt number  Total Due  R S Y O Y 9  Total Due  Balance due  of the above named decedent and Lagree to hold Mt. Hope Cemetery harmless from and interment.  Carol J. Dechman  Signature  2 Y 6  City  G19 Y 38C335  F1 212 Crest  Total Due  To

#### INTERMENT ORDER

City of San Diego

Date 8-21-01

You are hereby authorized	and instructed, subject	to your rules and	regulations, to i	nter the remains
in a T S V	AULT Fune	ral, date, time F		11.00
Church, Chape, Gravesid	5	:_Q	rebels	Mortuary.
All Funeral cars must arriv	e before 3:30 p.m. of re	gular work day or	an extra charge	of \$
will be applied and billed t	o undersigned.	-		
Lot 1136 Grave_	Row	Section	Division/B	lock_\O
Grave space & Care Fund		ID		995.00
Additional spaces and car	e fundr::::::::::::::::::::::::::::::::	~~ <b>?</b> በጠ		1
Opening/Closing & Setup.	AUG Z	3 2001		375.00
Burial Container	MT HOPE	CEMETARY		250.00
Handling Fees	CITY OF SAI	N DIEGO, Co		185,00
Flower vases Marker se				175 00
Recording and filing tee				15,00
3 S				18.75
			Due	1993.75
	Paid receip	ot number R-	34053	1993.75
	X . , , ,	į.	Balance due	-0
I hereby certify I am the and this is your authority that I have the right to make any liability on account of	e this authorization and	I agree to hold MI	ndicated, I certif	armed decedent y and represent y harmless from
I hereby authorize the inte hold under deed.	rment in lot I	Signature A9 C 6	DOFER	DR
Signature of recorded holder of deed		CL926 Calephone	4-1020	Zp Code
Work Order # E 16	6564	Acci Buri	of conf	· -
REA-104 (7-96)	This information	25-5-25-40	puttus	fee st.
		The state of	~~	

## MESSAGE CONFIRMATION

08/21/2001 12:38 ID=SD MT. HOPE CEMENTERY

DATE S.R-TIME DISTANT STATION ID MODE PAGES RESULT

08/21 00'38" 6192631507 CALLING 01 OK 0000

## E-16564APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 67

HEE BLACK INV ONLY MAKE NO EDARIDER WHITEOUTS OF OTHER ALTERATIONS

A. NAME OF DECEDE	NT-FIRST (GIVEN)   18. MIDDLE	IC. LAST (FAMILY)	***		OF DEATH 4. SEX
Mae	Frances	Inge		10/09/1934 08/18	/2001 F
A. CITY OF DEATH	00	58. COUNTY OF DEATH	OUTSIDE CALIF.	<ol><li>NAME, RELATIONSHIP, FULL MAILING ADDI OF INFORMANT</li></ol>	RESS AND ZIP CODE
San Diego		San Diego		John T. Inge, Husband	
, TYPED NAME AND AL	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO			4966 Drafter Dr.	
Anderson-R	agsdale Mort.; 5050 Federal	Blvd.;	APPLICABLE	San Diego, CA 92102	
San	Diego, CA 92102		FD-1329	BA. SIGNATURE OF APPLICANT—Person taking pers	M, 88. DATE SIGNE
ACUNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed d Section 19376 of the Health and Safety Code, and was as	isposition stated berein is one of the thorized consument to Section 7100 of the	dispositions authorized by a Health and Salety Code.	* wat linsters	08/21/200
PERMIT UTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT.  NOTE: THIS PERMIT GHES NO MIGHT OF DEPOSAL OUTSEE OF CALFORNIA.	E	98 DATE PERMIT		PAR ISSUING PERM 2114061
NY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA # DEATH OCCURRED IN CAUFORNIA	TH- BE. ADD		OA DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
ERMIT TO SHOW FINAL DISPOSITION,	Vital Records: P. 0 Box 85 San Diego, CA 92186-522	22	•	J	
AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S I	JSE ONLY
D. SCHENTIFIC US	SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMET			D 11C. SIGNATURE OF PERSON IN CHA	ARGE OF BURIAL
BURIAL	Mt. Hope Cemetery; 3751 Ma San Diego, CA 92102	arket St.	8-240	1 Daget Z	Famba
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	ATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHA	RGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECE	ISC. SIGNATURE OF PERSON IN CH.	ARGE OF FACILITY
14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	IPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CO. OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		158. DATE OF PISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSED —IF APPLICABLE

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



## INTERMENT ORDER

City of San Diego

Date 8-21-01

ina BELL LINER	Funeral, date, time FRI 8-21	11:0
Company to making parameters and the company of the	VERY ONLY AZTLAN	Mortuary.
25-4 03/21-00-4 00000 000 32-000000 00000 32-00000-000	p.m. of regular work day or an extra charge of	CONTROL SANGERS
will be applied and billed to undersigne	d	
Lol 3 6 Grave 8 Ro	w Section Division <del>/Blo</del>	sk_12
Grave space & Care Fund		895.00
	D	
ACTIVITY OF SECURITY OF SECURI		375.00
Burial Container AUG 4.2	Zubi	190.00
Handling Fees	EMETAR-	145.00
	DIEGC	
		45.00
		14.25
OHN EDWARDS	Total Due	1664.25
P. A.	Paid receipt number R- \$4050	1664.25
· · · · · ·	Balance due	_0
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above na osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ation and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	X Symmer Sel	
Signature of recorded holder of deed	City allanded	Zip Code
Work Order # <b>E</b> 16565	Invoice #	

## GRAVE BLIND CHECK FORM

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

no buna	Topace.		- 1			
-		7	3	4	5	
SROWN	Moore	7 3	X 8	. 9	10	182
Intermen	t space for:_	Les	Kres	u		
-	t Date: Grave:					15
Grave La	nid out by:	_	-	٠		
Agrees v	vith Legal Co	ard: 🗆 Y	es 🗆	No :	enly on	
Agrees w Blind Ch	vith Map: 🗀			)	Date: 8	~~~

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

CONTRACTOR OF THE PARTY OF THE		1				
LAND	NT—FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
CITY OF DEATH	1 - 5	58. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MOF INFORMANT	IAILING ADDRESS AND Z	PCODE
<b>FUNERARIA</b>	[10] [10] [10] [10] [10] [10] [10] [10]		LIF. LICENSE NUMBER IF APPLICABLE	5201-a Ruffin R San Diego, ca 9	D.	- 100/12/100
ACCOUNTED	T ST., SAN DIEGO, CA 92102	1		A. SIGNATURE OF APPLICANT	BB. DAT	
PERMIT JIHORIZATION OF DCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA NEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO MOST OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT IS	2000 Burye Ro	CAL REGISTRAR ISSUM Descuid	g PERMIT
Y CHANGE IN DISPOSI- ON REQUIRES A NEW BAIT TO SHOW FINAL DISPOSITION.	VITAL RECORDS., P.O. BOX 8 SAN DIEGO, CA 92186-5222			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFO	RNIA	
TA BUDIAL ONCE !	IDED CHTOHOUGHT	TE TEMPOPADY CHIVE	ALM TEACHT	I I DISCONTION	DESIRAL DESIRABLE LA	CATTO A
B. CREMATION	OF CREMATED REMAINS OTHER  METERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER  MOUNT HOPE CEMETERY, 3751 M		ORNIA SIDE OF CALIFORNIA 1118. DATE BURIED	(Name and A		200000000000000000000000000000000000000
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	F. DISPITERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUTS RY FARKET ST.	ORNIA SIDE OF CALIFORNIA	11C, SIGNATIONE OF PER	SON IN CHARGE OF BE	MAL In
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 M SAN DIEGO, CA \$6196	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY MARKET ST.	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 18 23 - 0 12B. DATE CREMATE	11C, SIGNATIONE OF PER	SON IN CHARGE OF BU	URIAL MACEMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER  METERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER  MOUNT HOPE CEMETERY, 3751 M  SAN DIEGO, CA 96196  12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TY FARKET ST.  ORY RECEIVING REMAINS COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 18 23 - 0 12B. DATE CREMATE	Name and A	SON IN CHARGE OF BE SON IN CHARGE OF CR SON IN CHARGE OF FA	JRIAL  LEMATION  ACILITY

COPY 2

#### INTERMENT ORDER

City of San Diego

Date 8-2)-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains	
in a BELL TIME R Funeral, date, time	
Church, Chapel Gravesido DELIVERY ONLY: AZTLAN Mortuary.	3
All Funeral cere must errive before 3:30 g.m. of regular work day or an extra charge of \$	(♠)
will be applied and billed to undersigned.	
Lot 3 6 Grave 8 How Section 1 Division Section 13	
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Buriel Container 190.00	
Handling Foos	
Flower veges - Marker setting fee	
Recording and tiling lee	
Sales taxes Total Out 1661.35	
JOHN EDWARDS TOTAL DUE 1661.15	
P. A. Peld receipt number	
Balance due	
I hereby certify I em the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt, more Complety harmless from any liability on account of said authorization and internal.	
I hereby authorize the interment in lot I Scot-A Ruffin Rol	Postic Administ
May return of recorded fields of does X (858) 694-3500 In Code	3
Work Order # E 16565 Acct. #	
nea-rot (7-09) This information is evallable in elternative formals upon request.	<b>▼</b> .
And the sample same	

Bu- rech

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8 - 2 ) - 0 )

OI JUHN ING	E	
in a	Funeral, date, time	
Church, Chapel, Graveside	•	Mortuary.
	of regular work day or an extra charge of \$	dis (A)
will be applied and billed to undersigned.		
Lot 1/35 Grave Row	Section Division/Block	10
Grave space & Care Fund	14	95.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	<b>D</b> _	
Handling Fees	2001	
Flower vases - Marker setting fee	7664	
Recording and filing fee	EMETARY	
Sales taxes CITY OF SAN	DIEGO, C	
	Total Due	95.00 195.0
	Total Due	95.01 195.0
Paid  I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	Total Due	195.0 195.0 d decedent d represent mless from
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	Total Due	195.0 195.0 d decedent d represent mless from
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Total Due	195.0 195.0 d decedent d represent mless from
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	Total Due	195.0 195.0 d decedent d represent mless from
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Total Due	95.0 195.0 d decedent d represent miless from
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Total Due	195.0 Ø d decedent d represent miless from

16566

## MESSAGE CONFIRMATION

08/21/2001 12:39 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/21	00'38"	6192631507	CALLING	01	OK	0000

E 16 566 ...

11

### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date 8-21-01

In a T1 3 V T U	LT_	Funeral, date, time	FRI P-	34 11:0
Church, Chapel, Graveside,	4 - 4 - 4 - 5	:_	behave	Mortuary.
All Funeral cars must errive bef	fore 3:30 p.m.	of regular work day	or an extra charg	je of \$
will be applied and billed to und	lersigned			
Lot 113 6 Grave	Row	Section	Division	Pelock \ \ 0
Grave space & Care Fund	P	AID		995.00
Additional spaces and care fund	db			
Additional spaces and care fund Opening/Closing & Setup	AUU	23 2001		375.00
Burial Container	MT.HO	RE.CEMETARY		250.00
Handling Fees	CITY OF	SAN DIEGO, C	i=	185.00
Flower vases Marker setting f	ee	************************		125.0
Recording and filing tee				45,00
Sales taxes				18.75
		Tot	al Due	1993.1.
	Paid r	eceipt number $R$	- 540 53	1993.75
V	V2. 2	- 1	Balance du	18
I hereby certify I am the	Husba	PHOL	of the above	named decedent
and this is your authority to mai	orization	and I agree to hold	e Indicated. I cer Mt. Hope Cemete	lify and represent bry harmless from
Survey couly -	ization a	nd Interment.	DANT.	LNGE
uch setting fee	/ 11	Signature	2	8
Dord		74966 Address	DAGE	2 DR
	-	XS. D	. 1	72102
		861972	64-102	C) 20 Code
		PEelephone		
Work Order # E 1656	N. J.	Invoice #		

## INTERMENT ORDER

City of San Diego

Date 8/21/01

-	, ob	- <del> </del>	700
You are hereby authorized and instructed,	, subject to your rules and re	gulations, to inter th	ne remains
or Freddie Le	e Nelson	(X)	11100
Yuman of Breedy Condenses		062 10	1100
Church, Chapel Gaveside With	1ess : 5.D	· Memorial	Mortuary.
All Funeral care must arrive before 3:	m. of regular work day or ar	extra charge of \$	150.00
will be applied and billed to undersigned.	XSN *1	~ 30 10	
Lot 299 Grave - Row	- 4	0	8
Lot 41 Grave Row	Section	Division Biogr	300.00
Grave space & Care Fund	······································	<u> </u>	500,00
Additional spaces and care fund	- AKTD	······································	AF AS
Opening/Closing & Setup			05,00
Burial Container			
Handling Fees	SEP	r+	
Flower vases — Marker setting fee	MT. HOPE CEMETAR	,š	75
Recording and filing fee	MT. HOPE CEMETAL CITY OF SAN DIEGO		45.00
Sale Agree A / P F L F			
-1/102-	Total Di	<u> </u>	150,00
Pa	aid receipt number $5412$	36	
		Balance due	<u> </u>
I hereby authorize the interment in lot I hold under deed.	Signature 520 -	42 Nd S	tr _
Signature of recorded holder of deed	SAN DI	ego, CA 9	2102
	(al9) a	64-24	78
	Invoice #		
Work Order # E 16567	Acct. #		
REA-104 (7-96) This info	en		
at runton	- 10-5-01	E-16	567
Joing dates	Tamily cen	to m s	
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to bring	(no refus	me 67	My
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		s. D. hom	hun
	40	SOME S	

## GRAVE BLIND CHECK FORM

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

			Alice Robinson Goss			
	247	298	299	300		
	open	open	X	·Bobby Wayne Shaw		
		Edmund Cursts, Batte	Helen	Hyman Gordon	02 - 11 e	
Interment		:_FRe	13	Lee fime:	Nel:	<u>s</u> 0N
Lot: 29°	Grave		Row:	Sect	4	Div: <u>8</u>

O No

Date:

E-16567

Agrees with Map: 

Yes

Blind Check & Verified By:-

INTERMENT ORDER

City of Sa	n Diego
------------	---------

Date 8/21/01

				/	
You an	e hereby authorized and inst	ructed, subjec	t to your rules and re	gulations, to inte	r the remains
of	treddie	Lee	Nelson	(X)	
in a _	(URN GARD	Eune	ral, dale, lime	0e5 10-	2 11:00
Church	, Chapel Carveside	itnes	: 3.D	Memoria	Mortuary.
All Fun will be	eral cars must arrive before applied and billed to unders	3: <b>60</b> p.m. of re	gular work day or ar N	extra charge of	\$ 150.00
Lot _2	299 Grave —	Row	_ Section 4	Division/Bles	8
Grave	space & Care Fund				300,00
Additio	anal spaces and care fund		K T D		The E
Openir	ng/Closing & Setup	P	AI-	······································	105,00
Burial	Container		~~~ 3ttt/		
Handli	Container	St	P	ξ <b>γ</b>	
Flower	ng Feesr vases – Marker setting fee	wit:	OF SAN DIEGO	داکتر	75
Record	ding and filling fee	CITY	OF SALL	***************************************	45,00
Sale	bus AIREL	LET	<b>)</b>		15.00
_/	1102	2526	Total D	7000000 700000000000000000000000000000	450,00
		Paid rece	lpt number 541	56	7750
	. 0	Somotami co		Balance due	Ø
I herel		ROTHER		of the above nar	ned decedent
that   h	is is your authority to make have the right to make this au ability on account of said auth	thorization an	d I agree to hold Mt.	Hope Cemetery	armiess from
	oy authorize the interment in Inder deed.	lot l	Signature 520 -	42Nd	St.
Pianalus	of recorded holder of doed		SAN DI	ego, CA	92102
- April 100	THE STREET STREET STREET STREET		Cary (619) S	264-20	128
			Invoice #		
Work	Order # E 16567		Acct. #		

REA-104 (7-86)

This information is available in alternative formats upon request.

Acct. No.  Acct. No.  W.O. E- (6567  BALANCE DUE  Pre-Need Lot D AMée  Pre-need Trust D Cash  AC212 (Rev. 594)	199° m	OFFICIAL RECEIPT
On Acct O	Grave	WHITE TO CUS CANABY CEN CANABY CEN PRINT TO SUL 4 Payment of TO SUL 4
MOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	Row_ Se	CITY OF SAN DIEGO, CALIFORNIA  TO CUSTOMER  MOUNT HOPE CEMETERY  (619) 527-3400  Date: 9  LONICL Address: 2441 Un. W. 114  LONICL Address: 2441 Un. W. 114  Ton Table Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL Address: 4441 Un. W. 114  LONICL ADDRESS: 4441 Un. W. 114  LONICL
OREDIT 20% Sales Care 20% Sales of Lots Opening/ Closing Burlal Containers Handling Fes Hecording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	Section 4	6 00 CC
45 45 45 45 45 45 45 45 45 45 45 45 45	Division	[ ]E
3 3 3 3 3	15	54136

SAN DIEGO MEMORIAL C

White Copy - Auditor's

Pink Copy - Auditor's

Green Copy - Originating Dept.

PAGE 02

10/22/2001 08:13

619-6920896

DISTRIBUTION:
PINK, WHITE, BLUE SO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

## REQUEST FOR DIRECT PAYMENT

E-16567

THE CITY OF SAN DIEGO

DP 3821371

DES	CRIP	Parti	al refu	nd of \$	300 due E-16567	to car	ncelistio	n of ser	vice for			CO RESPONS	MPLETE	72	•
												SORT KE	-	ON ME OU	
	ENT	and/or SPECI/	I INIOTOLICTI	OM6-	- 19						-	STANDAR	ID DESCRIPTION	ON (15 CHA	MACTERS)
CUMAN	ENIS	and/or SPECE	KE INSTRUCT	ONS.								PAYMENT			D OVERRIDE
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-		PAYEE FORMAT	W A C	EMDOR MUMBES AME DOMESS ITY — STATE —	r & Alpha ZIP Code		MYORCE I DESCRI (MAX. 15 CHA	TION	INVOICE DATE	PAY- MENT CAT.	LATE		ABOURT	TAX OOR	WRT-CK, HUMBER
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ACTINIS	cr	FUND	BUTION O	ORG.	ACCOUNT	JOB ORDER	D BY ORIGI	BENFY .	FACILITY	300	OUNT		AUTHORITY	FOR PAYN	ENT
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						1						0 - 2 -	AUDITOR AS		

11-05-01

Park & Rec/Matro Ms. Mt. Hope Cemeter#

DP



## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

0	1-	1	
Date &	14	10	

ROY REED	men
na LiNER Funeral	dale, time 8/27/01 ILA.m
Church Chapel, Graveside	RADEDALE Mortuary.
All Funeral cars must arrive before 3.00 p.m. of regu	lar work day or an extra charge of \$ 150 00
vill be applied and billed to undersigned.	
or 157 Grave 3 Row —	7 0 13
3rave space & Care Fund	2 4895.0
dditional spaces and care fund	72
Dening/Closing & Setup	<u> 37500</u>
lurial Container	
landling Fees AUG & 2	ZIIII <u>145.0</u>
lower vases - Marker setting fee	
MI. HOPE CI Recording and filling feeGITY OF SAN 1	METAR\ 45.01
ales taxes	JIEGC J. 14.2
	Total Due
Paid receipt	B CHAPIL VILLS
(C. S. C.	Balance due
harabu anditu i am the WI fe	8724 //6
hereby certify I am the WIFC and this is your authority to make disposition of rem hat I have the right to make this authorization and I any liability on account of said authorization and inte	orea to hold Mt. Hope Cemetery harmless from
loid under deed.	Igneliure 5505 LAUREL ST
Ignature of recorded holder of deed	SAN DIEGO, CA 92105 (619) 263-0791
	hvolce #
Work Order # E 16568	Acct. #

## GRAVE BLIND CHECK FORM

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

	Dee Lois Scherrer	2 open	3 x	66	5 open	6 oren
	Che markazy			(manker)		
termen at:15	nt space for: _  It Date: MO  Grave:	n. 8/2	7_	Time: 15		
	aid out by:	rd: 🗆 Ye	s	O No (	Flag	inne
grees w	vith Map: 🗆	Yes		No	(	SNOV
lind Ch	eck & Verifi	ed By:			_ Date: _	
<u>-</u>	4568	}	18		77	

## E-16568

## MESSAGE CONFIRMATION

08/21/2001 16:24 1D=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/21	ØØ'25"	92631507	CALLING	Ø1	DK	0000



DØ1

E-16568

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA	MILY)	2.		TE OF DEATH	4. SEX
Roy		L:		Reed	O.		11, DAY, YEAR 20/2001	M
SA CITY OF DEATH National City			Sen Di	OF DEATH—OUTSIDE CALIF., ATE ego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF MIFORMANT. Reed, Wife			
Anderson-		A FUNERAL DISECTOR OF FTT.; 5050 Fed in Diego, CA 9		78. CALIF LICENSE NUMBER —IF APPLICABLE FD 1 329	30H 91	aure! Ave. ego, CA 92105	ng perset, 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A		consuledge as applicant that the pr 375 of the Health and Safety Code, an		one of the dispositions authorized by 7100 of the Health and Safety Code.	N. 1	able of war	08/2	2/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SP ID BIGHT OF DISPOSAL OUTSIDE OF C	PROVI- Y CODE ECIFIED \$7.	F FEE PAID BB. DATE SERV	IT ISSUED 90	. SIGNATURE OF LOCAL R	EGISTRAB ISSUE	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	V FEMTH RECE	EGISTRAR OF DISTRICT OF DISTRICT OF BEX	85222	BE. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		OF DISPOSITION— ER DISTRICT IN CALIFORNIA		
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE	DORESS OF CALIFORNIA	CMETERY St.	H100	W	SIGNATURE OF PERSON II	CHARGE OF B	IURIAL
	12A, NAME AND A	San Diego,	HE WITH THE	18-270	ATED 12C. S	GNATURE OF PERSON IN	CHARGE OF CR	REMATION
CREMATION	2			1				
SOIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REN	IAINS 138. DATE REC	EIVED 13C. S	SIGNATURE OF PERSON N	CHARGE OF F	ACILITY
THANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE		IE 148. DATE SHIP		DDRESS AND SIGNATURE F PLACING WITH THE CA		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELIN ENTIFY FINAL PLACE AND C				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	OF CREA	NUMBER MATED RE- DISPOSER PLICABLE

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



## GRAVE of PAS GUALE BUSCOLO

### INTERMENT ORDER

City of San Diego

ina ASH VAULT	Funeral, date, time TUES 9-1	A
Type of Build Containor Church, Chapel, Graveside		Mortu
	3:30 p.m. of regular work day or an extra charge of	if \$
will be applied and billed to undersig	gned	
Lot 32 Grave	RowSection TOOF_Division/Blo	11
Grave space & Care Fund	Ru-Need	
Additional spaces and care fund	B	
Opening/Closing & Setup	Pm- Nex E-10137	<u>-</u>
Burial Container	1975	
Handling Fees		_+
Flower vases - Marker setting fee		
Recording and filing fee		0
Sales taxes		_ 40
	Total Due	_ +0
	Paid receipt number	
*	Balanca due	
I hereby certify I am the	of the above no	emed dece
and this is your authority to make d that I have the right to make this aut any liability on account of said authority	lisposition of remains as above indicated. I certify thorization and I agree to hold Mt. Hope Cemetery orization and interment.	and repre harmless
I hereby authorize the interment in I hold under deed.	ot 1 Asignature	21-21
note dituoi dobu.	X Address A A A A	,
Signature of recorded holder of deed	- x mais	Zie
ACCOUNTS OF THE PROPERTY OF TH	77	2

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E-16569 79

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		are record to the second	1.0 . 100 = 1100	A DATE OF BIOTIL A DATE OF BEATH A DEN
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE WYLMA KATHLEEN			BUCCOLA	2. DATE OF BIRTH   3. DATE OF DEATH   4 SEX   MONTH, DAY, YEAR   MONTH, DAY YEAR   02/23/19/20   68/19/2001   F
54	CITY OF DEATH	KATHLEEN	58 COUNTY OF DEATH—OUTSIDE CALIF.	6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
	SAN DIE	GO	SAN DIEGO	OF INFORMANT GEORGE J. BUCCOLA - HUSBAND
ra TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON. CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945—		DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ON GROVE MORTUARY	ACTING AS SUCH 7B. CALIF. LICENSE NUMBER —IF APPLICABLE	
	ACKNOWLEDGMENT OF A		position stated herein is one of the dispositions authorized by orized pursuant to Section 7100 of the Health and Safety Code.	08/23/2001
	PERMIT THORIZATION OF CAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  NOTE: THIS PERMIT GIVES NO MIGHT OF DESPOSAL OUTSDE OF CALIFORNIA.	9A AMOUNT OF FEE PAID SE DATE PERM Grant K \$7.00 08/23/	TISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2114208
TIO	CHANGE IN DISPOSH N REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH OO! CAN SAN TIRCO DEPTIN OF HEALTH SE VITAL RECORDS P.O. BOX 8522 SAN DIEGO, CA 92186-5222	FRVTCES ! IF DISPOSITION IS TO OC	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
	A DUDIAL MADE	nes electrones	T F TELEPOPARY FARMENT	- I BURDONTON PERSON DENNING LOCATED AS
	B. CREMATION		E. TEMPORARY ENVAULTMENT  F. DISINTERMENT  G. SHIP IN TO CALIFORNIA  H. TRANSIT TO OUTSIDE OF CALIFORNIA	(Name and Address)
	B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA  11B. DATE BURI	(Name and Address)  A (Name and Address)  A (Name and Address)
SEE DEMO	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETE	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE BURI	ED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CL APPLICABLE HEMS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102  12A. NAME AND ADDRESS OF CALIFORNIA CREMAT PACIFIC CREMATORIUM INC. 601-D CRANE STREET	F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA TO OUTSIDE OUTSIDE OF CALIFORNIA TO OUTSIDE OF CALIFORNIA TO OUTSIDE OUTSIDE OF CALIFORNIA TO OUTSIDE	(Name and Address)  ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL  ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
OMPLETE ALL APPLICABLE TEMS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102  12A. NAME AND ADDRESS OF CALIFORNIA CREMAT PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530	F. DISINTERMENT  G. SHIP IN TO CALIFORNIA  H. TRANSIT TO OUTSIDE OF CALIFORNIA  11B. DATE BURI  7-4-0 )  12B. DATE CREM  8-27-  Y RECEIVING REMAINS  13B. DATE RECEIVING REMAINS	(Name and Address)  ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL  ATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION  EIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY

ASPOSITION 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-16569

#### APPLICATION 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  WILHA  KATELEEN		BUCCOLA	IC. LAST (FAMLY) BUCCOLA			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
SAN DINGO				58. COUNTY OF DEATH—OUTSIDE CALIF. 6.			NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF RECEMANT J. BUCCOLA - HUSBAND		
COMRAD LEM	OH CROVE IN	The state of the s		ALIF. LICENSE NUMBER IF APPLICABLE PD941	1053	9th AVENU DIEGO, CA	E, AP	T. #612	
7387 BROADWAY - LESSON GROVE, CA 91945-  ***********************************			ed disposition stated herein is one of it	edition stated herein is one of the dispositions authorized by			MATURE OF APPLICANT—Present billing persist. 8B. DATE SIGNED 08/23/2001		
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI ID BESHT OF DISPOSAL OUTSIDE OF CALFO	FIED \$7.00	08/23/2	oucse 2	2. SIGNATURE OF LO 2. 114208	OCAL REGIS	STRAR ISSUM PERMIT	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Or medical	EGISTRAR OF DISTRICT OF DATE OF DESCRIPTION OF DESC	R SHEWICES .	DORESS OF REGISTRAR DISPOSITION IS TO OCC					
B. CREMATION	DES ENTOMBMENT)		F. DISINTERMENT	/AULTMENT		L DISPOSITION (Name and /		-REMAINS LOCATED A	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE-		Bull Company Comment	FORMA  (SIDE OF CALIFORNIA)  118. DATE BURIE	D   11C.	SIGNATURE OF PER	rson in Ci	HARGE OF BURNAL	
D. SCIENTIFIC US	TIA. MAR AND A	ODRESS DE CALIFORNIA CEI DORESS DE CALIFORNIA CEI DORESS DE CALIFORNIA CRI DORESS DE CALIFORNIA CRI	H. TRANSIT TO OUT	SIDE OF CALIFORNIA	TED   12C.	Jorman	Le	HARGE OF BURNAL	
D. SCIENTIFIC US BURIAL CREMATION SQUENTIFIC	11A MANE AND A	DURESS OF CALEORINA CENTRE OF CALEORINA CALEORINA CENTRE OF CALEORINA CENTRE OF CALEORINA CENTRE OF CALEOR	H. TRANSIT TO OUT	118. DATE BURIE 9-4-01 128 DATE CREMA	TED   12C.	SIGNATURE OF PER	1 Fe ISON IN CH	a we com	
D. SCIENTIFIC US BURIAL CREMATION SQUENTIFIC	11A. NAME AND AL	CE CAMEDIA CE S. CA 92102 CESS OF CAMEDIA CE CESS OF CAMEDIA CE	H. TRANSIT TO OUT METERY  EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE	118. DATE BURIE 9-4-01 128 DATE CREMA	TED 12C.	SIGNATURE OF PER	ISON IN CH	HARGE OF FACILITY	

### INTERMENT ORDER

City of San Diego

Date 8-22-0]

Type of Signal Consumble	ni. date, time (Delivery only) ; CowkAD Morney.
hurch Chapel, Graveoide	
il Funeral care must errive before 3:30 p.m. al res	juler work day or an extra charge of \$
(i) be applied and billed to undersigned	
	TOOF 11
of 33 Grave Row	Section TOOF Shields Block 1
ireve space & Care Fund	wa _t
	Anne, parte, a - Tarage company to the
dditional spaces and care fund	E-10137 -0
urial Container	
anding Fees	
lower vaces - Marker setting tee	
scording and liling fee	
sies tions	
	Total Que
Pald receip	-d-
. Х	Belance due
nd this is your sufficient to reake disposition of re	Pla. Husband of the above named decadent mains so above indicated. I certify and represent I agree to hold Mr. Heap Cometery harmises from starment.
hereby authorize the interment in lot ) old under deed.	The state of the s
**************************************	1055 9th Ave., Apt. 612
griditife of roce-and mader of used.	San Diego, ca 92109-5531
	619/234-0253
E 40500	Invoice #
Work Order # E 16569	Acct. II
*** *** ****	is available in alternative-formats upon request.
Ing ingrination	
Ing ingrimation	86 X

1 st BURING



## MT: HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8- 23-0

DOUBLE DEPTH .	,0N +u	8-30 11:1
Type of Burial Container	uneral, date, time THUR	1000
Church Chape Graveside	H-120M	
All Funeral cars must arrive before 3:00 p.m. o	of regular work day or an extra ch	arge of \$ 150 . OU
will be applied and billed to undersigned. 🔀		
Lot 127 Grave 6 Row	Section Oivis	P / Handillynoi
Grave space & Care Fund E - 156	11 BALANCE	<u>95.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	warman	375.60
Burial Container	AID	380.00
Handling Fees		<u>320.00</u>
Handling Fees Flower vases - Marker setting fee MT HOS	29 2001	<u>-</u>
Recording and filing feeMT. HOP	E-MELINION CONTRACTOR	45.00
Sales taxes CITY OF S	AN DIESS	<u> </u>
MARKER SOTING PAID	E CEMETARY AN DIEGO, C <sub>fotal Due</sub>	1343.5
R# 540 72 Paid	ecelpt number 54072	1943.50
<b>√</b>	Balanc	e due
I hereby certify I am the	of the ab	ove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cer	certify and represent metery harmless from
I hereby authorize the interment in lot I	X SEE	
hold under deed.	X Address A TTAC	#E/)
Signature of recorded holder of deed	X <sub>City</sub>	Zip Code
	Retegnone	97.800
	Invoice #	
Work Order # <b>E</b> 16570	Acct. #	

E-16570

## MESSAGE CONFIRMATION

08/23/2001 15:06 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/23	99125"	92631507	CALLING	01	OK	9999

## GRAVE BLIND CHECK FORM

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

ine Duna	space.					
	-		MATKINS			
3	EVANS	3	m <sub>X</sub> L	158 1	GUTI'ERRE	2 3
GRIFFI D	101	n	R	1	8	7
Lot: 127	Date: TH of  Grave:  d out by: N	6	Row:		<u>,</u> D	_
Agrees wi	th Logal Card	: 🗆 Y	es [	J No	Dag	Gurl
Agrees wi	ith Map: 🔲	Yes	_ D1	No		
Blind Che	ck & Verified	i By: ⅓	JAKKE 1657	o .	Date:	8-39-0

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 57

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
The second second second second	Billy Ray			12/03/1944 08/23/2001 N	
SA, CITY OF DEATH Long Beach		58. COUNTY OF DEAT ENTER STATE Long Bea		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carolyn E. Johnson, Wife	
	DRESS OF CALIFORNIA—FUNERAL DIRECTO Biverside Mortuar	Statement of the statem	LIF LICENSE NUMBER	1133 W. 80th Street Los Angeles, Ca. 90044	
	h St., Riverside,	Ca. 92507 PD	The production of the party of the last	BA SIGNATURE OF APPLICANT—Person taking pernet, 88. DATE SIGNE	
ACKNOWLEDGMENT OF AN	Section 18376 of the Health and Safety C	the proposed disposition stated herein is one of the ade, and was authorized pursuant to Section 7100 of	the Health and Safety Code.	planational value 1 00/08/01	
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND S AND IS THE AUTHORITY FOR THE DISPOSITION IN THIS PERMIT, MOTE: THIS PERMIT, MOTE: THIS PERMIT CHES NO MEMIT OF SERVICE, QUEEN	OM SPECIFIED 7.00	08/28/	200) SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
INY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P. ADDRESS OF REGISTRAR OF DISTRI F DEATH OCCURRED IN CALIFORNIA 2525 Grand Ave. Long Beach, Ca.		DISPOSITION IS TO OCCUP	OF DISTRICT OF DISPOSITION—  EN ANOTHER DISTRICT IN CALIFORNIA  FREE Street	
UTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS		an prego,	FOR CORONER'S USE ONLY	
A BURIAL ONCLU B. CREMATION C. DISPOSITION C THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)	
	11A NAME AND ADDRESS OF CALIFOR	MIA CEMETERY		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
BURIAL	Ht. Hope Cemeter; 3751 Market St.,	Y	1 118. DATE BURIED		
	Mt. Hope Cemeter	San Diego, Ca.	128. DATE CREMATE		
CREMATION SCIENTIFIC	3751 Market St.,	San Diego, Ca.	12B. DATE CREMATE		
CREMATION	3751 Harket St.,	San Diego, Ca. RNIA CREMATORY RNIA FACILITY RECEIVING REMAINS G STATE OR COUNTRY WHERE	12B. DATE CREMATE	ED 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION  ED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY	

T-285 P.02

F-546

1 st BURIAL

#### MT. HOPE CEMETERY INTERMENT ORDER

Ony of San Diago

10- EF - 8 mag

You are nevery suchestant and history	sted, auditod to your raise and regulations, to inter the remains
	MNSON
me DOUBLE DEPT	A PUMPING MINE THUR 8-30 11:00
Chape Contract	TILLMAN
All Fundad some Myst arrive before \$4	D . M. at requisi work day is as store charge at \$ 150,00
will be epplied and billed to undersign	- X
w 127 am 6 A	F/ seement S seement 12
	ISGN BALANCE 95.00
Additional assess and sare has	
	375.60
Surface Companies	380.00
Handing Page	380.00
	45.60
	Tom Due
	Paid respect number
	Selected days
11 × 11	1) 10
and this is your authority to make the	position of remains to obere britished, I worldy and represent
any stability on account of sale author	teation and triangent.
I have been made and the second and in fall	X Caracar Ctatalon
hold under deed.	1133 W 80 419T
	- Los Angeles CA 90044
	323 718-4970
	Imagine if
Werk Order # E 16570	Acal 8
mention from This	information is evaluate in elformative formate upon request.

GARVE of itclass Samboitclass Phodemer

# MT. HOPE CEMETERY

### INTERMENT ORDER

OVERSIZE JAULT RIGHT

REA-104 (7-96)

City of San Diego

This information is available in alternative formats upon request.

ACE RIGHT	Date 8-24-0	<u> </u>
	1, subject to your rules and regulations, to inter the r	remains
in a ASH VAULT	Funeral, date, time TUES 9-Y	3;0
Church, Chapel Graveside	iM	ortuary.
All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.	o.m. of regular work day or an extra charge of \$	
Lot 13 Grave 3 Row	e-New B-3128 -	<u>P_</u>
Grave space & Care Fund	e-ned B-3128 -	0
Additional spaces and care fund		
	105	5.00
Burial Container PAID	55	6.00
manager and an action of the control	01	-00
	TARY 45	00
Sales taxes CITY OF SAN DIE	GO, Cr 4	.13
	Total Due 269	-13
P	aid receipt number R-54056 269	.13
χ,	/ + Balance due	0
I hereby certify I am the	of the above named de illion of remains as above indicated. I certify and re ation and I agree to hold Mt. Hope Cemetery harmle ion and interment.	present ss from
I hereby authorize the interment in lot I hold under deed.	XIII Bitterbush	La
Signature of recorded holder of deed	XEI Cajon 9	2019
1369	(619) 449-4524	ZIP Gode
Work Order # E 16571	Acct. #	

O Printed on recycled paper



			IND CHE		RM	
Write in th block mar	ne name o ked with " narker's in space.	of the dec X". Plac the appr	- FVLL eased for e the name opriate spa ERSIZ B	which the e's, lot # a ace(s) tha	nd grave t are adja	# of all
	123 ( 1980) ( 1986)	E CEN	TER LEFT	T ALREA	oy the	RF,
3	Jeofffik	Q MACHT	N X 3	20NE 8	Jones	
					Xor	
Interment Interment		DORO	THY W:	LLIAM S	19	
Lot: 13	_ Grave		Row:	Sect: _	₩5 D	iv: _ P
	th Legal Ca			J No	the	Jara
Agrees wi	th Map:	J Yes		No		3
Blind Che	ck & Veri				Date:	
	E	-1657				

2-1657
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAM	II YY		2. DATE OF BIRTH	3. DATE OF DEAT	H 4 SEX
	Control of the Contro	othy	Alice	198	liams		0170871907"	0872372005	
A.	CITY OF DEATH				DEATH-OUTSIDE CALIF.		, RELATIONSHIP, FULL M	MAILING ADDRESS AND	ZIP CODE
		ing Valley		San Die		Jani	ice Dypvik, I	Daughter	22
A. 1	Nept	une Society	A-funeral director or per E. El Cajon, CA 9		B CALIF LICENSE NUMBER —IF APPLICABLE FD1352	El (	7 Bitterbush Cajon, CA 920	019	
	ACKNOWLEDGMENT OF A	nor maker   I hereby a	cknowledge as applicant that the propose	ed disposition slated herein is on	e of the dispositions authorized by	BA. SIGN	MUNE OF AMPLICANT-	rerson taking permit, 8B. C	23:01
-	TO THE OWNER OF THE	360000 10	376 of the Health and Safety Code, and wa JED IN ACCORDANCE WITH PR	NO CONTRACTOR DE LA CON	THE RESERVE AND ADDRESS OF THE PARTY OF THE	7 1051150	9C. SIGNATURE OF LO	CAL DEGISTRAD ISS	INIO DEDIVIT
	PERMIT HORIZATION OF CAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI DIRECTOR DEPOSAL DUTSING OF CALLED	\$7.00	08/29/20 R.Kerri	gan	2114530 ▶	CAL REGISTRAN ISS	ANG PERMIT
TIO		P.O.BOX 852		DEATH 9	E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	ANIA	
0	AUTHORIZED DISP		CA 92186-5222			7 5816	FOR COR	ONER'S USE ON	ı.v
13		IDES ENTOMBMENT)	PPLICABLE ITEMS	E. TEMPORARY	ENVAULTMENT		I. DISPOSITION	PENDING REMAINS	
-	A. BURIAL (INCLI	JDES ENTOMBMENT)  OF CREMATED REM, EMETERY SE	ains other	F. DISINTERMEN G. SHIP IN TO C	4T	V.		PENDING REMAINS	
-	A. BURIAL (INCLI B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM. EMETERY SE  TIA NAME AND ACTUAL HOPE		F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	CALIFORNIA OUTSIDE OF CALIFORNIA 118, DATE BURIL	68 	I. DISPOSITION	PENDING—REMAINS ddrese)	LOCATED AT
-	A BURIAL (INCLI B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKETERY SE  11A NAME AND ATM HOPE 3751 Mark 12A NAME AND ATM LENGON IN	AINS OTHER  DORESS OF CALIFORNIA CEN	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  METERY  Diego, CA 9210  EMATORY	OUTSIDE OF CALIFORNIA  118. DATE BURIL  128. DATE CREMA	ED   110	I. DISPOSITION (Name and A	PENDING REMAINS ddress)	BURIAL
-	A BURIAL (INCLI B. CREMATION C. DISPOSITION THAN IN A CO D. SCIENTIFIC US BURIAL	OF CREMATED REMARKETERY SE  11A NAME AND ATM HOPE CO. 3751 Mark 12A NAME AND ATM LENGGA IN 14065 Hwy	oness of california cenceristery cet Street;San Codess of California cre	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO METERY Diego, CA 9210 MATORY DI, CA 92021	118. DATE BURIL 128. DATE CREM	ED 110	I. DISPOSITION (Name and A	PENDING REMAINS ddress)  SON IN CHARGE OF SON IN CHARGE OF	BURIAL CREMA
-	A BURIAL (INCLI B. GREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC UI BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKED SE  114 NAME AND AC 3751 Mark  124 NAME AND AC LENEGA IN 14065 Hwy  134 NAME AND AC	oness of california cencerietery cet Street;San Coness of california cre	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  METERY  Diego, CA 9210  EMATORY  DI, CA 92021  SILITY RECEIVING REMA	OUTSIDE OF CALIFORNIA  118. DATE BURIL  129. DATE CREMI  8-31-0  INS. 138. DATE RECE	ATED 120	I. DISPOSITION (Name and A	PENDING REMAINS ddrass)  SON IN CHARGE OF SON IN CHARGE OF	BURIAL CREMA

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 8-24-61

or Victor GRAY	SHEPART	)	-6-			
na LINEP	_ Funeral, date, lin	ne T	DE	8-5	18	11,3
Church Chapel Graveside		AS		RiA2		Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work	day or	an extr	a charge o	of \$	
will be applied and billed to undersigned.						
Lot 114 Grave 10 How	Section	_3	t	Division/ <del>Bl</del> e	ook _	/3
Grave space & Care Fund	***************	********		*************	$\mathcal{I}$	95.00
Additional spaces and care funds	D					<u> </u>
Opening/Closing & Setup					3	75.00
Burial ContainerAUG 2.4	2001	*********			10	0.00
					11	15.00
Handling FeesMT. HOPE CE Flower vases – Marker en 1900 SAN	METARY				9577	
Recording and filing fee						15.00
Sales taxes						4.25
					15	364. 7
	aid receipt number	R-	540	57	15	64. 2 S
nadd mother "	aid receipt number .	4,0,00			10	-9
(1appa			Ва	lance due	-	SV 18 W
hereby certify I am the and this is your authority to make disposi	lion of remains as a	above i	of th	e above no ed. I certify	amed and	decedent
that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to I	hold MI	. Hope	Cemetery	harr	nless from
	78 +	211	2	hon	0 1	-1
I hereby authorize the interment in lot I hold under deed.	Signature	~	5.0	rup	w	<u>· W</u>
nois situsi soos.	X 49	٤ų	of the	ise 1	ay	27/03
Signature of recorded holder of deed	750	m?	Ŋνι	900	2 7	2/03
	Thephone	72	69	27	6	7
	Invoice #					
Work Order # E 16572						

REA-104 (7-96)

This information is available in alternative formats upon request.

# E 18572

# MESSAGE CONFIRMATION

08/24/2001 16:00 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/24	00'38"	92292750	CALLING	01	OK	0000

# MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

ne buriai			-			
	GARCIA	FELTON 3	74	er 5	ROSARI D	
7	8	٩	M X to	6060	/3	
	e	ŀ			* **	
F-1-10			Row:		3 Di	12. N: 73
Agrees wi	ith Legal C	ard: 🔲 Y	es [	□ No	wil	w
303	ith Map: [		DADO	No = //	€ Date: 2	S.37.
Blind Che	ck & Veri	Active Developed Light In Solder	- 165	12	Date:	77

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	CRAY-SHEPARD JR.	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH 2017 2011 MALE
SAN DIRGO		58 COUNTY OF DEATH—OUTSIDE C	
CALIFORNIA	ORESS OF CALIFORNA—FUNERAL DIRECTOR OR PERS BURIAL CHAPEL AND AVE., WATIONAL CITY, (	—IF APPLICABLE	UMBER 4934 LISE AVE.
ACKNOWLEDGMENT OF AF	PLICANT   I hereby active which go as applicant that the proposed Section 10376 of the Health and Salehy Code, and was	disposition stated herein is one of the dispositions author authorized persuant to Section 7100 of the Health and Safety	rest by > Vandetle Mass 08/24/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. HOTE: THIS PERMIT SINES NO MIGHT OF DISPOSAL OUTSING OF CALFOR	87.00 C. 1	
The state of the s	D. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUPORNIA VITAL RECORDS—P.O. BOX 85 SAN DIEGO. CA 92186—522	DE ADDRESS OF RE F DISPOSITION IS	GISTRAR OF DISTRICT OF DISPOSITION— TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DISPO	SITION(S) CHECK APPLICABLE ITEMS	- 18	FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMI HT. HOPE CEMETERY	i.	775157(0)(1)
CREMATION	3751 MAKET ST. SAN DIEGO, 12A, NAME AND ADDRESS OF CALIFORNIA CREE		CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACE	LITY RECEIVING REMAINS 13B. DATI	E RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		E SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICIENT TO IDENTIFY FINAL PLACE AND CA DI		E OF 15C. SIGNATURE OF PERSON IN 130. LICENSE NUMBER OF CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER — F APPLICABLE

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

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-27-01

"	RERA	-		- 01
IN A DOUBLE DEPTH CRYPT	Funeral, date, tk	me Jues	8-2	8 4:0
Church, Chapel, Graveside	;	atta	N	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work	day or an extr	a charge of \$	
will be applied and billed to undersigned.		201		
Lot 217 Grave Row_	Section	<u>a</u> .	ivision <del>/Black</del>	12
Grave space & Care Fund	***************************************		<u> </u>	395.00
Additional spaces and care fund	A I D			
Opening/Closing & Setup				75.00
Burial ContainerAUG	2 7 2001		3	80.00
Usedling Cone			3	20,00
Flower vases - Marker setting MT. HOF	SAN DIEGO C	·····		
Recording and filing feeCITY OF	SAN DIEGO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12.00
Sales taxes				28.50
		Total Due		043.50
Pa	id receipt number	K- 210	58 0	1043,50
¥		Bal	ance due _	-0
I hereby certify I am the SAV and this is your authority to make disposit that I have the right to make this authorization in a liability on account of said authorization.	tion and I agree to	above indicate hold Mt. Hope	d. I certify a Cemetery ha	ed decedent nd represent armless from .RERA
I hereby authorize the interment in lot I hold under deed.	X Jico	701 U.	BAMA T APT-	11s
Signature of recorded holder of direct	Address City Temphone	DICE	CAL	92/05
work Order # <b>E</b> 16573	Invoice #			

& Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E16573

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	IC. LAST	(FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
30	SE	-	BAR	RERA		03/21/1929	08/23/2001	M.
IA. CITY OF DEATH	N DIEGO		107170007.17.700	TY OF DEATH—OUTSIDE CAU	OF N	E, RELATIONSHIP, FULL N FORMANT FOR BARRERA -	means a communication of	IP CODE
FU	MERARIA AS	1500 P F F F F		IF APPLICABLE	BER 3752	DIEGO, CA 92	MP.3	
24	36 MARKET	ST., SAN DIEG	D, CA 92102	FD-1658	8AL SIG	NATURE OF APPLICANT-	Person taking permit, 88, DAT	TE SIGNED
ACKNOWLEDGMENT OF AF				ein is one of the dispositions authorize Section 7100 of the Health and Safety Co		ance Co	REZ 108/	27/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	BUED IN ACCORDANCE WITH FORMIA HEALTH AND SAFET ITY FOR THE DISPOSITION SI NO MONT OF DISPOSAL OUTSIDE OF A	PECIFIED S 7.	00 08/27	LOPEZ	9C. SIGNATURE OF LO	ical <b>eg</b> distrar issum	NG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	REGISTRAR OF DISTRICT OF BOTH CALIFORNIA CALIFORNIA CA 92106-522	<b>8</b> 5222			TRICT OF DISPOSITION— NOTHER DISTRICT IN CAUSE	RTEA	
O. AUTHORIZED DISPO	OSITION(S) CHECK	APPLICABLE ITEMS		—Account of the		FOR COR	ONER'S USE ONL	Y -
B. CREMATION		MAINS OTHER	F. DISINT	Drary envaultment Erment In to California Bit to Outside of Califo	RINEA	I. DISPOSITION (Name and A	PENDING—REMAINS L didress)	OCATED A
BURIAL	MT. HOPE	CEMETERY, 375 O, CA 92102		8:29		C SIGNATORE OF PER	C. Fank	URIAL
CREMATION	12A. NAME AND A	NOORESS OF CALIFORNIA	CREMATORY	12B, DATE C	REMATED 12	C. SIGNATURE OF PER	SON IN CHARGE OF CR	EMA
SCIENTIFIC USE	13A, NAME AND A	ADDRESS OF CALIFORNIA	FACILITY RECEIVING	REMAINS 138. DATE F	RECEIVED 18	C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT		ADDRESS IN RECEIVING ST CREMATED REMAINS AR		MHERE 148. DATE S	SHIPPED 14	IC. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELIN DENTIFY FINAL PLACE AND				C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CF CRE	NUMBER MATED RE- DISPOSER PUCABLE

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

# MT. HORE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 8-27-01

he t.S. VAULT	Funeral, date, time	TUE	5 8-2	8 1:01
Church Chapel, Graveside				Mortuary.
All Funeral cars must arrive before 3.90 p.	m. of regular work da	y or an ex	ktra charge of	150.01
will be applied and billed to undersigned,	0.0000000000000000000000000000000000000	20/20/14/20/14/A		
Lot 34 Grave 5 Row	Section	a	Division/Bleci	. 11
Grave space & Care Fund		F - x	898	-67
Grave space & Care Fund	90			
Additional spaces and care fund	90 U	lı		4
				Ď.
Burial Container	**		M	<u> </u>
Handling Fees				0
Flower vases - Marker setting fee			······ -	<del>-</del>
Recording and filing fee	······································			~
Sales taxes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>-0</del> _
	T	otal Due.		
Pa	id receipt number	-		
×		E	Balance due _	
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization illustration account of said authorization.	tion and I agree to ho	ove indice	e Cemetery ha	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature Address	Sur	٧.٨	
Signature of recorded holder of deed	Pelephone	AND .	<i>γ</i> •••	Zip Code
Work Order # E 16574	Acct.#			
REA-104 (7-96) This info	rmation is available i	in alterna	tive formats up	pon 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.

					- 10 <u>- 10</u> -	
ς Αρ.μ.43	MALLORY	MALLORY	34 X 5	6		
8	9	OBERDIC	K N	lσ		
					- 0	
	Grave		Row:— ≿∈N	Sect: _		nv:'_
		Name of the last	82.3		*0.	. 5~
Agrees wi	th Legal C	ard: 🔲 Y	es 🗆	No	( ·	1.en
Agrees wi	th Map: [	J Yes	O N	0		-
Blind Chee	ck & Veri	fied By:	K work	Land -	Date:	8.28-0
		E-16	574		<b>a</b>	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

					E NO ERASURES, V				Found	<b>4</b>	
A CONTRACTOR OF THE PARTY OF TH	DECEDENT-FIRS	T (GIVEN)	1B. MIDDLE	м.	IC. LAST (FAMILY)	ő	10	2. DATE OF BIRTH MONTH, DAY, YEAR 12/06/1916	3. DATE OF MONTH, DV 08/21	AY, YEAR	4. SEX
SA. CITY OF	DEATH In Diego				SE COUNTY OF DEAT	H-OUTSIDE CALIF., 6	NAME,	RELATIONSHIP, FULL NO DEMANT MAIlor	MAILING ADDRE		CODE
7A. TYPED NAI Ande	ME AND ADDRESS O			CA 92102	ACTING AS SUCH 7B. CA	LIF, LICENSE NUMBER	2218 San	Franklin A Diego, CA 9	lve. 2113	t 8B. DAT	SIGNED
ACKNOWLEDG	GMENT OF APPLICANT	I hereby as Section 103	denominage as applican 76 of the Health and S	d that the proposed disp alony Code, and was author	position stated herein is one of the orized pursuant to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	De	thelle	ham	08/2	4/200
PERMI AUTHORIZATI LOCAL REGI	SIONS O AND IS TO ION OF IN THIS P	F THE CALIF E AUTHORIT ERMIT.	ORNIA HEALTH A Y FOR THE DISPO	MCE WITH PROVI- ND SAFETY CODE OSITION SPECIFIED OUTSIE OF CALIFORNA.	THE RESERVE OF THE PARTY OF THE	08/28/200	SSUED S	C. SIGNATURE OF LO	CAL REGISTI 211	4386	3 PERMIT
ANY CHANGE BY TION REQUIRES PERMIT TO SHO DISPOSITION	A NEW VITA	Reco	rds; P.O	STRICT OF DEAT BOX 852: CA 921	22 "	ORESS OF REGISTRAF ( DISPOSITION IS TO OCCUI			RNIA		
4	ZED DISPOSITION(: IAL (INCLUDES ENT		PLICABLE ITEMS	Γ	T E. TEMPORARY ENV	AU THENT		FOR COR	PENDING R		
THAN	MATION OBITION OF CREA IN IN A CEMETERY NITIFIC USE		UNS OTHER	[	F. DISINTERMENT G. SHIP IN TO CALIF			(Name and A			
C. DISP	OSITION OF CREA N N A CEMETERY INTIFIC USE	IATED REM/	ORESS OF CAL	FORNIA CEMETE 3751 Mar ago, CA 9	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY FKet St.	ORNIA	110.		Address)	RGE OF BI	
C. DISP	OSITION OF CREM N IN A CEMETERY NTIFIC USE  11A. N/ Mt.	ME AND AD Hope (	ORESS OF CAL emetery; San Di	3751 Mar	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUTS  RY rket St. 2102	ORNIA SIDE OF CALIFORNIA	1	SIGNATURE OF PER	Address)	In	RIAL
C. DISP	OSITION OF CREM N IN A CEMETERY NTIFIC USE  11A. NA Mt.  12A. NA TION  13A. NA	ME AND AD Home C	ORESS OF CAL EMETERY; San Dic ORESS OF CAL	3751 Mar ego, CA 9: IFORNIA CREMAT	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUTS  RY rket St. 2102	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATI	D 120.	SIGNATURE OF PER	ISON IN CHAR	GE OF CR	RIAL
CREMAT	OSITION OF CREM N N A CEMETERY NTIFIC USE  11A. NA  12A. NA  TION  13A. NA  FIC  14A. NA	ME AND AD	ORESS OF CAL	3751 Mar ego, CA 9: JFORNIA CREMAT	F. DISINTERIMENT G. SHIP IN TO CALIF H. TRANSIT TO OUTS FRY FREE St. 2102 TORY Y RECEIVING REMAINS	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATI	ED 13C	SIGNATURE OF PER	SON IN CHAR SON IN CHAR SON IN CHAR	GE OF CRI	RIAL CMATION CILITY

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Det 8-27-01

Surch Chape Graveside	Puneral, date, tim	The State of the S	6-58 1.0
ly Functor cars much arrive before 3.0 In he applied and billed to undersigns	O p.m. of regular work d		
4 34 Grave 5 Re	wSection	2 Divis	don/Blook
Ireve space & Care Fund	PRE- WEED	E- 789	80
hoditional spaces and care fund			
Ipening/Closing & Satup		7 <b></b> **********************************	
Surja) Container	#1146		
landing Fees	······································		
Towar vases - Marker setting for	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
leasting and filing lee			CONTROL THE THE PARTY OF THE PA
Seles taxes	Y	1	1 0
	10.5	Total Duo	
	Paid receipt number _		···
harabu merilir i non ilim X Son		GENERAL CONTRACTOR	NAME OF TAXABLE PARTY.
hereby certify I am the	risation and I agree of the collection and intermedia.	red ldt. Unna Ca	made in several services.
nois under deed.		Franklin	Ave.
STATUTE OF PARTICULAR PARTY OF STATE			92113

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_8-27-00

ina BELL LINER	Funeral, date, time THUR 8-30 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 97 Grave 11 Row_	
Grave space & Care Fund	n- Nord E- 154460
Additional spaces and care fund	
Opening/Closing & Setup.	375.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Burial Container PAID	190.00
Handling Fees AUG 2 7 2001 Flower vases – Marker setting fee	
Recording and Milig MOPE CEMETARY	45.00
Sales taxes CITY OF SAN DIEGO, C	A <u>17.35</u>
	Total Due
Paid	receipt number R- 54060 769. 25
X	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent n offgimains as above indicated. I certify and represent are and 1 agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	× 1847 FABLED WATERS
Signature of recorded holder of deed	X PRING Valley City 19 303-8153 Telephone
Work Order # E 16575	Invoice #

# MT HOPE CEMETERY E- 16575

# GRAVE BLIND CHECK FORM

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

<u>.</u> 3	3	4	S	6		
Houston	9	10	ga X N	EARLY		
					14	
	space for: _	100			.00	
Lot: 92	_ Grave:	_//_	Row:			iv;\2
	ith Legal Ca			J No	Aly	m
	ith Map: 🗆	Vos	П,	Mo.		

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ος E-16515

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

KINDLE OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH 35/24/1911		0F DEATH	4. SEX
CITY OF DEATH		58. COUNTY OF DEATH—OUTSIDE CALIF.		-OUTSIDE CALIF., 8	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHLEEN MITREY-GRANDDAUGHTER			b cooe.	
CALIFORNIA	THE REAL PROPERTY.		SS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER APPLICABLE						
ACKNOWLEDGMENT OF AP	Section 10:	theomicalge as applicant that the proposed dispo 176 of the Houtile and Seferty Code, and was author	right perseant to Section 7100 of the	Health and Safety Code.	- 9	aunith be	m		9/200
THORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE Y FOR THE DISPOSITION SPECIFIED MINIT OF NISPOSAL OUTSIDE OF CALFORNA.	\$7.00	08/29/20 J.BENYAR	01	C. SIGNATURE OF L	OCAL REGIS	Trar Issum	IG PERMIT
OM REQUIRES A NEW 1 EMIT TO SHOW FINAL	VITAL RECO	GISTRAR OF DISTRICT OF DEATH IN CAUPOSHIA BOX 85222 CA 92186-5222		RESS OF REGISTRAR O SPOSITION IS TO OCCUR					
The second secon	DSITION(S) CHECK A				_	FOR CO	RONER'S	USE ONL	,
B. CREMATION C. DISPOSITION	OF CREMATED REMA		E. ITEMPORARY ENVAU			I. DISPOSITIO (Name and	N PENDING— Address)	REMAINS L	
A_BURIAL ONCLU	OF CREMATED REMI		F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIC	INIA	110.		Address)		OCATED :
A. BURIAL (MCLU  B. CREMATION C. DISPOSITION ( THAN IN A CE  D. SCIENTIFIC US	OF CREMATED REMAINS METERY SE  11A. NAME AND AC MT. HOPE SAN DIEGO	NINS OTHER DRESS OF CALIFORNIA CEMETER CEMETERY 3751 MAR	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIC	INIA DE OF CALIFORNIA 11B. DATE BURIED	1	□ (Name and	Address)  RSON IN CH	ARGE OF B	URIAL
A. BURIAL (MCLU B. CREMATION C. DISPOSITION THAN IN A CE O. SCIENTIFIC US BURIAL	OF CREMATED REMARKETERY SE  11A. NAME AND ACMT. HOPE SAN DIEGO 12A. NAME AND ACMT.	DRESS OF CALIFORNIA CEMETER CEMETERY 3751 MAR O, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIC RY ERT ST.	INIA DE OF CALIFORNIA 11B. DATE BURNED  12B. DATE CREMATE	D 12C.	SIGNATURE OF PE	Address)  ERSON IN CH	ARGE OF B	URIAL EMATION
A. BURIAL ONCLU  B. CREMATION C. DIPPOSITION OF THAN IN A CE D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REMARKETERY SE  11A. NAME AND ACMT. HOPE SAN DIEGO 12A. NAME AND ACMT. 13A. NAME AND ACMT.	DRESS OF CALIFORNIA CEMETER CEMETRRY 3751 MAR CA 92102 DRESS OF CALIFORNIA CREMATO	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIC RY RET ST. ORY RECEIVING REMAINS COUNTRY WHERE	INIA DE OF CALIFORNIA 11B. DATE BURNED  12B. DATE CREMATE	ED 13C	SIGNATURE OF PE	Address)  RSON IN CH  RSON IN CH  ERSON IN CH	ARGE OF B	URIAL EMATION ACILITY





### MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 8-27-01

BELL LINER	Funeral, date, W	me Tu E	9-4	15:00
hurch Chape Graveside		190 W	emboad	L Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work	day or an ex	dra charge c	of \$
ill be applied and billed to undersigne	d			
ot 39 Grave 12 Row	w Section	_1_	Division/ <del>Di</del> c	00-2
rave space & Care Fund			*************	875.00
dditional spaces and care fund				-
pening/Closing & Setup	1 P		************	3/5.00
urial Container	10-15-			190.00
andling Fees	_2/11			145,00
ower vases – marker setting lee	*************************			12.0
ecording and filing fee				45.00
ales taxes	0.000			19.45
Check -	Paid receipt number	2 V -	14	1661-2
V //		E	Balance due	10
hereby certify I am the not this is your authority to make dispinal I have the right to make this author ny liability on account of said authoriz	ization and I agree to	above indica	sted. I certify	amed decedent and represent harmless from
hereby authorize the interment in lot i old under deed.	× Qu.	thony	Mock Box, T	A ST NEW
gnature of recorded holder of deed	- >37Per	741.	2198	.CA -919- Zip Code
ork Order # <b>E</b> 16576	Invoice #			

E-16576

# MESSAGE CONFIRMATION

08/27/2001 14:21 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/27	00'31"	619 6920896	CALLING	01	OK	0000



# GRAVE BLIND CHECK FORM

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

ne burial spa	ice.		-1	-		
3	Y R: cha	5 Ros Rich	1205			-
STOR	10	11 39 3	13			
		+		+		
nterment Date ot: 39	e for: Tuc 9- Grave: t by:	Row:	Time: _	12 \ 1 ect:	Div:	
	egal Card:		□ No	, F	-LAG SRAI	od VV
grees with M			J №		Ø.	
lind Check &	SCHOOL OF STREET STREET	11.5	16	_ <del>`</del>	Date:	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34 E-16576

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MOOLE  BERNADETT	1C. LAST (FAMILY)	1C. LAST (FAMILY)		3. DATE OF DEATH 4. 08/25/2001
SAN DIEC	,	PERMAPELL	5B. COUNTY OF DEAT		NOW 29/1967 NAME, RELATIONSHIP, FULL OF INFORMANT ARTHOUT E MOA	MAILING ADDRESS AND ZIP CODE
SAN DIEGO	NEMORIAL.	IA—FUNERAL DIRECTOR OR PER CHAPEL I SAN DIEGO CA 9		LIF. LICENSE NUMBER F APPLICABLE 7D-1575 BA.	3921 HORTH BO SPRING VALLEY	MITA ST #1
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposition of the Health and Safety Code, and wa			Hosa Ha	wa 08/29/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.		ROVI- CODE IFIED			OCAL REGISTRAR ISSUING PERMIT
	9D. ADDRESS OF RI IF DEATH OCCURRE P.O.BOX	EGISTRAR OF DISTRICT OF D ED IN CALIFORNIA 85222	DEATH— SE. AC	DRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION- N ANOTHER DISTRICT IN CAUS	
10 AUTHORIZED DISP	OSITION(S) CHECK A	O CA 92186-5222	<del>(</del>		FOR CO	RONER'S USE ONLY
	UDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT		N PENDING REMAINS LOCATED A
A. BURIAL (NOLL)	OF CREMATED REM EMETERY SE 11A. NAME AND A	DORESS OF CALIFORNIA CEI	F. DISINTERMENT G. SHIP IN TO CALIF	DRNIA	(Name and	
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND AI MT HOPI 2751 MA	DORESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT: METERY  EGO CA. 92102	DRNIA BIDE OF CALIFORNIA 118. DATE BURIED 19-4-01	(Manhe and	Address)
A. BURIAL (INCLU  B. CREMATION  C. DISPOSITION  THAN IN A CI  D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC  USF	OF CREMATED REM EMETERY SE 11A. NAME AND AL MT HOPI 2751 M. 12A. NAME AND AL	DORESS OF CALIFORNIA CEN E CEMETERY ARKET ST SAN DI	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT METERY  EGO CA 92102 EMATORY	ORNIA SIDE OF CALIFORNIA 11B. DATE BURSED 9-4-01 12B. DATE CREMATED	11C. SIGNATURE OF PE	ERSON IN CHARGE OF BURIAL
A. BURIAL (INCLI B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM EMETERY SE  11A. NAME AND AI  12A. NAME AND AI  13A. NAME AND AI  14A. NAME AND AI	DORESS OF CALIFORNIA CEI E CEMETERY ARKET ST SAN DI DORESS OF CALIFORNIA CRI	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT: METERY  EGO CA 92102 EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 11B. DATE BURSED 9-4-01 12B. DATE CREMATED	11C. SIGNATURE OF PE	RISON IN CHARGE OF BURIAL RISON IN CHARGE OF FACILITY  EMATURE OF PERSON IN CHARGE

#### MT. HOPE CEMETERY

### INTERMENT ORDER

ASHES UNDER

City of San Diego

Date_	8-27-0)
_	

WKVE K	Date 8-27-	-0]
pin		
	d, subject to your rules and regulations, to inter	the remains
JOHN SAN		
. ASH VAULT	Funeral, date, time SAT 9-8	2,00
hurch, Chapel, Graveside	*	Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$	
rill be applied and billed to undersigned	·	
of 93   Grave Row	Section Division/Bleek	8
ot 11 Grave How	Section Division/bleck	
irave space a Par Aurit . D	re-rul	-0
		105.00
urial Costales Tomor Contest TASA		55.00
andiretriene SAN DIEGO		60.00
lower veese - Marker celling lee	sintra O patrul	210.00
		43.00
	CONTROL OF THE CONTRO	V.13
ales taxes		79.13
	Total Due	170 13
V	Paid receipt number R-51069	1/1/1/
~	A Balance due _	-0
hereby certify I am the Matter	of the above name of the above name of the above name of the above indicated. I certify a	ed decedent
hat I have the right to make this authoriz	zation and I agree to hold Mt. Hope Cemetery ha	nd represent armiess from
ny liability on account of said authoriza	ition and interment.	•
hereby authorize the interment in lot I	x marione K. Ke	eak
old under deed.	× 1000 alberta	lace
	- X Addings	\$ 92 103
ignature of recorded holder of deed	10000	2 Zio Code
	1-619-076-17 Telephone	45
	Invoice #	
Vort Order # E 16577	Acet #	-





	Y OF SAN DIEGO . F - 14 5 71
	ERY - WORK REQUEST
Date: 8-24-01 s	
Name of Contact Person: DE AN IV	The state of the s
Address:	Apt. / Space:
City:	State: Zip Code:
Telephone: 760 789 - 588 O Rel	ationship to Deceased:
Name of Deceased(s): CHERYL SA	INDEN OLEN NEAL
LOCATION: While	len)
Lot: 92   Grave: Row.	Sect: Div: 8
☐ Raise / Level / Reseed / Resod Grave	The state of the s
Raise / Lower / Level Marker	A SOUND
☐ Install Galvanize Flower Can	ut Border when smarred
☐ Install Trion Flower Vase	Jan male west
☐ Install Foundation with Border / witho	ut Border what
☐ Install Foundation with Border and Flo	wer Canisi - 1 root
☐ Install Border with Flower Can(s)	100 TEATHER - 100 TEAT
☐ Install Government Marker – Bronze / 4	
☐ Install Marker(s) – as indicated below	Granite 12"
Other Special Instructions: PLEA	SE PROBE GRAVE TO
SEE IT ROOM FOR	A STATE OF THE STA
(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	A HISW , P. I.
VAULT FOR EACH.	
Work Completed By: NF KEN	Date: 2-27-01
Work Signed Off By:	Date:
REA-110 (8-99)	

# MT HOPE CEMETERY E-16577

GRAV	F BI	IND	CHECK	FORM
U1 1/1 V			CILCIN	I OI HAI

	G	HAVE BL	IND CH	ECK FO	MIVI	
block ma existing	arked with	of the dece "X". Place in the appro ASHES	the name	e's, lot # a	and grav	re # of all
			RE6	SIZ	b	RN)
918 HALL	919 HALL	920 Rosenga	941 KD NEAL	922 FLEMONS	(F)	924 G(GL:01
		405	W. St	NDE	1	1
		T 9-8	<u></u>		247	Div: _8
	aid out by:					
Agrees v	vith Legal (	Card: 🗆 Yo	es [	J No ₹	My	non
Agrees v	vith Map:	☐ Yes		No	G	## 2 # 42 d
Blind Ch	eck & Ve	rified By:			Date	×

# 25011/01

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

59

A. NAME OF DECEDE JOSES	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 10/10/19/2001
SAM DIRGO		SB. COUNTY OF DEA	TH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BEAUTIA PARTELL, BADGISTER
SAM DIRGO	ORESS OF CALIFORNA—FUNERAL DIRECTION SERVICE LEG STREET, SAN DIE		ALIF. LICENSE NUMBER HF APPLICABLE B 1489	P.O. BOX 8317 RAMCHA, CA 92065  8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant Section 10376 of the Health and Sa	that the proposed disposition stated herein is one of the fely Code, and was authorized pursuant to Section 7100 of	he dispositions authorized by the Health and Safety Code.	► (   X   C     08/30/2001
PERMIT WITHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDAN SIONS OF THE CALIFORMA HEALTH AN AND IS THE AUTHORITY FOR THE DISPO- IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO BIGHT OF DEPOSAL B	ICE WITH PROVI- ID BAFETY CODE SITION SPECIFIED 7.00		
HEQUIRES A NEW TO SHOW FINAL DISPOSITION.	DO. ADDRESS OF REGISTRAR OF DIS IF DEATH OCCURRED IN CAUFORNA BOX 05222			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA
B. CREMATION  C. DISPOSITION OF THAN IN A CE  D. SCIENTIFIC US  BURIAL	OF CREMATED REMAINS OTHER METERY E 11A. NAME AND ADDRESS OF CALL	FORNIA CEMETERY	FORNIA ISIDE OF CALIFORNIA 118. DATE BURIE	(Name and Address)  D 11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALL PACIFIC CREMISTRES 601-D GRAVE ST, LA	FORMA CREMATORY	GEN	TED 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND ADDRESS OF CALL	FORMIA FACILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
The second distriction of the contract of the	13A. NAME AND ADDRESS OF CALI 14A. NAME AND ADDRESS IN RECE REMAINS OR CREMATED REMAINS	IVING STATE OR COUNTRY WHERE	13B. DATE RECEI	

ISSUE DATE.







### INTERMENT ORDER

PLACE	Asl	es	centee
Bottom.	14	6 1	inve

Church, Chapel, Graveside

Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup.....

Burial Container..... Handling Fees .....

City of San Diego

MOTTO	14	GRAVE	
nies Si	20		

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Recording and filing GHTY OF SAN DIEGO Paid receipt number Balanca 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

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

salure of recorded holder of deed

any liability on account of said authorization and interment.

16578 Work Order

Invoice ! Acct. #

REA-104 (7-96)

This information is available

6 Printed on recycled paper

# MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

	T of A				TAJE	1
	PLACE	Control of the last of the las	POLY	om ot	GRAV	2
		.000	V31 Z			
86	87 Vidnar	88 McGHiE	SAX-1	90	91 KEBLEY	92 KERLEY
			-			
		1861	r 00	N 8		
Interme	nt space for:	LESLI	ECK	7/2		
Interme	nt Date:	-	7	ime:	11	-
	9 Grave	<u></u>	Row:	Sect:	<u></u> p	oiv: <u>8</u>
Lot: 8	Grave					
Grave L	aid out by: _			- North	×υ	
Grave L		ard: 🗆 Yo	es C	J No	¥0	id en
Grave L	aid out by: _	*	es C	moens H	D.K	Comp rid en

E-16578

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92

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

LESLIE	NTFIRST (6	IVEN) 18. MID	G.	IC. LAST (FAM	CRAY, SR.		2 DATE OF BIRTH		OF DEATH	4. SEX
CITY OF DEATH	s	an Diego		SB. COUNTY OF		6. NAME.	RELATIONSHIP, FULL ORMANT ie G. Cray	MAILING AD	DRESS AND Z	17.7
TYPED NAME AND AD Humphrey Ch Chula Vista	DRESS OF CA	ufonnia funen sta Morti	AL DIRECTOR OR PE	HOUN ACTING AS SUCH . I	HE APPLICABLE	3718 Bill	Mc Girl Reings MT	oad 59105	2555.00	
ACKNOWLEDGMENT OF APP		hereby acknowledge a	as applicant that the propo	sed disposition stated herein is or	ne of the dispositions authorized by	BA. SIGHA	idith Er	Cina	mami, 88. DA 08/2	re signed 28/200
UTHORIZATION OF	AND IS THE A IN THIS PERM	IS IBSUED IN AC E CALIFORNIA HE LITHORITY FOR TH	CCORDANCE WITH P EALTH AND SAFETY BE DISPOSITION SPEC DISPOSAL OUTSIDE OF CALLS	\$7.00	FEE PAID 98 DATE PERMIT 08/28/200	ISSUED S				
Y CHANGE IN DISPOSI- ON REQUIRES A NEW RAIT TO SHOW I INAL	OD. ADDRESS	OF REGISTRAF	of district of P.O. Box 92186-5222	85222	RE. ADDRESS OF REGISTRAR # DISPOSITION IS TO OCCU	OF DISTR				
AUTHORIZED DISPO	SITION(S) C	HECK APPLICABLE	E ITEMS	4			FOR CO	RONER'S	USE ONL	Y
A. BURIAL (INCLU	DEG ENTONE	25,000		The Control of the Co			(Name and			
A. BURIAL (INCLUING B. CHEMATION  C. DISPOSITION C. THAN IN A CE. D. SCIENTIFIC US. BURIAL	OF CREMATE METERY SE 11A NAME Mt. Ho	D REMAINS OTH	of california ce ery 3751	1000011280201720173	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIE		SIGNATURE OF PE	ERSON IN C	CHARGE OF B	URIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATE METERY SE  11A NAME Mt. Ho San Di 12A NAME Pacifi	and Audress pe Cemet ego CA and Address c Cremat	of California Ce ery 3751 92102 Of California Cf	G SHIP IN TO	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIE	11.	SIGNATURE OF PE	F	mer -	IASS TATE
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US	of CREMATION OF CR	AND ADDRESS of CA AND ADDRESS of Cremat L Sinore	of California Ce ery 3751 92102 of California Cf Ory 601-E CA 92530	G SHIP IN TO	CALIFORNIA  OUTSIDE OF CALIFORNIA  118. DATE BURIE!  9-6-0  128. DATE CREMAT	ED 120	Kun 1	RSOUTH O	MARGE OF CR	REMATION
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATE METERY SE  11A NAME Mt. Ho San Di 12A NAME Pacifi Lake E 13A NAME N/A	AND ADDRESS C Cremat LSINOTE AND ADDRESS C	of California ce ery 3751 92102 of California cr ory 601-D CA 92530 of California Fa	G SHIP IN TO H. TRANSIT TO EMETERY Market Stree REMATORY O Crane St.  CLITY RECEIVING REMATER OR COUNTRY WHERE	CALIFORNIA  OUTSIDE OF CALIFORNIA  118. DATE BURIE  128. DATE CREMAT  8-31-01  UNIS 138. DATE RECEI	ED 12C	Signature of PE	ERSON IN C	HARGE OF F	REMATION FACILITY

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-27-01

	Function date three TUES 9/4/	1 130
Church, Chapel, Graveside	Funeral, date, time 10ES 9/4/ : RAGSDA1E	Mortuary.
	0 p.m. of regular work day or an extra charge	
will be applied and billed to undersigne	3 - 0/ 1/	
Lot / Grave 3 Ro	w Section /4 Division/Bi	ock 7
Grave space & Care Fund		1395.00
And the second s		
		MOCA
Burial Container	HD	250.0
	1-2001	
Percerding and Illing (se	CEMETARY	45.0
	N DIEGO, CA	111 - 10
Sales taxes	Total Due	04
	Paid receipt number R- 54088	2268.7
	Balance due	-
I hereby certify I am the HOALLS	480	un company and selections
and this is your authority to make disp	osition of remains as above indicated. I certif	amed decedent y and represent
any liability on account of said authoriz	rization and I agree to hold Mt. Hope Cemeter ration and interment. おたり モルヒリ	OONNE P
I havely suited as the leterated in let i	J Benela C	
I hereby authorize the interment in lot i hold under deed.	X 4932 ZEGNILLS	S.A.
We are the Managare and the	Address	60111
Signature of recorded holder of deed	- + S. D. City 266-8434	Zip Code
	(Lakephone)	<del></del>
	Invoice #	
Work Order # E 16579	Acct. #	
7.550 (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55) (1.55)	Information is available in alternative formats	unan request
REA-104 (7-96) This I	memeren e arangero il augmaure Millai:	appli roquest

6 Printed on recycled paper

# MT HOPE CEMETERY 16579

# GRAVE BLIND CHECK FORM

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

he buria	1	Ading	Grave	from	Street	_
Cullison	Cullison	HUNSING	STENCIL	French	WISE	CLAdy
7 7	WINSTON	71	- Stanford Contained	KING.	NOLAN ROBERSON	WASH
-					-	
nterment	space for:	LAVE	UE N.	Aul15		18
nterment Lot:/		3	0.555	Sect:	14 <sub>D</sub>	iv:
Grave La	id out by: _		-	-		
Agrees w	ith Legal C	ard: 🗆 Y	es [	J No		•
\	ith Map:	1 v		. 1.		

Blind Check & Verified By: \_

E- 16579

# MESSAGE CONFIRMATION

08/30/2001 10:07 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/30	00'25"	92631507	CALLING	01	OK	0000

E-16579

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAS	T (FAMILY)			DATE OF BIRTH	3. DATE OF		4. SEX
LaVelle	Hadelin	e	Naulis		1	272771926	"88727)	2001	F
CITY OF DEATH	) i ego	ENTE	NTY OF DEATH—OU IR STATE D ego	A-14-17-18-17-18-1	OF NEO	ELATIONSHIP, FULL M PMANT Ley Conner,			CODE
TYSER NAME AND AS	Ragsdate Mort.; 5050 San Diego, CA		FD1329		San D	Reynolds St lego, CA 92	1113		
	on want I hereby acknowledge as applicant that		- 1		A. SIGNAT	IRE OF APPLICANT—P			SATISFIE
ACKNOWLEDGMENT OF A	PLICANT Section 10375 of the Health and Series	one proposed disposition \$2200 second to	Section 7100 of the Health	and Safety Code	<u> </u>	1.201	CHURCH STREET	08/31	CHARGO CONTRACT
PERMIT  UTHORIZATION OF OGAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND S AND IS THE AUTHORITY FOR THE DISPOSITION THIS PERMIT.  NOTE: THIS PERMIT SIVES NO BIGHT OF DISPOSAL OUTSI	SAFETY CODE ON SPECIFIED \$7	. DO	08/31/200	SSUED 90	SIGNATURE OF LO	CAL REGISTRA		4656
NGE IN DISPOSA- REQUIRES A NEW PRANT TO SHOW PINAL DISPOSITION.	OD. ADDRESS OF REGISTRAR OF DISTR V POWM RECEST OF AUTOMO. I San Diego.		i if DisPosi			T OF DISPOSITION— ER DISTRICT IN CALIFOR	ANIA.		
AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS				1	FOR COR	ONER'S US	E ONLY	_
B. CREMATION		T = proper	Section of the second second		3	Name and A	(idress)		
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	NA. NAME AND ADDRESS OF CALIFOR	G. SHIP III III III III III III III III III	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE O	B. DATE BURIED	i tic.	SIGNATURE OF PERS	SON IN CHARG	BE OF BU	RIAL
D. SCHENTIFIC US	METERY SE AND ADDRESS OF CALIFORNIA NAME AND ADDRESS OF CALIFORNIA OF CA	G. SHIP III H. TRANS	N TO CALIFORNIA SIT TO OUTSIDE O		1	SIGNATURE OF PERS	- los	ue.	
D. SCIENTIFIC US	MATE AND ADDRESS OF CALIFOR NAME AND ADDRESS OF CALIFOR San Diego	G. SHIP III H. TRANS	N TO CALIFORNIA SIT TO OUTSIDE O	B. DATE BURIED  -4-01 B. DATE CREMATE	ED   12C	kunt F	ON SUPE	OF CRE	MATION
D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC	MAL NAME AND ADDRESS OF CALIFORM San Diago 12A MAME AND ADDRESS OF CALIFORM	G. SHIP I H. TRANS  CA 92102  RNIA CREMATORY  RNIA FACILITY RECEIVING	N TO CALIFORNIA SIT TO OUTSIDE O	B. DATE BURIED  -4-01 B. DATE CREMATE	ED 13C.	SIGNATURE OF PERS	SON IN CHARC	E OF CRE	MATION

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

Cify of San Diego

Date 8-28-01

You are hereby authorized and instructed, subject to your rules and regula of ROBERT M. HARRIS	tions, to inter the remains ト キ 2002019
in a DOUBLE DEPTH CATET Funeral, date, time THUP	25 (17 50)
Church, Chapel, Graveside DeLivery :50 ME MO	RIAL Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an exti	ra charge of \$
will be applied and billed to undersigned.	
Lot 7 Grave 2B Row Section 1	Division/Block 13
Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Opening/Closing & Setup	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45:00
Sales taxes	
ARNELL Total Due	386.00
PRICE Paid receipt number	lance due
CANAL DISAMPLEMANTERICA AND POST = WOMEN CO.	e above named decedent
I hereby authorize the interment in lot I hold under deed.	9
Signature of recorded holder of deed City	Zip Code
Invoice # 35	<b>२</b> २१५
Work Order # E 16580 Acct. # 000	952

E-16580

# MESSAGE CONFIRMATION

09/04/2001 13:00 ID=SD MT. HOPE CEMENTERY

POTE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
DATE				Ø1	OK	0000
09/04	00'29"	619 6920896	CALLING	01		

PA# 20020192

E-16580

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 5

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FND 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX 0972771943 ROBERT MAURICE HARRIS 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE AN DIEGO HAVNELL PRICE-DPA SAN DIEGO 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B CALIF LICENSE NUMBER 5201-A RUFFIN RD --- IF APPLICABLE SAN DIEGO MEMORIAL CHAPEL SAN DIEGO CA 92123 2441 UNIVERSITY AVE SAN DIEGO CA 92104 FD-1575 BA. SIGNATURE OF APPLICANT-Person taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 08/30/2001 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7.00 ROSA NAVA NOTE: THIS PERSIT GRES NO RIGHT OF DISPOSAL OUTSIDE OF CALLFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE P.O. BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REGURES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO CA 92186-5222 CHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT ( W . C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CENTERY BURIAL 3751 HARKET ST SAN DIEGO CA 92102 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER - TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER

COPY 2

MARGE OF DISPOSING OF THE CREMATED REMAINS.

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

PAGE 02 NO.150

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diago

Dem 8-28-0

" ROBERT M.	Purseral, data, stone THUR 7-6 1110
Church, Grapal, Gravasies Belives	
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will be applied and billed to undereigned	<del></del>
La T Grave RB ANN_	Berrier Division/Black 13
Grave space & Core Fund	126.00
Additional spaces and pass fund	contraction and the contraction of the contraction
	145.00
	50.00
Handing Fees	
Finest verse - Market rading fee	
Recenting and filing les	District of the second of the
Sales there were a more reservations and	
SETTING THE RESERVE AND ADDRESS OF THE CAMPACITY AND ADDRESS OF THE PARTY.	Total Dua
IRVELL	
PRICE PAGE	( receip) number
	Belance Out
I havely certify I am the and this to your authority to make disposition that I have the right to make this authorization they leekily on account of said authorization herday sufferites the interment in let I hald under dand.	of remains as above indicated. I earlie any represent on and I agree is hold still Hope Correlary hardeem from and interment.  And interment.  Plant of Abbething to All Correlary hardeem from and interment.
	YUELIC GUARDIAN XXXII-A RUFFIN ROAD
	DIEGO, CALIFORNIA 92123-1899
E	Involce #
Mark area # E 16580	Advi. #

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

MOCK SET-UP

City of San Diego

Date\_ 8 . 29 - 0

A STATE OF THE PARTY OF THE PAR	USTER	FR: 8-3	0:51
Type of Bunet Consenses	Funeral, date, time	111	
Church, Chapel, Graveside		AGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day	or an extra charge	of \$
will be applied and billed to undersigned.	STATUTE NAME OF		
VETERANS			
Lot Grave Row _	Section	Division/B	lock
Grave space & Care Fund	PAID	***************************************	
Additional spaces and care fund	FAIR		
Opening/Closing & Setup	AHG 3 1 2001		
Burial Container			
Handling Fees	T. HOPE CEMETA	(R)	•
GI I Flower vases – Marker setting fee	Y OF SAN DIEGO	1, 0,	
Flower vases – Marker setting fee	SET-U	<i></i>	50.00
Sales taxes			
	To	otal Due	50,00
Pr	aid receipt number	1090	
		Balance due	
I hereby certify I am the		of the above t	named decedent
and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	ation and I agree to hold	ve indicated, i certi	ly and represent
I hereby authorize the interment in lot I	Signature		No. 10 and 10 miles
hold under deed.			- 36
	Address		
hold under deed. Signature of recorded holder of deed	Address		Zlp Code
	50		Zip Code
	City		38





# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-29-01

ina BCLL LINER	Funeral, date, time Tues 9/4/01 230
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.	
16 S 50 W	Section 1295 00
Grave space & Care Fund	
	775.00
S- SECRETARIA DE CARACIONA PARA PARA PARA PARA PARA PARA PARA PA	375.00
Burial Container	190,00
pusition and the second and the second secon	14 5.00
	12 DO
Recording GREYIIOF SAN. DIEGC	¥5,00
Sales taxes	14.92
	Total Due
P	Paid receipt number R-S4071 22612
I hereby certify I am the X HUS/3/	Balance due
that I have the right to make this authorizany liability on account of said authorizat  I hereby authorize the interment in lot I hold under deed.	sition of remains as above indicated. I certify and represent ration and I agree to hold Mi. Hope Cemetery harmless from thon and interment.    Haaguan Medical
Work Order # E 16582	X (GIA) 583-1803  Telephone  Invoice #
	Accl.#
REA-104 (7-96) This	9-5-01 E-16582
	surhand 100.00
	all wools to marler
	wett They
	of 25.00 for
	emo 53, *
	haden setting we
	L. Venn
	of for



#### 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.

			, , , , , , , , , , , , , , , , , , ,		-	
858	829 ORTON	930	ant X	832	833	83Y KORSTA
			9		4	

Interment space for: KENEEN	
Interment Date: TUE 9-4	Time:
Lot: 83 \ Grave: Row:	
Grave Laid out by:	ELAG ON
Agrees with Legal Card:  Yes	DNO FLAG ON GRAVE
Agrees with Map:  Yes	□ No
Blind Check & Verified By:	Date:
F 165	87

E-16582 64

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			For the contract of the State o	A THE CANADISTA CONSTRUCTOR			
1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	)	2. DATE OF BIR		
KENERH		G.	MEDRAM		02/01/10	2. [12] [1] - [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	1970
SA. CITY OF DEATH		/A-	58. COUNTY OF DE	ATH-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FI	ULL MAILING ADDRESS AND	
SAN DIRCO			- Intervente	SAN DIEGO	Later and the Control of the Control	D 4 3000 COVERD 4 300	
7A. TYPED NAME AND AC	DORESS OF CALIFORN	IA-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78.			raho — husbani	9
CREENWOOD	MORTHARY	I-805 &	1	—IF APPLICABLE	5223 LEWISO		
IMPERIAL A	VENUE, SAN	DIEGO, CA 92	102	FD843	BA. SIGNATURE OF APPEICA	OFF PART DATE DOWN 88. D	ATE SIGNED
ACKNOWLEDGMENT OF M	PPLICANT   bereby : Section 10	acknowledge on applicant that the p 1376 of the Health and Safety Code, a	roposed disposition stated herein is one of not was authorized oursuant to Section 7100	of the Hiselith and Selety Code.	· Shew 1x		104.1200
PERMIT	SIONS OF THE CALIF	LIED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION BI	PECIFIED	E PAID ' 9B, DAYE PERMIT SHARON LA		OF LOCAL REGISTRAR ISSU	JING PERMIT
LOCAL REGISTRAR	IN THIS PERMIT.	NO RESIST OF DISPOSAL OUTSIDE OF C	\$7.00	09/04/20		AL E	
-	9D. ADDRESS OF R	EGISTRAR OF DISTRICT (	The state of the s		OF DISTRICT OF DISPOSITI		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	F DEATH OCCURRE		è	IF DISPOSITION IS TO OCC	JR IN ANOTHER DISTRICT IN (	AUFORNIA	
DISPOSITION.	P.O. BOX	D. CA 92186-5	222	(224)	X1		
10. AUTHORIZED DISP				_	I FOR	CORONER'S USE ON	ILY
DA DUDIAL ANGLE	JDES ENTOMBMENT)		E. TEMPORARY E	WALE TRACKT	areas	TOU DEVONO DEVINO	
	JOES ENIUMEMENT)			AVAUE (MEN)		ITION PENDING REMAINS and Address)	LOCATED A
B. CREMATION	OF CREMATED REM	AND OTHER	F. DISINTERMENT	1		41/2/2/49/01/14/04/01	
THAN IN A CE		AMS UTHER	G. SHIP IN TO CAL	,IFORNIA	. 1		
D. SCIENTIFIC US	SE .		H. TRANSIT TO O	UTSIDE OF CALIFORNIA			
	TIA. NAME AND A	DORESS OF CALIFORNIA	CEMETERY	11B, DATE BURIE	D 11C. SIGNATURE OF	PERSON IN CHARGE OF	BURIAL
BURKAL	MOUNT HOP	E CEMETERY. 3	751 MARKET STREE	atio /	. 1/	- 1	1
7598007970		. CA 92102		1-4-0	1 - Kurst	- lema	
2		DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 120. SIGNATURE OF	PERSON JUNCHARGE OF	CREMATION
CREMATION					ì	// /	
d Chemarica	1				v Ases		
CREMATION	194 NAME AND A	DUDGES OF CALEDONA	FACILITY RECEIVING REMAINS	1 139 DATE DECE	VED 13C SIGNATURE OF	PERSON IN CHARGE OF	FACE ITY
SCIENTIFIC	TON. THAME AND A	DONESS OF CALIFORNIA	FACENT RECEIVING NEMAIN	I ISB. DATE RECE	VED 130. SIGNATURE OF	PERSON IN CHANGE OF	PROME
USE				ii.	The second		
- 5050 - 5050				Č	i <b>&gt;</b>		
4		DORESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHERE	148, DATE SHIPP		SIGNATURE OF PERSON ITH THE CARRIER	IN CHARGE
TRANSIT	nonnes on	CHEMATED HEMAING AN	E TO BE DIGITED .	I .	) or , should h	iiii iik oonika	
TRANSIT		63		8	<b>I</b>		
SCATTERING AT SEA			E, OR OTHER DESCRIPTION SU		15C. SIGNATURE OF		ISE NUMBER
OR			CA <u>DISTRICT</u> OF DISPOSITION	DISPOSITION	CHARGE OF D		REMATED RE- S DISPOSER
DISPOSITION OTHER THAN IN A CEMETERY				1	1		APPLICABLE
ITEM IN A CEMETERY					1 -		

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

VS 9 (REV. 6/91)



REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-29-01

OF DOROTHY E.	KRIGI	- N		
in a Type of Burial Container	Funeral, date, ti	me		
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work	day or an	extra charge of	\$
will be applied and billed to undersigned				
	Section			Color Color Color
Grave space & Care Fund	Bre-Ver	V		•
Additional spaces and care fund				
Opening/Closing & Setup	PAID	L		105.00
Burial Container		·		55.00
Handling Fees	WG 30 700	)1		60.00
Flower vases - Marker setting fee	HOPE CEME	TARY	·	. 18 m.
Recording and filing feeCITY.				45.00
Sales taxes			·····	4.13
			A 4441111111111111111111111111111111111	269,13
Pai	d receipt number	R		269.13
	000000000000000000000000000000000000000		Balance due	-0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above indi		and represent
I hereby authorize the interment in lot I hold under deed.	Signature			
	Address	7	المد ر عو	
Signature of recorded holder of dead	City		ma	Zlp Code
	Telephone		5074000 507	
	Invoice #			
Work Order # E 16583	Acct.			
REA-104 (7-96) This inform	mation is availab	le in alterr	native formats (	upon request.

O Printed on recycled paper

E-16583 Clug 24, 2001 Dear Sue, using your formul name, but it's the name associated with your voice. Check for the burial cost for me. I wish no kind of funeral service because most of my friends are already dead. Myonly living relative alan Henderson, lives en New York City. Lwould, to however, want someone to let him know that I am (my ashes) to be buried in the Hutchison plot in your ceme-

His name is ? alon Henderson Jane St. apt. 10-B New York City Www. York 10014-1980 If you need more informotion, let me know. Mrs. Dorothy E. Kruger Frederike Menor 183 Third ave # 418 Chula Vista Calif 91910 Thank you - DEK

A or money



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 8-30-01

Ta = D = 0	cled, subject to your rules and regulations, to inter t	the remains
or VANE VOE H ina Double Deot	4# 2001/605   ME# 01-1	1100
Type of Buriel Container	IVERYONLY: MAYER	Mortuary.
	30 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersign		
		200
Lot Grave 1 B Ro	ow Section Division/Block	13
Grave space & Care Fund		26.00
Additional spaces and care fund		
Opening/Closing & Setup		65.00
Burial Container	VH- IV	50.00
Handling Fees	, 0)	
Flower vases – Marker setting fee	10-0	
Recording and filing fee		45.00
Sales taxes	1 1 200 12	30
- \( \'		386.00
NA COU TONA	Paid receipt number	
P. AP. (66.68) 25	Balance due	
I hereby certify I am the	of the above name	d decedent
and this is your authority to make disp	position of remains as above indicated. I certify an orization and I agree to hold Mt. Hope Cemetery has	d represent
I hereby authorize the interment in lot hold under deed.	Signature	
N 36-5019-24-9008-2400-2-17-002	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice # 35 7 195	
Work Order # E 16584	Acct. # 000953	
REA-104 (7-96) This	information is available in alternative formats up	on request.
	© Printed on recycled paper 9-7-0	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

N	US	SE BLACK INK ONLY-	MAKE NO ERASURI	S, WHITEOUTS OR C	THER A	LTERATIONS	Four	nd	
A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE  Jame  -		IC. LAST (FAM	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX	
SA. CITY OF DEATH	1		58. COUNTY OF ENTER STA	DEATH-OUTSIDE CALIF.,	OF IN	, RELATIONSHIP, FULL M	IAILING ADD	-	P CODE
Mayer Mort	CHREY	IA—FUNERAL DIRECTOR OR P	and become		520 San	nell Price, 1-A Ruffin R Diego, CA WITURE OF APPENÇANT-/*	d. 92123	₩, BB. DAT	e signed
ACKNOWLEDGMENT OF A		scinouledge as applicant that the prop 1376 of the Health and Safety Code, and			a	day of M	Leyn	08/3	1/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT CHES IN	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID NEST OF DISTRICT OF CR EGISTRAR OF DISTRICT OF	CODE   COPIED   7.00	08/31/2	year year	9C. SIGNATURE OF LO 2114636	ICAL REGIS	TRAR ISSUM	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	D IN CAUFORNIA				OTHER DISTRICT IN CAUPO	RNIA		
A. BURIAL (INCLU- CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	DES ENTOMBMENT) OF CREMATED REM		F. DISINTERME	MATERIA DE COMPANION DE COMPANI	V.	L DISPOSITION (Name and A	PENDING-	use only	
BURIAL	Mt. Hope (	poress of California C Cametery et St., San Die	2 A STATE OF	9-5-0		SIGNATURE OF PER	SON IN CH	ARGE OF BL	IRIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	ATED 12	C. SIGNATURE OF PER	SOM IN CHA	DOE OF CR	EMATION
SCIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMA	NINS 13B. DATE RECE	EIVED 13	C. SIGNATURE OF PER	SON IN CH	ARGE OF FA	ICILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIP	PED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		MEST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				C. SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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





#### INTERMENT ORDER

City of San Diego

Date 8-29-61

You are hereby authorized and instructed,	subject to your rule	s and regulations, to	inter the remains
ina BELL LINER	Funeral, date, lin	TUES 9	-4 11:00
Church Chapte Graveside	.:0	A BURIA	A L Montuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work o	lay or an extra charg	e of \$
will be applied and billed to undersigned.		TO THE SECTION OF THE PERSON	
Lot 58 Grave \\ Row_	Section	2_ Division/	Block \\
Grave space Rankin D			795.00
Additional spaces and care fund			17500
Burial CMTSINOPE GEMETARY HandINGTEGO C			145.00
Flower vases - Marker setting fee Mc	when -VTT	.,	125.00
Recording and filling fee			45.00
Sales taxes			14.25
		Total Due	1689.25
Pai	d receipt number _	VISA	1639,25
I hereby certify I am the Daugh and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization	on of remains as a	of the above	named decedent
I hereby authorize the interment in lot I hold under deed.	X 123	ONL SU L St.	
Signature of recorded holder of deed	xchu	la visto	91911
2.4	(4019)	409-961	31
Work Order # <b>E</b> 16585	Acct. # _		

## MESSAGE CONFIRMATION

08/30/2001 10:00 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/30	01'16"	92292750	CALLING	02	OK	0000

# MT HOPE CEMETERY E-16585

#### GRAVE BLIND CHECK FORM

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

			- <del> </del>	(	H10 - 10	
2	3	4	5	Howard		
ठे	9	10 \$	X W	13		CLAUSE
			9 <del>18 -</del> 9			
Interment Sp Interment Di Lot: 58	ate: TUES	9-4	т	'ime:\	er-celori	Div: _\\
Grave Laid	out by:	_			-	
Agrees with	Legal Card	: 🗆 Yes	C	J No	grage.	pare
Agrees with	Мар:	Yes		No	Ø.	pari
Blind Check	& Verifie	d By:			_ Date:	

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-16585

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	1B. MIDDLE D.	IC. LAST (FAMILY)		b.	2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
SA CITY OF DEATH			SAN DIEGO		OF IN	RELATIONSHIP, FULL M FORMANT INE SEVIER-D			P CODE
		APEL HATIONAL CITY	PERSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER IF APPLICABLE -1689	GREA	TLAKES, IL	60088	ı	
ACKNOWLEDGMENT OF	anni uranir   I hereby a	scknowledge as applicant that the p	roposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of		M. SOC	MURE OF APPLICANT	erson taking po U	08/30	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFE ITY FOR THE DISPOSITION S ID MIGHT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	0 8 / 3 <sup>3</sup>	200	Banadan canasa an an	E		IG PERMIT
CHANGE IN DISPOSI- REQUIRES A NEW IT TO SHOW FINAL DISPOSITION.		EGISTRAR OF DISTRICT OF BOX  CA 92186-52	85222			RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	RNIA		I
A. BURIAL (INCL			F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	manana		DISPOSITION (Name and A	PENDING-	use only Remains Lo	
BURIAL	Control of the Contro	ODBERS OF CALIFORNIA CEMETERY ET ST., SAN D	CEMETERY TEGO, CEA92102	9-4-01	D IN	SIGNATURE OF PER	Tan	ARGE OF BI	URIAL
CREMATION	12A, NAME AND AL	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CH	ARGE OF CR	EMATION
CREMATION  SOMENTIFIC  USE	13A. NAME AND AL	JORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 136	C. SIGNATURE OF PER	ISON IN CH	HARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPP	ED 140	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FIGENT TO DE		ME, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	156. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS			MATED RE- DISPOSER

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



THE CITY OF

# SAN DIEGO

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

# FAX COVER LETTER

4 8	TO: CLAUPETTE	34.
	PHONE/FAX#	
#	FROM: SVE	£
	DATE: 8-30 -01	
	PAGES incl this page 2	
	MT HOPE CEMETERY	

SORRY FOR The CONFUSION YESTERDAY. THERE WAS A LOT

GOING ON HERE AND I SHOULD HAVE BEEN the ONE to JUMP UP

AND START HELPING the FAMILY. NOW THERE IS the QUESTION

of MONEY AND Getting the GRAVE OPENED

Gallpages are not received, please call (619) 527-3400. FRIDAY!

-PLEASE HELP

DIVERSITY

BRNGS US ALL TOGETHER

# PRE-WEED

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 6-30-0

Church, Chapel, Gravesids	Funeral, date, time	INER	LL	BEL	na_
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	. Mortu	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	TARREST NO MARKETON		hurch
will be applied and billed to undersigned.  Lot 73 Grave 8 Row Section Division/Block 1  Grave space & Care Fund 899 S  Additional spaces and care fund 99 S  Burial Container PAID 145  Handling Fees SEP 15 Apply 1  Flower vases - Marker setting fee MT. HOPE CEMETARY 145  Recording and filing fee MT. HOPE CEMETARY 155  Sales taxes 7  REG BROWN Total Due 166  Balance due 166  Balance due 17  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed 100 City 100 Cit	- Pictor	arrive before	rs must ar	eral car	di Fur
Grave space & Care Fund  Additional spaces and care fund Opening/Closing & Setup.  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee  CITY OF SAN DIEGO C.  Paid receipt number  Paid receipt number  Total Due  Of the above named decand this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold MI. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16586  Rection Division/Brock  Paid Due  Of the above named decand repeat the right to make this authorization and interment.  Signature of recorded holder of deed  Invoice # Acct. #	aned.	ed to undersig	and biller	applied	vill be
Additional spaces and care fund  Opening/Closing & Setup  PAID  Spirial Container  Handling Fees  Flower vases - Marker setting fee  Recording and filing fee  MT. HOPE CEMETAR)  CITY OF SAN DIEGO C  REG BROWN  Paid receipt number  Paid receipt number  Balance due  Of the above named det and this is your authority to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetary harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of secorded holder of fleed  Work Order # E 16586  Acct. #		70 <b>4</b> 4		Section 1	8/2
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  SEP (1.5 / 1111)  Flower vases – Marker setting fee  Recording and filing fee MT. HOPE CEMETAR)  CITY OF SAN DIEGO C  REG BROWN  Pald receipt number  Pald receipt number  Of the above named detent of the source and this is your authority to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetary harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Work Order # E 16586  Acct. #	Row Section Division/Block \ d	<u> </u>	Grave	13	ot
Opening/Closing & Setup PAID  Burlal Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETAR)  Sales taxes  CITY OF SAN DIEGO C  Paid receipt number R - 5 y 0 98  Balance due  I hereby certify I am the  and this is your authority to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interrment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of fleed  Work Order # E 16586  Acct. #	200		Care Fu	enace 8	arava
Depening/Closing & Setup. PAID    Setup				140-12-00	
Handling Fees SEP 1.5 / III   195  Flower vases – Marker setting fee MT. HOPE CEMETAR: YS.  Recording and filing fee CITY OF SAN DIEGO C  REG BROWN  Paid receipt number R - 5 y 0 98  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure of recorded holder of ideal  Work Order # E 16586  Acct. #	556				
Flower vases – Marker setting fee  Recording and filing fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO C.  Total Due  Paid receipt number  Paid receipt number  Of the above named det and this is your authority to make disposition of remains as above indicated, I certify and repithet I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Work Order # E 16586  Acct. #	PAID TOO.	tup	ng & Setu	g/Closii	Jpenii
Sales taxes  Paid receipt number  Total Due  Paid receipt number  Total Due  Paid receipt number  Total Due  R-5 V 0 98  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Signature of recorded holder of deed  Work Order # E 16586  Acct. #	CONTROL OF THE PROPERTY OF THE				
Sales taxes  Paid receipt number  Total Due  Paid receipt number  Total Due  Paid receipt number  Total Due  R-5 V 0 98  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Signature of recorded holder of deed  Work Order # E 16586  Acct. #	SEP 1:5 /min		<b></b>	ig Fees	landii
Recording and filing fee CITY OF SAN DIEGO C.  REG BROWN  Paid receipt number  Total Due 166  Balance due 166  Balance due 176  Balance due 17	THOSE OF THE THE	r setting fee	- Marker	vases -	lower
Paid receipt number  Paid receipt number  R - 5 4 0 98  Balance due  Balance due  Of the above named dec and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Signature of recorded holder of deed  Invoice #  Acct. #	OF SAN DIFFOR	eCll.	d filing fee	ing and	lecor
Paid receipt number  Paid receipt number  R - 5 4 0 98  Balance due  Balance due  Of the above named dec and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure of recorded holder of deed  City  Takephone  Invoice #  Acct. #	OL SWINDIE(30) C		<i>.</i>	axes	ales
Paid receipt number R-5 1 0 78   166    Balance due	Total Due 1664	N	ROWA	81	RE
I hereby certify I am the	Paid receipt number R-540 98 1664.		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	8	
I hereby certify I am the	D-				
Signature of recorded holdser of idead  Signature of recorded holdser of idead  City Telephone  Invoice #  Acct. #	disposition of remains as above indicated. I certify and repre thorization and I agree to hold Mt. Hope Cemetery harmless to orization and interment.	rity to make d make this aut of said author	ur authorit right to m account	s is you ave the bility on	and the het I to
Work Order # E 16586  Value of recorded holder of ideal  Value of recorded holder of i	X Signature	interment in r			
Work Order # E 16586 Acct. #	Address Sol			0.5	ing (SEC)
Work Order # E 16586 Invoice #	City the wheet 26	eed	d holder of dea	of recorded	ignature
Work Order # E 16586 Invoice #	Telephone				
Work Order # E 16586	The state of the s				
WORK O'GO' II	Invoice #	16586	E 1		
This E-16600	Acct. #	10000	E 1	)rder#	Nork (
HEX-104 (7-50)	F-16586	Th		(7-96)	REA-10
REA-104 (7-96) This E-16586	Grea 2				
1,911-3500	1 200				
V 19	1 91 - 35				

**D**01

# GREG BROWN

MT. HOPE CEMETERY

### INTERMENT ORDER

PRE-NEED LOT & TRUST

City of San Olego

Dalo 8-30-0

You are heroby aut ofR	EYNOLD	H. 1		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	
ina BELL	LINER CONTENT	Fune	ral, date, time _		
Church, Chapel, G	42 - 42 - 42 - 42 - 42 - 42 - 42 - 42 -				Monuary.
All Funeral care mu	et errive before :	3:30 p.m. of re-	gular work day o	r an extra charge o	15
ons beliqqe ad Iliv	billed (o undersi	gned,			
or 73 an	<u>8</u>	Row	Section	Olvision/ <del>O</del> rc	
Grave space & Car	e Fund	*************			895.00
Additional spaces a	and care fund		***************************************		
Opening/Closing &	Setup		***************************************		375.00
Buriel Container			******************	(11011)	190.00
Handling Fees	OUNE Mesons	******	***************************************	07111 (18 <b>10)10</b> 021112211000	145.00
Secording and fiting	g fee				45.00
		0.0000000000000000000000000000000000000	Total	í Due	1664.5
		Paid recel			
		No office of the		Balance due	
I heraby cirtify I an and this is your au that I have the right any (lability on acco	I to make this au	Inorization and	Bales to note b	of the above na indicated. I certify IL Hope Comotory	med decedent and represent harmless from
hereby authorize t hold under deed.	he interment in I	lat 1	Appropri	Mic Administr	ater
Fightaura at Leany Cock holder	of dood.	_ ×	City Step Telephone	201-A Russin Ro Diago, Callionia	in ad <sup>z</sup> e casa <b>92123</b>
Work Order # E	16586		Acci. #		
9EA-104 (7-96)	Tn	is information	is aveilable in a	liernative formals	upon request.

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 8-30-0

ne	Constitution there	
Type of Burial Container	Funeral, date, time	0.09 N
Church, Chapel, Graveside	CA BURIAL	Mortuary.
All Funeral cars must arrive before 3:30 p.m	. of regular work day or an extra charge o	f\$
will be applied and billed to undersigned		
Lot 399 Grave Row_	Section Division/Ble	-k_6_
Grave space & Care FundAdditional spaces and care fund		300.00
Additional enaces and care fund	したとり	
Construction of States and Care fund	CF 1	105.00
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	45.60	40.00
A ( )		
Sales laxes	######################################	distance of the same
Sales taxes	Total Due	
XXXXX	Total Due	
XXXXX	Total Due	493.0
Paid	Total Due d receipt number Balance due	495.0
XXXXX	Total Due  Balance due  of the above no on of remains as above indicated. I certify on and I agree to hold Mt. Hope Cemetery and interment.	amed decedent and represent harmless from
Paid  I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	Total Due  Balance dueof the above not of remains as above indicated. I certify and interment.	amed decedent and represent harmless from
Paid and the Land the Land this is your authority to make dispositive that I have the right to make this authorization any liability on account of said authorization in the land the l	Total Due  Belance due  of the above not remains as above indicated. I certify on and I agree to hold Mt. Hope Cernetery and Interment.	amed decedent and represent harmless from
Paid and the Land the Land this is your authority to make disposition that I have the right to make this authorization in the land the lan	Total Due  Belance due  of the above not remains as above indicated. I certify on and I agree to hold Mt. Hope Cernetery and Interment.  Signature  Address  City	amed decedent and represent harmless from
Paid and the Analysis of the second second this is your authority to make dispositive that I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I hold under deed.	Total Due	amed decedent and represent harmless from

## MESSAGE CONFIRMATION

08/30/2001 09:18 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
08/30	00'39"	619 286 2674	CALLING	01	ok	0000

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

he burial	space.					
			DAMON			
BELFORD	390 Liltehult	391	392 <sub>X</sub>	393	291	395
			-			-
			TY Seo		٨	
	200000000000000000000000000000000000000		T		et: <u>4</u>	Div:_8
Grave Lai	d out by: _	-		+		
Agrees wi	th Legal Ca	urd: 🗆	Yes [	J Na	Q#	my. m
Agrees wi	th Map: 🗀	J Yes		No		GV.
Blind Che	ck & Verif	ied By: .			Dat	e:





#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

8-30-01

You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the remains
ing DOUBLE DEPTH	
	: HUMPHREY Mortuary.
All Funeral cars must arrive before 3:30 p.m.	The state of the s
will be applied and billed to undersigned	
Lot 7 Grave T Row	Section Division/Block 13
Grave space & Care Fund	131 00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container PA	(D) 165.00 50.00
Handling Fees	0-8-0
Flower vases - Marker setting fee	0-0
Recording and filing fee	45.60
Sales taxes	and and
no be sation	7 3/0 16 10 Total Due
	receipt number
0.1523/54200	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
15-15 Sept. 1-2-15-15-15-15-15-15-15-15-15-15-15-15-15-	Invoice # 352193
Work Order # E 16588	Acct. # 600 957

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE JANE	NT—FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)	DOE	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH 4. SEX 05/08/2001 F
SA. CITY OF DEATH	Chula Vista	58. COUNTY OF DEATH ENTER STATE S	HOUTSIDE CALIF., an Diego	OF INFORMANT	MAILING ADDRESS AND ZIP CODE a—Public Administrator
The second secon	opess of California Funeral Director or Pers Chula Vista Mortuary-753 B ta CA 91910		IF, LICENSE NUMBER FAPPLICABLE FD-964	5201-A Ruffin San Diego CA	Road 92123
ACKNOWLEDGMENT OF A	T I hands astronomical as confined that the consess	disposition stated becomes one of the	dispositions authorized by	BA. SIGNATURE OF APPLICANT	Person taking permit 68. DATE SIGNED  19 09/04/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROSING OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIF IN THIS PERMIT. HOTE: THE PHEMIT GYES NO MONT OF DESPOSAL OUTSIDE OF CALFOR	9A. AMOUNT OF FEE PA		001 2114732	OO'AL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	SO. ADDRESS OF REGISTRAR OF DISTRICT OF DI VICAT RECORDER P.O. Box San Diego CA 92186-5222	85222		OF DISTRICT OF DISPOSITION- UR IN ANOTHER DISTRICT IN CALIF	
A. BURIAL (INCLU	OF CREMATED REMAINS OTHER EMETERY	E. TEMPORARY ENVA	ORINIA	L DISPOSITIO (Name and	RONER'S USE ONLY  N PENDING—REMAINS LOCATED A' Address)
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEM Mt. Hope Cemetery 3751 San Diego CA 92102	ETERY Market Street	9-5-0	11C. SIGNATURE OF PE	F- LONGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREE N/A	MATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PE	RISON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACI N/A	LITY RECEIVING REMAINS	13B, DATE RECE	IVED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO N/A		148, DATE SHIPF	ED 14C. ADDRESS AND SK OF PLACING WITH	SNATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICIENT TO IDENTIFY FINAL PLACE AND CA DI		158. DATE OF DISPOSITION	15C, SIGNATURE OF PE CHARGE OF DISPO	

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

REA-104 (7-96)

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	8-3	n - 01	
Date	0 - )		

	ubject to your rules and regulations, to inter the remains
or many hick	night
In a T 151 Value	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
	Bre rud E-16372 -0
Additional spaces and care fund	nathingter 185.00
Opening/Closing & Setup	
Burial Container	250-00
Handling Fees	<u>\</u> 85.00
Flower vases - Market Betting Jee 1111	
	115 011
Recording and filing fee MT. HOPE CEMETARY Sales taxes CITY OF SAN DIEGO, C.	18.75
OTT OF SAN DIEGO, C.	Total Due
Paid	receipt number R-51086 498.75
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
noid under deed,	Signature SEE 16311
Signature of recorded holder of steed	City Zip Code
	Talisphone
	Invoice #
Work Order # E 16589	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

## MT, HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego .

Date ~ ) ~ 0)

	Funeral, date, time	
Church, Chapel, Graveside	1.01	MAYER Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day of	or an extra charge of \$
will be applied and billed to unders	gned.	
Lot 12 A Grave	200	A Charles
Lot 1 Grave	How Section	Division/Block
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		<u> </u>
Burial Container		
landling Fees		
Flower vases - Marker sexing fee .		
Recording and filing fee	\ /	151
Sales taxes		1 1 1
		al Due
	Paid receipt number	(
V	r aid fecsipt fidiliber	
	***	Balance dua
Z.X.		
I hereby certify I am the and this is your authority to make that I have the right to make this au any Hability on account of said auth	uthorization and I agree to hold	of the above named decedent re indicated. I certify and represent Mt. Hope Cemetery harmless from
and this is your authority to make that I have the right to make this authory liability on account of said auth	uthorization and I agree to hold horization and interment.	e indicated. I certify and represen
and this is your authority to make that I have the right to make this au	uthorization and I agree to hold horization and interment.	e indicated. I certify and represen
and this is your authority to make that I have the right to make this au any liability on account of said auth I hereby authorize the interment in hold under deed,	uthorization and I agree to hold horization and interment.	e indicated. I certify and represen
and this is your authority to make that I have the right to make this au any liability on account of said auth I hereby authorize the interment in hold under deed,	uthorization and I agree to hold horization and interment.	re indicated. I certify and represent Mt. Hope Cemetery harmless from
and this is your authority to make that I have the right to make this au any liability on account of said auth hereby authorize the interment in hold under deed,	uthorization and I agree to hold horization and interment.    lot	re indicated. I certify and represent Mt. Hope Cemetery harmless from
and this is your authority to make that I have the right to make this au any liability on account of said auth	uthorization and I agree to hold horization and interment.    lot	e indicated. I certify and represen

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	0 11 01	
Date	7-4-01	

of STELLA SH	HUFORD	1 3_dy
ina LINER	Funeral, date, time FR1 9-7 1	:01
Church, Chapel, Graveside	GREDWOOD Monu	
All Funeral cars must arrive before 3:10	p.m. of regular Work day or an extra charge of \$ 150	.01
will be applied and billed to undersigned	17ER	
Lot <u>2738</u> Grave Row	Section Division/Block 10	
Grave space & Care Fund	13378 - Need E- 2378 - O-	Š.
Additional spaces and care fund	8 N. A F - 14398 A	
Opening/Closing & Setup	(n-Nud E-14398 D	
Burial Container	<u>.</u>	_
Handling Fees	<u>.                               </u>	_
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes	_ <del>-0</del>	_
	Total Due	_
ÿ	Paid receipt number	_
× 01	Caughter Balance due	
I hereby certify I am the	e of the above named dece	dent
and this is your authority to make dispo that I have the right to make this authori:	sition of remains as above indicated. I certify and repre ization and I agree to hold Mt. Hope Cemetery harmless	sent from
any liability on account of said authoriza	ation and interment.	
I hereby authorize the interment in lot I	XEIRMA & KNOCK	_
hold under deed.	X1235 30.47 11 Af. #10	3_
Signature of recorded holder of deed	- X Jan Lines (4981/3	
	X Telephone 19-262-9305 24	Code
	Invoice #	_

### MESSAGE CONFIRMATION

09/04/2001 08:49 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
09/04	00'24"	619 264 0224	CALLING	01	OK	0000

#### 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.

	-,	- <del> </del>	+	miou LLo	-	0
2735	2736	2737	aug	2739	2710	2711 TEXTOP

Interment space for:_	STELLA S	SHUFORD	
Interment Date: FRi	9-7	_ Time:\`\0	0.0
Lot: <u>273</u> 8 Grave:	Row:_	Sect:	Div: 10
Grave Laid out by:	-		
Agrees with Legal Ca	rd: 🗆 Yes	ONO D	grave
Agrees with Map:	Yes [	J No	
Blind Check & Verifie	ed By:		Date:

88

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16591

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

STELLA	NT—FIRST (GIVEN)	SOUTHERN		SHUPORD			2. DATE OF BIRTH		2/2001	P
CITY OF DEATH			58	CATEG STATE			RELATIONSHIP, FULL		DRESS AND Z	P CODE
SAN DIEGO	X		1_		AN DIEGO	200	A L. RHODE	S - DA	UGHTER	10
GREENWOOD	HORTUAKY	I-805 &			IF APPLICABLE	SAN	5 S. 47TH DIEGO, CA	92113		
ACKNOWLEDGMENT OF M	A L L L L L L L L L L L L L L L L L L L	DIRGO, CA		tated herein is one of t		BA. SIGN	ATURE OF APPLICANT	Person taking (		6/200
1	Section 103	176 of the Health and Salety Co	ode, and was putherland pur	assent to Section 7100 of		LA LANGE	OC SIGNATURE OF	LOCAL PEG		
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAY FOR THE DISPOSITION	AFETY CODE ON SPECIFIED	\$7.00	99/07/20	MLESS	2114953 >	LOUAL REG	STRAN ISSUE	a reniin
ON REQUIRES A NEW STANT TO SHOW FINAL	P.O. BOX				DRESS OF REGISTRAR DISPOSITION IS TO OCCU					
AUTHORIZED DISPO		, CA 92186	5222	i	11550	_			USE ONLY	
A. BURIAL (INCLU	DES ENTOMBMENT)		(4.6)	TEMPORARY EN	AULTMENT		L DISPOSITIO		- REMAINS LO	
B. CREMATION	OF CREMATED REMANDERS METERY  ITAL NAME AND AD	ORESS OF CALIFOR	F.   G.   H.	DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT	ORNIA SIDE OF CALIFORNIA	1	L DISPOSITION (Name and	Address)		OCATED AT
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKETERY  ITAL NAME AND AD  POURT BORN SAN DIEGO,	ORESS OF CALIFOR	F. Q. H. NA CEMETERY 3751 MARK	DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT	ORNIA. SIDE OF CALIFORNIA  11B. DATE BURIEF	/	(Name and	ERSON IN C	HARGE OF BE	DICATED AT
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMANDERS METERY  11A. NAME AND AD MOUNT HONE SAN DIEGO.  12A. NAME AND AD	ORESS OF CALFOR	F. Q. H.  NA CEMETERY  3751 MARK	DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIEI 9-7-0 12B. DATE CREMAT	TED 120	C. SIGNATURE OF PI	ERSON IN C	HARGE OF BE	URIAL EMAT
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMANDERS  11A. NAME AND AD  12A. NAME AND AD  13A. NAME AND AD  14A. NAME AND AD	ORESS OF CALFOR	F. Q. H.  NA CEMETERY  3751 MARE  NA CREMATORY  NA FACILITY REC	DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT  ET STREET  EIVING REMAINS	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIEI 9-7-0 12B. DATE CREMAT	VED 130	SIGNATURE OF PE	ERSON IN CO	HARGE OF CR	URIAL EMATING

#### MT. HOPE SEMETERY

#### INTERMENT ORDER

City of San Diego

	0	1 01	
man.	1	4-01	
Date	97	1	

ina LINE	R		eral, date, time	THU	R 9-	6 1:00
Type of the	erial Container	IVERY		CON		
Church, Chapel, Grav	엄마를 가장하는 것 같다.		and the second		20 9501020	Mortuary.
All Funeral cars must			igular work da	y or an ex	tra charge	of \$
will be applied and bi	lled to undersign	ed			-	35 5 meet
Lat 139 Grav	re R		Section		Division <del>/Bl</del>	10
Lot 10 1 Grav	en		- Ned		CIL	~
Grave space & Care	Fund			econd county	.J.   .   .   .	
Additional spaces and	d care fund	7 9	··········			
Opening/Closing & S	etup	NW.	iwa		************	<u>-v</u> -
Burial Container			(10-1014-10-1-10-10-10-10-10-10-10-10-10-10-10-1			
Handling Fees		******************				<del>_0</del> _
Flower vases - Mark	er setting fee					
Recording and filing t	fee	••••	***************************************			
Sales taxes						+0
			T	otal Due		
		521720060000				
	500	Paid rece	ipt number			
	1	Paid rece	In .	100	alance due	
I hereby certify I am	the F	Pald rece	Parso	VI		
I hereby certify I am and this is your auth	ority to make dis	day	Parso	of t	he above r	named decedent
I hereby certify I am and this is your auth that I have the right to any liability on account	ority to make dis o make this auth	position of	remains as ab	of t	he above r	named decedent
and this is your auth that I have the right to any liability on accou	ority to make dis o make this auth int of sald author	position of orization and ization and	remains as abd i agree to ho interment.	of t	he above r	named decedent
and this is your auth that I have the right to	ority to make dis o make this auth int of sald author	position of orization and ization and	remains as abd i agree to ho interment.	of t	he above r	named decedent
and this is your auth that I have the right to any liability on accou I hereby authorize th hold under deed.	ority to make dis o make this auth int of said author is interment in lo	position of orization and ization and	remains as abd i agree to ho interment.	of t	he above r	named decedent
and this is your auth that I have the right to any liability on accou	ority to make dis o make this auth int of said author is interment in lo	position of orization and ization and	remains as abd i agree to ho interment.	of t	he above r	named decedent ly and represent y harmless from
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and this is your auth that I have the right to any liability on accou I hereby authorize th hold under deed.	ority to make dis o make this auth int of said author se interment in lo	position of orization and ization and	remains as abd i agree to ho interment.  Signature  Address  City  Telephone	of a ove indica id Mt. Hop	he above r ted. I certi e Cemeter	named decedent by and represent y harmless from 2½ Code

### MESSAGE CONFIRMATION

09/04/2001 09:25 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
09/04	00'29"	619 4608747	CALLING	01	OK	0000

# MT HOPE CEMETERY E-16592

GRAVE BLIND CHECK FORM	
------------------------	--

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

			DEVINE			
129	13 0	131 SANDERS	י במ	U3 Gregory	13 4 GREGORY	135
			FININFOLD			
nterm	ent space	for: ViOL	ET LY	NP		

Interment space for: VIOLE L		
Interment Date: THVR 9-6	Time: \\.00	10 to No. 10
Lot: <u>132</u> Grave: Row:	Sect:	Div:
Grave Laid out by:	<b>4</b> (	
Agrees with Legal Card: Tyes	D No.	Grave
Agrees with Map: D Yes	) No	
Blind Check & Verified By:		Date:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

NAME OF DECEDE VIOLET	NT-FIRST (GIVEN)	1B. MIDDLE BEATRICE	IC. LAST (FAMILY)	R:	2: DATE OF BIRTH 3. DATE OF DEATH 4. WONTH DAY YEAR 09/01/2001	4. SEX
SAN DIEGO			SB. COUNTY OF DE		B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT  BUDDY LEE CARROLL - SON	CODE
CONTAD LE	HOM GROVE 1	IA—FUNERAL DIRECTOR OF PE HORTUARY ON GROVE, CA 91		FRAPPLICABLE	2366 PHELPS BOAD CAMPO, CA 91906 BA SIGNATURE OF APPLICANT—Person labor parmit, 88. DATE:	SIGNED
ACKNOWLEDGMENT OF A		ecknowledge as applicant that the propos 1376 of the Health and Safety Code, and w		the dispositions authorized by	aconsilonne 09/02/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PE FORNIA HEALTH AND SAFETY ( TY FOR THE DISPOSITION SPEC IO NIGHT OF DISPOSAL OUTSIDE OF CALF	\$7.00	09/05/20	ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING 2114808	PERMIT
NY CHANGE IN DISPOSH	CO. CF TAN YOU	EGISTRAR OF DISTRICT OF	SUFICES		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION	OF CREMATED REM		E. TEMPORARY EN	NO. 2014 AND SERVICE S	FOR CORONER'S USE ONLY  I. DISPOSITION PENDANG—REMAINS LOCA (Name and Address)	ATED A
BURIAL	11A. NAME AND A		METERY	9-6-01	11C SIGNATURE OF PERSON IN CHARGE OF BURI	HAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON A CHARGE OF CREM	MOTTAL
SCHEMATION	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECEN	PED 13G, SIGNATURE OF PERSON IN CHARGE OF FACI	ALITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CO OF PLACING WITH THE CARRIER	HARGE
SCATTERING AT SEA OR DISPOSITION OTHER		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  CHARGE OF DISPOSITION  150. LICENSE NA OF CREAKED MAINS DISPOSITION  AND DISPOSITION	TED RE- POSER

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego Asles center & GRAVE You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains DAMPEER Funeral, date, time RAGSDALE Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund .. Additional spaces and care fund ..... Opening/Closing-& Setup..... Burial Container..... Flower vases - Marker setting fee ..... Recording and filling fee ...... Paid receipt number Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold MI. Hope Cometery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. burs of recorded holder of deed

16593

Invoice #

This information is available in alternative formats upon request.

# MESSAGE CONFIRMATION

09/04/2001 10:31 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
09/04	00'24"	92631507	CALLING	01	OK	0000



#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

			Date	9-4-	01
You are hereby authorized a		Manager and Property Service in the service of the	les and reg	ulations, to int	er the remains
of FAIZ	KHOUR	i .			
to a poulle per	Atte	Funeral, date, ti	nte		
Type of Build Conta Church, Chapel, Graveside	her		55 ST		9460 707
All Funeral cars must arrive	before 3:30 p.r	n. of regular work	day or an	extra charge o	(5
will be applied and billed to u	SACRETAL PROPERTY OF A CO.	UNITED AND TO SHAPE TO A STATE OF STATES			
Lot 158 Grave	7 Row	Section	<u>_2</u>	_ Division/Blo	/Z
Grave space & Care Fund	·····	***************************************			895.00
Additional spaces and cases	iuna I D		.,	***************************************	
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Burial ContainerSEP	0.4.200	L			
Handling Fees	PE CEMET	AR			
CITY OF Recording and filing fee	SAN DIEG				
Sales taxes					
			Total Du	)	895,00
	Pai	id receipt number	R-5	4096	895.00
	1 4	is receipt number	50 SW	Balance due	-0-
I hereby certify I am the				the above na	amed decedent

Lot 15 R Grave 7 Ro	w Section 2 Division/Ble	12_
Grave space & Care Fund		895.00
Additional spaces and casesung	D	
	<b></b>	
Burial ContainerSEP().47	nat	
Handling Fees	METAR EG/	
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized in the said authorized in	X June 5681 Land	and represent
Signature of recorded holder of deed	X Address S. D. Co - Chy 619 2-7 5 02	92120 61 Zip Code
Work Order # <b>E</b> 16594	Invoice #	
REA-104 (7-96) This	information is available in alternative formats	upon request.

# MT. HOPE CEMETERY

EMMĖŅI OHDEH	
City of San Diego	•
Dale 9- Y-0	L
ted, subject to your rules and regulations, to inter	the remains
UKAI	
Funeral, date, time NON 10-8	10:0
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30 p.m. of regular work day or an extra charge of \$	
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70.00	
ow Section \\ Division/Block	7
PRE-NEED E-6784	0
PAID	_
	05.00
	\$5.00
	60.00
MT. HOPE CEMETARY	
	15.00
	23.00
	7113
Total Due	67.13
Paid receipt number R-59 60 6	164.12
Balance due 👱	-0-
of the above name	ed decedent
position of remains as above indicated. I certify an orization and I agree to hold Mt. Hope Cemetery ha zation and interment.	rmless from
*	
Signature	
Address Selly	
- X	Zip Code
Pelephone	10
Invoice #	
Acct. #	
	Date 9- 1-0  ted, subject to your rules and regulations, to inter  LVA  Funeral, date, time MON 10-8  FAN: LY  So p.m. of regular work day or an extra charge of \$  ad.  SEP 2 4 2001  MT. HOPE CEMETARY  CITY OF SAN DIEGE  Paid receipt number 8- 54150 6  Balance due =  Of the above name of the above n

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.





# MT HOPE CEMETERY

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Agree		al Card: [	J Yes (	/2	de	7500
Blind	Check & '	Verified By	1659 S	<del>,</del>	Dat	'e:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)	N	2. DATE OF BIRTH	2. DATE OF BIRTH   3. DATE OF DEATH			
	CROWELL D.		MURAI		6471371917	0272672001	MALE	
5/	CITY OF DEATH		A		ATH-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL		IP CODE
	MORRISTON			ENTER STATE	NEW JERSET	MORREY MUKAI,	SOM	
71	MOBERT MU	KAI	IA—FUNERAL DIRECTOR O		CALIF. LICENSE NUMBER —IF APPLICABLE	BAJSIGNATURE OF APPLICATE		TE SIGNED
-	ACKNOWLEDGMENT OF A			preposed disposition stated herem is one of and was authorized oursuant to Section 7100 o		1066		5/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WIT FORMA HEALTH AND SAFI TY FOR THE DISPOSITION TO MIGHT OF DISPOSAL OUTSIDE OF	PROVI- ETY CODE SPECIFIED \$7.00	96. DATE PERMI 10/05/2	141	HEN FOR, M	NG PERMIT
	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF R IF DEATH OCCURRE	EGISTRAR OF DISTRICT ED IN CAUFORNIA	1	AN BIRGO CO	OF DISTRICT OF DISPOSITION OF IN ANOTHER DISTRICT IN CALL PROPERTY OF THE PROP	FORMIA A 92186-5222	
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	
	B. CREMATION		IAINS OTHER	E. TEMPORARY EN	90000000000000000000000000000000000000	☐ (Name and	N PENDING—REMAINS L Address)	OGNIED A
	BURIAL	3751 MAI	OPESCHAMEN MET STREET D. CA 92101-	A LOCAL CO.	118. DATE BURNE	1/	ERSON IN CHARGE OF B	
ABLE TEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO		CREMATORY	128, DATE CREMA	TED 12C. SIGNATURE OF PE	RSON OF CHARGE OF CR	REMATION
LL APPLIC	SCIENTIFIC USE	No.		FACILITY RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PI	13C. SIGNATURE OF PERSON IN CHARGE OF FA	
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COU REMAINS OR CREMATED REMAINS ARE TO BE SHIP SIT			14B. DATE SHIPF	ED 14C. ADDRESS AND SK OF PLACING WITH	GNATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER THAN IN A CEMETERY  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER THAN IN A CEMETERY				15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	OSITION OF CREA	NUMBER MATED RE- DISPOSER PLICABLE	

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

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 9	- 4	~0	ni)

. ASH VAULT	Funeral, date: 11ms NON 10-8 10:00
thurch, Chapa Graveside	FAALLY Mortuery.
Il Funeral cars must arrive before 3:30 p	.m. of regular work day of an extra charge of \$
rill be applied and billed to undersigned.	2004 (200 <del>4)</del> (1004) (1004) (1004) (1004) (1004) (1004) (1004) (1004) (1004)
Acceptance and accept	Sacsion 11 Division/Black 7
Grave space & Care Fund	RE-MEED E-6784 _ O
ridditional spaces and care fund	
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tower values - Marker setting fee	and the contract of the contra
ecording and filing fee	45.00
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	Total Duo
P	aid receipt number
	( Salance dut
hereby centify I am the So it and this is your authority to make dispose that I have the right to make this authoriza- tory flability on account of said authorizati	ition of romains as above indicated, I cently and represent alion and I agree to hold Mr. Hope Corphory harmless from
hereby sutherize the interment in lot I told under deed.	X 1741 MARIPOSA CIRCLA
igralus uf queripă latite of ŝeed	DAVIS CAL 950U
North Circles E 16595	Acct. #



22-

DR. CHRISTMAN: A day.

DR. CANTOR: That week is preferable for me, the week of the 9th, as opposed to the following week.

CHAIRMAN ROBECK: Well, Dave is gone, so we can continue the discussion tomorrow, unless some of you other people have urgent meetings on the East Coast.

Well, thank you very much. That was very lively and informative, I think, to us and to the audience.

Tomorrow at 8:30.

(Whereupon, the meeting adjourned at 5:00 p.m.)

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\*

# ROBERT L. MUKAI

September 15, 2001

Ms. Sue Shackleton Mount Hope Cemetery 3751 Market Street San Diego, California 92101-4527

Re: Cromwell D. Mukai: Interment of Ashes

Dear Ms. Shakleton:

I am enclosing a personal check for \$269.13, together with the signed Interment Order which you graciously faxed me some days ago for the October 8 interment of my father's ashes. I have subsequently spoken on the telephone with Ms. Vi Williams, who has explained that the item identified as a burial container in the order is in fact the vault required by the cemetery for interment of cremated remains. She has assured me that the vault will accommodate the dimensions of the rectangular container in which the ashes are sealed.

Should there be a continuation of the air travel uncertainties created by the national tragedy that occurred on the East Coast this last Tuesday, it is conceivable that my mother, whose presence is central to the interment service, may be unable to travel to San Diego from New Jersey in early October. In that case, I will be obliged to ask you to accommodate a postponement of the interment service for from one to perhaps six months. Should that occur, I shall of course notify you at the earliest possible moment, and would hope I will not be required to forfeit any part of the enclosed payment.

Thank you very much for your courtesy in this matter.

ROBERT L. MUKAI

### MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 9-5-01

ou are hereby authorized and instructed, subject NARIA ESTHELA	ESQUE!		tne remains
a do while Depth Crypt Fun	eral, date, time MOA	9-10	11:30
Church, Chapel, Graveside	DOUGHT HOLDSON SECTION	ROBERTS	S Mortuary.
Ul Funeral cars must arrive before 3:30 p.m. of	regular work day or an e	xtra charge of \$	
vill be applied and billed to undersigned.			
ot \ Grave \ How	Section_3	Division/Black	13
Grave space & Care Fund		7	95.00
additional spaces and care fund			
Pening/Closing & Setup. PATD		3	75.00
Burial Container		\	,80.00
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SEP (13 / 1111)		_	
Recording and filing MJ. HOPE CEMETAR CITY OF SAN DIFC		1	45,00
ČITY OF SAN DIFG			28.50
		Ţ.	943.50
Mother Paid rece	eipt number V15 A	10	143.50
	STAY AND AND AND AND AND AND AND AND AND AND	Balance due	-6
hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization army liability on account of said authorization and	remains as above indic od I agree to hold Mt. Ho Interment.	the above nameled. I certify and pe Cemelery has	nd represent armless from
hereby authorize the interment in lot I nold under deed.	X JOSE A X 12 42 Address X San Dic	Hredo	GOWZA
Ignature of recorded licities of deed	X San Dic X (6 19/ 282 Yelephone	30 (	Zip Code
North Order # <b>E</b> 16596	Invoice #		

# MT HOPE CEMETERY E- 16596

# GRAVE BLIND CHECK FORM

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

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-τ	Yost	HEDGER	M X Y	3	HALL:K	Aine
ic LAVE	HLIN RAIS	1 9	Lee	W	Bosnes	10

Interment space for: MARIA	ESQUER
Interment Date:	_ Time:
Lot: Grave: Row:_	Sect: 3 Div: 13
Grave Laid out by:	
Agrees with Legal Card: Tyes	□ No Bly m
Agrees with Map:  Yes	J No
Blind Check & Verified By:	Date:

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



LISE BLACK INK ONLY-MAKE NO EDASLIDES, WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (F	AMILY)			2. DATE OF BIRTH	3. DATE OF		4. SEX
MARKE		ESTHELA	ESQUE	ESQUER			10/01/1931	09/04	2001	Y
SA. CITY OF DEATH	Table 1	*	5B. COUNTY (	OF DEATH-OUT	SIDE CALIF.,	6. NAME	RELATIONSHIP, FULL I	MAILING ADDRE	SS AND Z	P CODE
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BERGE-ROB	ERTS MORTU	ARY, 607 MATION		—IF APPLI		SAN	DIEGO, CA		2	
BLVD, MAI	IONAL CITY		A discovery of the A baseline to	FD-284	a and a decided to	NE 2 0 2	ATURE OF APPLICANT—		BB. DAT	E SIGNED
ACKNOWLEDGMENT OF AF		schoolfodge as applicant that the propos 1376 of the Health and Salety Code, and so				> Pa	white vale	L	09/0	6/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PI FORNIA HEALTH AND SAFETY ( ITY FOR THE DISPOSITION SPEC ID MINIT OF DISPOSAL OUTSIE OF CALF	SODE IFIED 87.00	0	9/06/2	001	9C. SIGNATURE OF LO 2114892	OCAL REGISTE	rar issuin	g Permi
LOCAL REGISTRAR  UNY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE VITAL RE	EGISTRAR OF DISTRICT OF	85222	SE. ADDRESS	OF REGISTRA	R OF DIST	RICT OF DISPOSITION— OTHER DISTRICT IN CAUSO			
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BURIAL	MT HOPE	CEMETERY, 3751 0, CA 92102		9	-10-	01	kun +	- la	~12C	
CREMATION	12A. NAME AND A	DOPESS OF CALIFORNIA CR	EMATORY	129.	DATE CREM	ATED 120	SIGNATURE OF PER	SOM THAS	SE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FA	CILITY RECEIVING REI	MAINS 13B	DATE RECI	EIVED 134	C. SIGNATURE OF PER	rson in Chai	RGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATI CREMATED REMAINS ARE TO		RE 148	. Date ship	PED 14	C. ADDRESS AND SIGN OF PLACING WITH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA			DATE OF DISPOSITIO		C. SIGNATURE OF PER CHARGE OF DISPO		SD. LICENSE OF CREA MAINS D —IF APP	MATED RE-

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

Rn-nuch

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

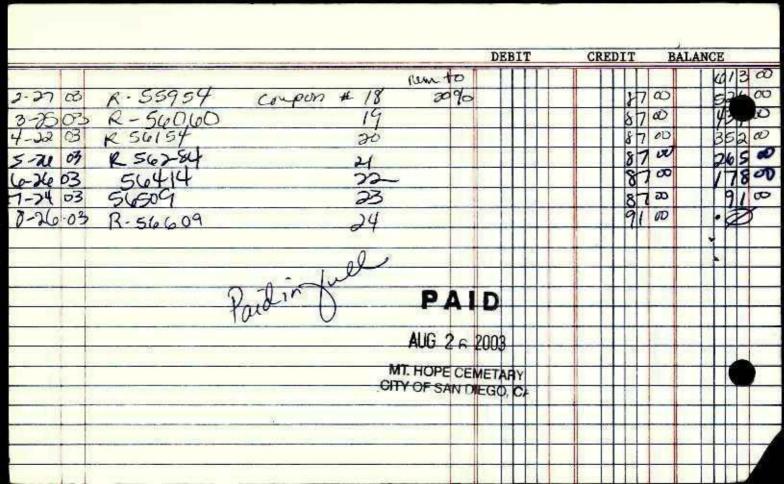
Date 9-5-0

You are hereby authorized and instruction VERNON 4					emantive accide the
in 8 Type of Burial Container	Funera	), date, tim	e		3
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All Funeral cars must arrive before 3:3					
will be applied and billed to undersign	ed.				
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Lot Grave Ro	ow	Section_	1	_ Division/Blec	*
Grave space & Care Fund	1395	χЭ	\		2790,00
Additional spaces and care fund					
Opening/Closing & Setup					
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Handling Fees					
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Recording and filing fee					
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U.1 W.B	2786		2 - C	v 0 9 7	698 r
Art vieles	Paid receipt	number			2093
108/301		6		Balance due	au 19.
I hereby certify I am the	VE STANK TO SHOP	Web Lange		f the above nar	ned decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authori	rization and i	agree to he	odd MI. H	cated. I certify a ope Cemetery I	and represent narmless from
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I hereby authorize the interment in lot hold under deed.	1 /				an
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Signature of recorded holder of deed	- ×	50 C	ción	del Cejon t	92021
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Page Vito Approximate Page Vito		Invoice #_			
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09-05-01	Purchased Pre-need Lots.	DEBIT	CREDIT	BALANCE
	Lot 832 & 833, Sec 1, Div 8 2 @ 1395.00	2790.00		2790.00
0.5-01	R-54097 558	801	698.00	2092.00
1-3-01	R-54187 coupon # 1 - 723 2	V 9/	8700	2005100
126-01	R-54265 Coupon # 2	0.019	87,00	19 18.00
-27-01	R-54382 1 pupon #3		8700	1831.00
31-01	R-54487 Coupon#4		87,00	17744 00
18-02	R-84685 Cupon#5		8700	165700
-6-03	R- 31724		87.00	1570.00
3-26-82	R-54801 COUPON# 7 PD	M Po	87.00	14 83.00
-23-02	R-54891 Couponts		87.00	13 96-00
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1-02	R-55436 # 13		87,00	976 1,00
0-29-03	R-55550 # 14		87.00	874.00
1-25 -03	R-55454 # 15		87.00	787.00
12-24-07	L D-11/13 # 16		87.00	700.00
1-27-00	3 R 35 849 #17		8700	61300
	ELLIOTT, VERNON & MAJEL E-16597			100



OFFICIAL NECEFF	OTT OF ORROROG, OREI	Ontak	56609
WHITE CANARY PINK	CEMETERY MOUNT HOPE CEME	ETERY 4	
From: Maxel Elliatt Minety - One in Full Payment of	Address: 12250 Voota	Del Cason  Dollars  2 Loca	1508 Elleyon
. Lot 832 9 833 Grave	8 Row S	Section	Division 8
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	911,00
BALANCE DUE Ø	AUG 26 2003	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183	
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check		Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	21 2
AC-212 (Rev. 10-02)  This information is evaluable in alternative formats upon rec		TOTAL PAID \$	91, 00

OFFICIAL DECEIPT

WHITE ...... TO CUSTOMER CANARY ..... CEMETERY

PINK AUDITOR

56509

The state of the s	Samuel Bridge			Date	ailes	24	, 20	8
From Mail	Fills	Addres	s: 12250	Viota	100	Cary	84 00	ECO
Eightyse	ven 90	bluo		5	<b>—</b>	Dollars (S	\$ 87.	( <u>0</u>
	Payment of	pre	nucl	Dole	<del>-</del> -		Division <	
Lot 832 + 833	Grave		Row	Sec	tion		Block	<u> </u>
Invoice No. £ 165 C	11		PURPOSES STATED "IN THIS SPACE.	C	:REDIT 20% Sales Care 80% Sales	67007 77184 -	ชา	00
w.o	91.00		PAID		of Lots Opening/ Closing Bunal	77184 - 100 77181 -		
BALANCE DUE	91.00	Į, į	IUL 2 4 2003		Containers Handling Fee Recording &	77182 - 100 77185 - 100		
Pre-Need Los At Nee	COLOR CONTROL VICTOR	CITY	HOPE CEMETAL	RY ()	Misc. Fees Pre-Need Trust Sales Tax	77183 - 63033 77186 - 60101		
Pre-need Trust Cas  AC-212 (Rev. 10-02)	h Check	ISSUED BY	am the	20/	TOTAL PAID	78390 -	81	30
This information is available in alterna-	Capacity Colonia, Sept. Clark Colonia, No.	9df		1	CIALPAID	a -		8

# OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56414

From Majil Ellost Eighty Seven dol	Address: 10250 Visito	ate: The Ho Dollars	208 80g	20
in Payment of Lot	ne mud low_	Section	Division 8	>
	VALID FOR PURPOSES STATED UNLESS MPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	87 10	ல
W.O	PAID	of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182		
Pre-Need Lot At Need On Acct	JUN 2 6 2003	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 53033 Trust 77186		
Pre-need Trust Cash Check ISSI  AC-212 (Rev. 10-02)  This information is available in aftermative formats upon request.	MT. HOPE CEMETARY	Sales Tax 50101 78390 TOTAL PAID \$	87 5	5

# OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56284

From: May Ellias Eichth Swen C	tollars;	DINO les	a del Oyan	SP8	80 87-02	92
Lot 1832 / 833 G	rave	Row	Section/		vision d	
Invoice No. <u>E / 659 7</u> Acct. No.	STAMPED "PAID"	031000000000000000000000000000000000000	CREDIT	57007 77184 ———	87	00
W.O	=======================================	PAID	of Lots Opening/	77184 ——— 100 77181 ———		
BALANCE DUE 10 5		Y 26 7003		77182 ——— 100 77185 ———		
Pre-Need Lot At Need   On A	CITY OF	SAN DIFEC.	Misc. Fees Pre-Need Trust	77183 ——— 53033 77186 ———		
Pre-need Trust   Cash   Che  C-212 (Rev. 10-02)  This information is available in alternative formats upon	ISSUED BY	m 4 ptzk		*	87	w

# OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56154

From: V. Elliott Eighty Suur dolla	Address: 12250 Vis us 1 0/100 -	te ad Cajan Dollars	Nd 2 8 6 9 90
Lot 832 / 833 Grave	Row	Section	Division 8
Invoice No. <u> </u>	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	81   ®
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	APR 2.2. 2003	100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	
AC-212 (Rev. 10-02) This information is available in alternative formats upon reques	ISSUED BY CLU SHERZEX	TOTAL PAID \$	81 W

OFFICIAL RECEIPT	
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
From: M. E.I.	un dollars ?
in Post	Payment of QU
Invoice No. E /	U597   NOT VALIE
Acct. No.	STAMPED
W.O BALANCE DUE	439.00
DALANCE DUE	101

CITY OF SAN DIEGO, CALIFORNIA

56060

From: M. Elliott  Cishtyswen dollar in Payment of	Address: 12250 Vls	ta del Ciger  Dollars	10 d 4 8 5 (\$ 87. &	02 SD 9
Lot 832 / 833 Grave	Row_	Section/	Division 5	3
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID PHA STATE  MAK Z.S.  MT. HOPE CEMETARY	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185	<b>3</b> 7	Ø
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in atternative formats upon request	ISSUED BY CHAN DIEGO. U.	Recording & 100	87	Ð

OF	FICIA	LREC	CEIPT
	37	n:	

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55954

From: Vernon Elliott	Address:	12250 V	Date: Feb.	Cajon	(d # Q E	03
in part payment of _	Prense	d 10ts	- San Alice	_ Dollars	(\$ 57 00 Division	) 8
Lot 0 724 837 Grave		Row	Section	- W	_ Block	2
Acct, No	STAMPED "PAID" IN	PRPOSES STATED UN THIS SPACE AID	CREDIT 20% Sale 80% Sale of Lots	s 100 77184	33 55	昌
W.O	FEB	27 200	Opening/ Closing Burial Container	100 77181 100 \$ 77182 100		
Pre-Need Lot X At Need On Acct		E CEMETAR	Handling Recording Misc. Fee Pre-Need Trust	s 77183		
Pre-need Trust   Cash   Check X	ISSUED BY_	am Hal	Sales Tax	60101 78390	ଟୀ	=

OFFICIAL RECEIPT		CITY OF SAN DIEG	O, CALIFORNIA	5584	9
CANARY	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE (619) 527			
From: Vernon Elli	Addre	12350 N	Date: John 27	agen id:	1 8 100
- in Part Paymer	nt of Pren	end lots	Dolla Section	Olivision Block	<i>X)</i>
* Invoice No F1(0.597_ Acct. No	STAMPED "PA	PAID	CREDIT 670 20% Sales Care 771	84	60
W.OBALANCE DUE (013-00	<u> </u>	N 27 2003	Closing 771 Burial 1 Containers 771	00 B2 00	
/ \	- 1 House Advanced - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	OPE CEMETARY	Recording &   1   Misc. Fees   771   Pre-Need   630   17151   771   Sales Tax   601	00 83	
AC-212 (Rev. 10-02)	ISSUED BY	Tune dely	TOTAL PAID	» <del></del>	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Vernon/Majel Elliott Eighty-Seven and	Address: On recor	9	24+1,20	02
in Payment of Payment of Grave		Section 1	Division 8	
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100	8ባ.	00
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check 7  AC-212 (Rev. 10-02)	ISSUED BY Paulette C,	Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390  TOTAL PAID S	87.	00

OF	FIC	IAL	RE	CEIP
	100	1		
	0			

WHITE ...... TO CUSTOMER

CANARY ..... CEMETERY PINK ...... AUDITOR

# CITY OF SAN DIEGO, CALIFORNIA

55654

From: Vernon & Majel Eighty - Seven	Hliattess: On reco	rd Dollar	, 25 .2002 s (\$ 87.00
in <u>PaVF</u> Payment of <u>R</u> Lot <u>832 4933</u> Grave	re-need 1015 acc	Section	Division &
Pre-Need Lot At Need L On Acct L  Pre-need Trust L Cash L Check X  AC-212 (Rev. 10-02)	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77184 Burial 100 Containers 77185 Recording 8 100 Misc. Fees 77185 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	37.00

Nº 55550

From Vernom + Majel El Ecanty - Seven	and oo		liers (\$ 87.00	02
In 924 Payment of PX		ection/	Division (	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 60% Sales of Lota Opening/ Closing Soriar Containers	67007 77184 100 77184 100 77181 100 77182 100 77182	00
Pre-Need Lot At Need On Acct Pre-need Trust Caah Check AC-212 (Rev. 5-94)	ISSUED BY Raulette C,	Misc. Fees Pre-Need Trust 77 186 - Séles Tax	77183 83033 86001 78380 \$ \$ \$7.	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	FORNIA	Nº	554	36
WHITE CAMARY PINK	CEMETERY MOUNT HOPE CEME	ETERY	***	55.	
Value C GM. IL	Date:	_ Sep	stember	<u>15,</u> 20 <u>0</u>	2
From Vernon C. Ellwtt Eightir-Seven and	00 Address: ow record	5	ollars (\$ 87	.00	
In Payment of Pu	e-need foto account	Loug	on #	13	
Lot 8324 833 Grave	Se	ection/	Div	rision 8	}
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 ————————————————————————————————————	87	OD
WO. E-16597	-	Opening/ Closing Burial Containers	77181 ——————————————————————————————————		
BALANCE DUE	-	Handling Fee Recording & Misc. Fees	77185 ———— 100 77183 ———		
Pre-Need Lots	Bulas a	Pre-Need Trust 77186 Selea Tax	63033 -9922 60101 78390	87.0	
	ISSUED BY TULLULULULULULULULULULULULULULULULULULU	TOTAL PAID			-

OFFICIAL RECEIPT	
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Nº 55352

From March Ellit	Address: 0 m Rec			, 20	-
In Payment of	Pu-nul Ist	Do	ollars (\$ .	87.00	)
Lot_ 837 833 Grave_	Row Se	ection		Division (	8_
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	87	0 0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Misc. Fees Pre-Need Trust 71/66 Sales Tax TOTAL PAID	77183 — 63033 — 6622 — 60101 78380 —	87	00

OFFICIAL RECEIPT	
-(0)-	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
1 m	

Nº 55241

From: Vernon C. Elliatt	Address: On rea	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	.20 02
Eighty-Seven a	nd 00 -	Dollars (\$	87.00
Lot 832 5 833 Grave	Row \$	ection	Division 8
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Coening/ 100	21 00
W.O. E - 16597 BALANCE DUE 1135.00	PAID JUL 2 5 2002	Opening/ 100 Closing 77161 — Burial 100 Containers 77182 — Hendling Fee 77185 —	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MO HORE CEMETARY	Recording \$ 100 Misc. Fees 77183 — Pre-1/sec 5333 Trust 9022 — Sales Tax 80101 78390 —	
AC-212 (Rev. 5-94) # 137 C	A ISSUED BY THE LOCAL CO.	TOTAL PAID \$	87. 00

ICIAL RECEIPT
100

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

## CITY OF SAN DIEGO, CALIFORNIA

Nº 55136

From mare Ellit	Address: 0 m Run	6-25-1	2 3	, 20	
in part Payment of	Pre- rue Vola	D	ollars (\$ _	87.00	)
Lot 832 833 Grave _	Row Se	oction		Division Slook	8
Invoice No.  Acct. No.  W.O. E - 16597  BALANCE DUE 1222.00  Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	111.111-	CREDIT 20% Selec Care 80% Selec 60% Selec 60 Lota Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Selec Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 69033 9022 60101 78390	87	0.0
136	ISSUED BY 3 ANUMENT	TOTAL PAID		87	60

CANARY	CITY OF SAN DIEGO, CALL TO CUSTOMER CEMETERY AUDITOR  CONTROL  MOUNT HOPE CEMINATION		Νº	5503
From Majel Ellist	(619) 527-3400  Date  Address: 0 NCC	nd	- 02	,20
- In	Pre- ned Lts	ection	MICH S	ision 8
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77182	87 00
Pre-Need Lot At Need On Ac Pre-need Trust Cash Check AC-212 (Rev. 5-94)	issued by I blubble	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 ————————————————————————————————————	87 00

OFFICIAL RECEIPT  WHITE	CEMETERY MOUNT HOPE CEMI		Nº	548	9
From Vernon C. Elliott	(619) 527-3400  Date  Address: 12250 Vista d	el coson	ip 37	Asy	えの
n_part Payment of PA	- need lots account		Oliars (\$ 82.	Sion Q	_
nvoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77164 100 77184	87.0	d
E -165911	- I	Opening/ Closing	77181	_	
W.O. E - 16597  BALANCE DUE \$ 1396,00  Pre-Need Lot the At Need On Acct	- -				

From Vernon & Majel Elli Eighty - Sewen are in part payment of Pr	d 00	ord/		87.00	
Lot 832 833 Grave_		oction		Division 8	141
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	87	00
Pre-Need Lo(3) B At Need On Acct On Pre-need Trust On Cash On Check On Cash		Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 9022 — 60101 78390 —		7
AC-212 (Rev. 5-94) 1332	ISSUED BY 1. Value or a	TOTAL PAID		87.	00

54723

Calc

4 003 1	Date	3-6	,2	0
From: Mayel Ellist	Re Need Sto	D	ollars (\$ 87.00	
Lot 833 Grave	Row So	ection	Division Block	8
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Handling Fee	77184 100 77184 100 77181 100 77182 100 77182 100 77182	7 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Deliber	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77163 63033 9022 80101 78390 \$ 2 7	00

OF	OFFICIAL RECEIPT			
	15 %			

WHITE	то	CUSTOMER
	Harrison and Harrison	
PINK		AUDITOR

# MOUNT HOPE CEMETERY (619) 527-3400

From: Vernon C. Elliott	Address: Drillord Date:	1-28	=	, 20	02
in part Payment of 1	re-need Lots lauge	on #5	oliars (\$	87.00	)
Lot 832 & 833 Grave	, ,	ection /		Division 8	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77183	87	. 00
Pre-Need Lot   At Need   On Acct   Pre-need Trust   Cash   Check   AC-212 (Rev. 6-94)	T D OHC O	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	87.	00

OF	FICIAL RECEIPT
	30%
-	

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

## CITY OF SAN DIEGO, CALIFORNIA

# MOUNT HOPE CEMETERY (619) 527-3400

From: Vernon & Majel Ell	Lott Address: On New	12/31	101	, 20	01
Eighty Seven - Pre	- need foto.	50W X - 90 M	ollars (\$ .	87.00	)
Lot 832 2 8 33 Grave		ection		Division 8	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —	87.	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	1950 ED Brulette Crowford	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77186 — 100 77183 — 63033 9022 — 60101 78390 —	87.	00

O	FICIAL RECEIPT
	S-70.

WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

# MOUNT HOPE CEMETERY (619) 527-3400

From: Kernow Myel Elliott	Date:	11-27		, 20 (	21
Eighty-Sluen on	e-need Lato.	D	ollars (\$ _	87.00	)
Lot 832 E 833 Grave	THE STATE OF THE S	action/		Division 8	,
Invoice No	PAID  PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 —— 100 77184 —— 100 77181 ——	87	00
Pre-Need Lot At Need On Acct	NOV 2.7 2001  MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	77162 — 100 77165 — 100 77183 — 63033 9022 —		
Pre-need Trust Cash Check A	ISSUED BY Faulette Crawford	TOTAL PAID	80101 78390 ——	87.	00

54265

Majel Elliot	Address: on recor	d	ollars (\$	87.	00
Verment of Payment of	e-need for. ajel Ellett Row_s	ection (	Unais (9	Division	8
Invoice No.  Acct. No.  W.O.  E 10597  BALANCE DUE 1918. OD  Pre-Need Lot At Need On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 —	87	00
Pre-need Trust Cash Check CASC 1277	ISSUED BY Trulette Crawy	Sales Tex TOTAL PAID	60101 78390 —	87	02

# MOUNT HOPE CEMETERY (619) 527-3400

From: Maiel Elliott English Seven In part Payment of Ver	non 2 mayel Ellitt	el ego	Rd ollars (\$	\$7.00	dey
Lot 832 833 Grave	ROW SO	CREDIT 20% Sales Care	67007 77184 —	Division Block	8
W.O. E - 16597  BALANCE DUE 2005,00		80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	100 77184 — 100 77181 — 100 77182 — 100 77185 —	87	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Shill Commence	Recording & Misc. Fees Prs-Need Trust Sales Tax TOTAL PAID	100 77183 — 63033 9022 — 60101 78390 —	87	00



# MT. HOPE CEMETERY

# INTERMENT ORDER

family to worth

City of San Diego

82	3	1	2	1
Date	1-	6-	0	E.

Jemens 1		
EA'7 DIL	, subject to your rules and regulations, to int	er the remains
The state of the s		10.0
In a DOUBLE DEPTH	Funeral, date, time Sat 9-8	
Church, Chapet, Graveside	: El lyon	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge o	
will be applied and billed to undersigned.		
Lot 150 Grave 7 Row	Section 3 Division/Blo	F/_ ND
Grave space & Care Fund	RE- NEED E-16594	
Additional spaces and care fund SAT.	URDAY OVERTIME	600.00
Opening/Closing & Setup		375 100
Burial Container		380.00
Handling Fees	***************************************	320.00
Flower vases - Marker setting left 2.00	L	45,00
Recording and filing fee	-X-C	
Sales taxes MT. HOPE CENTER	10, 6	28.50
	Total Due	1748,50
Pr	aid receipt number <u>R-54104</u>	1748.51
X coll	Balance due	
I hereby certify I am the	of the above na tion of remains as above indicated. I certify	med decedent
that I have the right to make this authoriza	ation and I agree to hold Mt. Hope Cemetery	harmless from
any liability on account of said authorization	on and interment.	
I hereby authorize the Interment in lot I	rann sho	un_
hald under deed.	X 10362 EL TORO	LANE
Signature of recorded holder of deed	X SANTEE CA	92071
Security (1) (Security of Transaction (Security of Security of Sec	X 1619) 562-365	7 Zin Crista
V5000564523455991	Invoice #	200
Work Order # E 16598	Acct.#	
REA-104 (7-96) This info	ormation is available in alternative formats	upon request.

O Printed on recycled paper

# E-16598 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.

			Q UARLES	3	9
		<sup>tg</sup> 3	8	9	10
r r	ķ.		1		

				100		
Interme	nt space for: FA	iz t	thour i	-		
Interme	nt Date: SAT	9-8	Time:	10:00		
Lot:15	3 Grave: 7	Row: _	Sec	t: <u>२</u>	Div: 13	_
Grave L	aid out by:		)— H			-
Agrees	with Legal Card:	Yes	□ No ¹	thy	Qai	
Agrees	with Map: 🗖 Yes	ار ،	J No	G	w	
Blind C	heck & Verified B	y: 1/2	Sh	Dat	c: <u>9-7-</u> 0	25

E-16598

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(0V

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

IA NAME OF DECE	DENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	DOMESTIC SERVICES STATES AND ASSESSED.	2. DATE OF BIRTH   3. DAT	E OF DEATH   4. SEX	
FAIZ AVAND		KHOURI		MONTH, DAY, YEAR MONTH	, DAY, YEAR	
SA. CITY OF DEATH		SR COUNTY OF DEATH_OUTSIDE CALE &		NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT  VICTOR KHOURI-BROTHER		
LA MESA		ENTER STATE SAN DIEGO				
EL CAJON	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC MORTUARY LLISON AVE/RL CAJON, CA 92020	TING AS SUCH 78. CAL	F. LICENSE NUMBER APPLICABLE	5681 LANCASTER DR SAN DIEGO, CA 92120 BA SIGNATURE OF APPLICANT—Person balan	160	
ACKINOWILEOCRAFIT OF APPLICANT   I hereby accessingly as applicant that the proposed disposed special field and Safety Code, and was author)		silion stated herein is one of the dispositions authorized by		Jacki Karia 09/06/2001		
PERMIT AUTHORIZATION OF LOCAL REGISTRAF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	The second second second second	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	01 2114940	SISTRAR ISSUING PERMIT	
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	I TOWN BUILDING THE STORY			OF DISTRICT OF DISPOSITION— II IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER	FOR CORONER'S USE ONLY	
	N OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H, TRANSIT TO OUTS		(Name and Address)	CHARGE OF BURIAL	
BURIAL	MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102		98-01 Morman Fernan		u	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY  N/A		12B. DATE CREMATI	ED 12C. SIGNATURE OF PERSON INC	CHARGE OF CREMATION	
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIV	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHEPPED		148. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
DISPOSITION OTH	SCATTERING AT SEA OR SEATH OF SUPERING OF STREET OF SUPERING OF STREET OF SUPERING OF SUPE		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DESPOSER —E APPLICABLE	

COPY 2

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



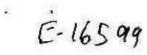


### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-6-01

or RUTH BOOKE	R	
ma DOUBLE DEPTH	Funeral, date, time July 9-1	11,00
Church, Chapel Graveside	: Drysdale	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	. of regular work day or an extra charge o	f\$
will be applied and billed to undersigned		
Lot 115 Grave A Row_	Section 3 Division/Old	15
Grave space & Care Fund	Pre- Nul E-5828	-0
Additional spaces and care fund	unanantanian kantum manantanian manan	
Opening/Closing & Setup		<del>-0</del> _
Burial Container	Louble Depth	205.00
Handling Fees		_+
Flower vases - Prk-AethoDe		<i>₽</i>
Recording and filing fee		<del>-0-</del>
SED 0.6 2001		-0
MT. HOPE CEMETARY	Total Due	205.00
CITY OF SAN DIEGO, C.Paid	receipt number R - 54103	205.00
X · 1	Balance due	-0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	Address Address	-St
Signature of recorded holder of deed	Y City S - D 9 -	210Z
Work Order # E 16599	Invoice #	



### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

the burial space					
	GRAIL	IRX 3		BROADY	
	•	Khine	1	BLACKM	w 30HVS
Interment space for Interment Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	u <u>r</u> 5 9-	т <u></u> т	Time:		iv: 12
Agrees with Lega	l Card: 🗆 Y	es [	J No	and	me
Agrees with Map Blind Check & V	: Tyes		No /	Dates	9-10-01

E-16599

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 5

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

Minnie	NT—FIRST (GIVEN) 1B. MIDDLE R.	Booker		2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX
A. CITY OF DEATH San D	lego	SB. COUNTY OF DEATH	-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LETOY BOOKER, Husgand
Anderson-	Ragsdale Mort.; 5050 Federal ( San Diego, CA 92102	THE AS SUCH 78. CALL		5012 Elm St. San Diego, CA 92102
*	THE PARTY OF THE P	1	53/53 <b>5</b> ///	8A. SIGNATURE OF APPLICANT—Person taking paints 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposition Section 10376 of the Health and Safety Code, and was authorized	on stated herein is one of the I pursuant to Section 7100 of the	dispositions authorized by Highlith and Safety Code	Mel - Well - 109/10/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THES PERMIT.  MOTE THIS PERMIT ONES NO MONIT OF REPOSAL DUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT	04.40 M
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VIESTINGCOUNTY CAUTOUR. Box 85222 San Diego, CA 92186-	! # D		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI		(Name and Address)
BURIAL	Mt. Hope Cemetery; 3/51 Market San Diego, CA 9210		9-11-01	D IIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NÁME AND ADDRESS OF CALIFORNIA CREMATOR	r	128. DATE CHEMA	TED 1 (20. BIGNATURE OF PERSON IN MARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	138. DATE RECE	VED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
→ TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE ST.		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER MAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION OF CREMATED BE-MAINS DISPOSER —# APPLICABLE

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-6-01

Type of Burial Container	uneral, date, time
Church, Chapel, Graveside	Mortu
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 691 Grave Row	Section 5 Division/Block 8
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Just agrago
Burial Container	8 Howard
Handling Fees	
Flower vases - Marker setting feat	·
Recording and filing tee Sales taxes PAID	fr tu 45,1
	Total Due, 45 (C
SEP 0.6 7001 Paid to	eceipt number V15A 45.8
MT. HOPE CEMETARY	Balance due
I here SI TAN PARAN DIFGO &	of the above named dece
and this is your authority to make disposition	of remains as above indicated. I certify and repre-
I hereby authorize the interment in lot I hold under deed.	Daisy Campbell
	Address
Signature of recorded holder of deed	City Zip
	Telephone
	Telephone Invoice #

Pre- heed Trust

REA-104 (7-96)

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-6-01

1 11 2 11	Funeral, date, time
Type of Burial Contained 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 undersigne	d
Lot 69 2 Grave Roy	wSectionSDivision/Block8
Grave space & Care Fund	
Additional spaces and care fund	à 375 750.00
Opening/Closing & Setup	
Burial Container	380.0€
Handling Fees	PAID 320.00
Flower vases - Marker setting fee	
	APR 0 8 40 83 90.00
Sales taxesMT	HOPE CEMETARY 28.50
CITY	OF SAN DIEGO, Chal Due 1568, 5
	Paid receipt number VISA 700.00
	Balance due 868.50
I hereby certify I am the and this is your authority to make dispet that I have the right to make this author any liability on account of said authorization.	A11
I hereby authorize the interment in lot I hold under deed.	X Daisy Carriphell
Signature of recorded holder of dead	City Zip Code
	( Invoice #
Work Order # E 16601	Acct. #

@ Printed on recycled paper

This information is available in alternative formats upon request.

CAMPBEI	L, DAISY 802 S. 47th Street, San Diego 92113			
9-06-01	Opened Pre-need TRUST Trust includes 2 opening/closings, double depth crypt, handling	DEBIT	CREDIT	BALANCE
•	fee, 2 recording fees, tax on crypt.	1568.50		1568.50
09-06-01	(Lot 692, Section 5, Division 8) Visa			
10-5-01	R 54204 Coupon 1-4		144.00	724.50
11-14-01	R-54324 5-8 R-54412 9-14		144.00	436 50
1-3-02	R-5450) coupon # 15-19		144.00	292.50
4-8 08			180.00	118,50
1-0 00	PAID			
	APR 0 8 2003			
•	MT. HOPE CEMETARY CITY OF SA. NEGO, CA			
	CAMPBELL, DAISY E-16600			

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK ALDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400 54324

From Daisy Campbell	Address: On Rich	N-14	, 20	01
One funded trift	Pre- Ned Fried	Dol	lars (\$ 144, 00	),
Lot 693 Grave	Row Se	ection 5	Division Block	8
Acct. No.  W.O. F 1660  BALANCE DUE 580.50  Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Miso. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185 100 177183 100 100 100 100 100 100 100 10	00
AC212 (Raw 5.04) 9 19	ISSUED BY J Michellon	TOTAL PAID	\$ 144	00

OFFICIAL RECEIPT  WHITE T CANARY PINK	O CUSTOMER MOUN CEM	ETERY	5441	2
From Daisy Campbell One Mudul For	Address: Date of the State of t	nd	, 20 mars (\$ 144,00	
Lot 69 a Grave	Row Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	Section 5  CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	Division	8
Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check AC-212 (Rev. 594)	ralled and le ve cauces	Containers Handling Fee Pacording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77102 100 77105 100 77183 63033 83033 9022 60101 78390	00

### OFFICIAL RECEIPT



### WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

54204

From Daisey Campbell One hundred fort	4- four and TOO -		ollars (\$ _	144.0	00,
Lot 692 Grave	Rowse	oction 5		Division Block	8
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Accept 1988	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lotis Opening/ Cloting Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 83033 9022 60101 78390	144	00

### CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

54501

From Drisy Campbell One-Handred fort In Part Payment of Pri	J-fam and 00 —  L-need Trust.	ord	Dollars (\$	144,00	02
Lot 692 Grave	RowSe	ection 5		Division S	3
Acct. No.  W.O. E - IGGO    BALANCE DUE B 292.00  Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pro-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 68033 9022 — 60101	144	00
Pre-need Trust LP Cash LI Check LP 939	ISSUED & Teulette Crawford	TOTAL PAID	78390 —	144.	00

## OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56122

### MOUNT HOPE CEMETERY (619) 527-3400

	(019) 527-54	Date: april	8 ,20 03
Ore Hondred Du	Les 50/100 -	M St SD  Dollars	92113 (\$ 112.50_
in Payment of Corave Grave	P New Row	_ SectionS	Division Block
Invoice No. E 16 60   Acct. No W.O	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	S CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE	APR 0 8 2003 MT. HOPE CEMETARY	Burial 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGO, CA	Recording & 100   Misc. Fees   77183   Pre-Need   63033   Trust   77186   Saids Tax   60101   78390	112 50
AC-212 (Rev. 10-02)	ISSUED BY TUNE LICE	TOTAL PAID \$	112 50

# Pur ruel

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-7-01

H. LOS CRIPICA		
of JOSE & VIRO in a DOUBLEDEP+H Fur	ieral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an ext	ra charge of \$
will be applied and billed to undersigned		
Lot Grave Row	Section	Division/Block _ 8
Grave space & Care Fund	u-Neel	0
Additional spaces and care fund  Opening/Closing & Setup	7 312	750.00
Burial Container	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	380.00
Handling Fees		320.00
Flower vases - Marker setting fee	<b>A</b>	
Flower vases – Marker setting fee	ar 45	90.00
Sales taxes  Paid in fut!  Paid on 10-4-02  Paid rec  R- 54478		38.50
· 11 full 02	Total Due	1568,50
Pald rec	eipt number MC_	392.08
2- 54418	В	alance due 1176 00
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and I hereby authorize the interment in lot I	of the remains as above indicated in agree to hold Mt. Hop interment.	ne above named decedent led. I certify and represent
hold under deed.	> H76Z Soluto	ave tatol
123/08 need done sel sel	San Diego	92113 211 Codo

AGUAYO,	JOSE & VIRGINIA 4762 Solola Ave. #101 San Dieg	go 92113
09-07-01	Opened Pre-need Trust. Trust includes 2 opening/closings, double depth crypt,	DEBIT
	handling fee, 2 recording fees, tax on crypt.	1568.50

03-01-01	Opened 111 MITTO	TANAL T	Contract of the	DE SOUTH OF THE PARTY OF THE PA
	2 opening/closings, double depth crypt,			
	handling fee, 2 recording fees, tax on crypt.	1568.50		1568.50
	(Lot 691, Section 5, Division 8)			
09-07-01	M/C		392.00	1176.50
10-2-01	R-5/181 Coupon #1		98.00	1078,50
11/6/01	R-54292 Coupen #8+3		98.00	980,50
12/3/01	R-54407 Coupon #4+5		98 00	882.50
1-8-9	R-54528 Coupons # 6×7		98.00	784.50
2-4-02	- R-54615 Coupons 89		- 98.00	686,50
3-3-02	R- 54707 Coupm #10, #11		98 00	588.58
5-3-03	K- 54940 / 12 2 /3		no g oc	490,50
6-3-03	R-85054 11 × 15		98100	395 50
7-10-02	R-55194 10 2 17		98.00	R94 50
8-5-0a	R-55274 18 £ 19		98.00	196.50
9-3-03	M/E 20 2 21		98.00	98,50
10-4 02	- K.55478 22 123		98 50	-0-
	AGUAYO, JOSE & VIRGINIA			

### **Pre-Need Trust Accounting**

Interment Order:

E-20824

For: Jose L. Aguayo

Revenue			Fund 63033 (Acct 4226)	Withdraw from Fund 67007 -
Account	Description	Current Price	Old price	ACCT 77186
77181	Grave Openings	\$533.00	\$375.00	\$158.00
77182	Burial Liners			
	(DD Crypt)	\$539.00	\$380.00	\$159.00
77183	Miscellaneous fees			
	Record Processing	\$65.00	\$45.00	\$20.00
	Marker Installation			1 PK 05
77185	Handling Fee			
Fund 60101 ACCT	(DD Crypt)	\$454.00	\$320.00	\$134.00
78390	TAX			
	(DD Crypt)	\$41.77	\$28.50	\$13.27
		\$1,632.77	\$1,148.50	\$484.27

### **Future 2nd interment**

Revenue	Description	Current Price	Fund 63033 (Acct 4226) Old price	Withdraw from Fund 67007 - ACCT 77186
77181 77183	Grave Openings Miscellaneous fees	\$533.00	\$375.00	\$158.00
	Record Processing	\$65.00	\$45.00	\$20.00
	unt deposited on 2 (DCR No. 004386) into	\$598.00	\$420.00	\$178.00
General Fu			(\$98.00)	
		\$598.00	\$322.00	\$178.00
Pre-need E	-16602		\$1,568.50	

### MT. HOPE CEMETERY

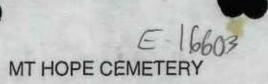
### INTERMENT ORDER

City of San Diego

Date 9/6/6/

	subject to your rules and regulations, to inter the remains
of agrees Dooden	
in a WINEAR Sype of Burning Communer	Funeral, date, time
Church, Chapel Graveside	: CA Burial Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 35 Grave 16 Row	Section 1 Division/Block 12
Grave space & Care Fund	PAID \$895.00
Additional spaces and care fund	1905
Opening/Closing & Setup	SEP 0 7 2001 5375 00
Burial Container	MT. HOPE CEMETARY 196-00
Handling Fees	TY OF SAN DIEGO, CA 145 80
Flower vases - Marker setting fee	T OPERTINE \$400.00 60000
	45.80
	14-25
Julios laxes	Total Due
9.	ald receipt number 8-4-3411 \$22.64-25
	Balance due
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Cooking St. APT. 203
Signature of recorded holder of deed	TETPLE HILLS, 70 20748  CRY (301) 485-5496  Telephone
	Invoice #
Work Order # E 16603	Acct. #
REA-104 (7-96) This info	rmation is available in alternative formats upon request.

@ Printed on recycled paper



### GRAVE BLIND CHECK FORM

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

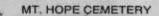
	1	2-	GPANE 3	4	3	moore
		5		10		
Lot:	<u>86</u> G	rave: 3		Sect:	D	iv: 12_
			Tyes [			
Agree	s with Ma	p: Ø Ye	s 🗆	No		
Blind	Check &	Verified B	y:		Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 5

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

L	ACKES	NT—FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)  GOODEN		2. DATE OF BIR	3. DATE OF DEATH	4. SEX	
15/	EL CAJON	3		SAWED TELO	-OUTSIDE CALIF.	OF INFORMANT	AL MAILING ADDRESS AND		
71		AJON BLVD.,	SAN DIEGO.	GA 92115 F-	-1357	574 CASSELMAI CHULA VISTA, BA SIGNATURE DE APPLICA	CA 91910 NT-Ferson taking paymet, 88. D.		
ļ	ACKNOWLEDGMENT OF AP	PEICANT 1 bereby a Section 10	showledge as applicant that the p 176 of the Health and Salety Code, a	proposed disposition stated herein is one of the and was authorized purposed to Section 7300 of the	Health and Safety Code	- FROM COODE	1 20 00 1 221	07/2001	
	PERMIT OTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH ORNIA HEALTH AND BAFE Y FOR THE DISPOSITION S WIGHT OF BEYOSK, OUTSIDE OF	PECIFIED \$7.00	J. BENYA		F LOCAL REGISTRAR ISSU	ING PERMIT	
	ERMIT TO SHOW FINAL DISPOSITION.	WITAL SEE	GISTRAR OF DISTRICT OF BOX. P.O. BOX. CA 92186-52	85222 F 0		OF DISTRICT OF DISPOSITI R IN AMOTHER DISTRICT IN C			
10	. AUTHORIZED DISPO	DSITION(S) CHECK A	PLICABLE ITEMS			FOR	CORONER'S USE ON	LY	
	B. CREMATION		NNS OTHER	E TEMPORARY ENVA	RNIA		TION PENDING—REMAINS and Address)	LOCATED AT	
-	BURIAL	ML. HOLE (	CALIFORNIA	MARKET ST.	9-8-0/	-1	M Leguer	BURIAL	
BLE TTEMS	CREMATION	CREMATION = 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMAT		PERSON IN CHARGE OF C	REMATION	
ALL APPLICA	SOMENTIFIC USE			FACILITY RECEIVING REMAINS	138. DATE RECEIV	TED 130. SIGNATURE OF	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
OMPLETE A	TRANSIT 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPE		SIGNATURE OF PERSON ITH THE CARRIER	IN CHARGE	
0,	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			IE. OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DI	SPOSITION   OF CH	SE NUMBER EMATED RE- DISPOSER PPLICABLE	

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



### INTERMENT ORDER

City of San Diego

Date 9-6-01

ina LINER	A HEATH  Funeral, date, time TOE 9-	11 11:0
Church, Chapel, Graveside	ELIVERY MAYER	Mortuary.
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charge	e of \$
will be applied and billed to under	signed	
Lot 49 Grave 2	Row Section_2 Division	13
Grave space & Care Fund	***************************************	895.00
Additional spaces and care fund	PAID	
Opening/Closing & Setup		375.00
Burial Container	SEP 1.U 2001	190.00
Handling Fees	MT. HOPE CEMETARY	THE OD
Flower vases - Marker setting fee	CITY OF SAN DIEGO	
Recording and filing fee		45.00
Sales taxes		14.25
	Total Due	1664.
	Paid receipt number R-54115	1661.29
	Balance du	ie
I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said au	disposition of remains as above indicated. I cer	named decedent tify and represent ery harmless from
I hereby authorize the interment is hold under deed.	n lot I Signature	
Signature of recorded holder of dood	X cay allud	Zip Code

E-16604

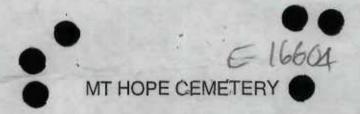
### MT HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Dun 9-6-01

Type of Burray Containe	Funeral date, lime TUE 9-11
thurch Chapel, Graveside	MAYER Mortunity
Il Funeral care must arrive be	store 3.30 p.m. of regular work day or an extra charge of \$
ill be applied and billed to un	dersigned,
49 2	Row Section & Divisions 13
	00°C
oditional spaces and care fur	375.00
beutud/Classid # 24thb	190.00
urial Container	1V5.00
lower vases - Marker setting	
lecording and liling lee	1V.35
Blo3 16×68	Total Due 14.25
	Paid receipt rumber
***	at the share named decedant
hereby certify I am the and this is your suthority to m	at a discouling of remains as above industed I certify and represent
hat I have the right to make the my debility on eccount of sale	his guitherization and I agree to hold Mt. Hope Cernetary harmless from a authorization and interment.
	X Tosa a. h
hereby authorize the inferrite	Y 15201 A RUFFIN Rd
	SAN Diego CA
fignature of recently; intidar of dead	8581 694-3500
	Tripped and the second
Work Order # E 160	Invaice #



### GRAVE BLIND CHECK FORM

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

the bunal space.					
	1	49 X 3	3	Wilson	5
	Ь	7	8	9	colena
	.1.				
Interment space for:		Mary III		H T H	
Interment Date: Tve	5 9-	11 T	ime:		
Lot: 49 Grave	<u> </u>	Row:	Sect:	2_ D	iv: 12
Grave Laid out by:					
Agrees with Legal Ca	ard: 🗆 Y	es [	J No	llag	en
Agrees with Map:	J Yes	01	No	G	nul
Blind Check & Veri	fied By: Z	) ARCES	1	Date:	9-10-01

E-16604

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

88

		NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST OFA		- 1	2. DATE OF BI	YEAR MONT	TE OF DEATH	4 SEX
-	Irginia CITY OF DEATH			•	en country o	Heath	nauer To area	ME, RELATIONSHIP.	313 031		
-	San Diego			ENTER ST	ENTER STATE			PA PA	AUDRESS AND	ar code	
		DORESS OF CALIFORN	A-FUNERAL DIRE	CTOR OR PERSON	ACTING AS SUCH	78. CALIF. LICENSE!		01-A Ruffi	n Rd.		
	ayer Mortu 859 Adams	ary Ave, San D	lego, CA	92116		FD1424	Sai	Diego, C		g pernit, 88. DA	
	ACKNOWLEDGMENT OF A	PPLICANT I heroby a Section 18	decodedge as applicant 376 of the Health and Sa	that the proposed disposety Code, and was author	ooition stated Person is rived pursuant to Section	one of the dispositions auti 7100 of the Health and Safe	ty Cade	actar d	may	perf 09/0	7/2001
	PERMIT THORIZATION OF ICAL REGISTRAR	THIS PERMIT IS ISSUED OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AN	ID SAFETY CODE SMION SPECIFIED	7.00	09	07/2001	90. SIGNATURE 2114983		GISTRAR ISSU	NG PERMIT
T	CHANGE IN DISPOSI- IN REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION,	P.O. Box 8	5222		-	9E. ADDRESS OF RE IF DISPOSITION IS		STRICT OF DISPOSE NOTHER DISTRICT IN			
10	AUTHORIZED DISP	OSITION(S) CHECK A		d_addedate.				FOR	CORONER	'S USE ONL	Y
-											
-	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	IIA NAME AND AI Mt. Hope	DRESS OF CALL		RY	CALIFORNIA O OUTSIDE OF CAL	E BURIED	IC. SIGNATURE O	of PERSON IN		IURIAL
MEMS -	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	METERY SE  TIA NAME AND AT MIT. HODGE	Cometery tet St., S	San Diego,	G. SHIP IN TO H. TRANSIT TO RY CA 9210	CALIFORNIA D OUTSIDE OF CAL 118. DAT	1- 01		F PERSON IN	CHARGE OF B	,
ABLE ITEMS	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	METERY SE 11A NAME AND AI Mt. Hope 3751 Marck	Cometery tet St., S	San Diego,	G. SHIP IN TO H. TRANSIT TO RY CA 9210	CALIFORNIA D OUTSIDE OF CAL 118. DAT	1- 01	IC. SIGNATURE O	F PERSON IN	CHARGE OF B	,/
ILL APPLICABLE ITEMS	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	METERY SE 11A NAME AND AI Mt. Hope 3751 Marck	CORESS OF CALI	San Diego, FORNIA CREMATO	G. SHIP IN TO H. TRANSIT TO RY CA 9210	2 9-//	FE BURIED	IC. SIGNATURE O	OF PERSON IN	CHARGE OF C	REMATION
COMPLETE ALL APPLICABLE ITEMS	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND AI NT. HODE 3751 Mark 12A. NAME AND AI	DORESS OF CALI	San Diego, FORNIA CREMATI FORNIA FACILITY	G. SHIP IN TO H. TRANSIT TO RY CA 9210 ORY RECEIVING REM	2 9-// 128. DAT	E CHEMATED	10. SIGNATURE O	OF PERSON IN	CHARGE OF CO	REMATION

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

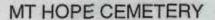
144	
18	4
3	W
2.5	H

MT. HOPE CEMETERY

S 11 INTERM	ENT ORDER	
Wainttion	of San Diego Date	7-01
You are hereby authorized and instructed, sul		
	Funeral, date, time THUR 9-	13 2:30
Type of Burial Container Church, Chapel Graveside	TELOPHASE C	REMAJON
All Funeral cars must arrive before 3:30 p.m.		
	or regular work day or an extra charge	01.0
will be applied and billed to undersigned		
Lot 189 Grave A Row_	Section 2 Division/E	Block 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Handling FeesSEP 1.U. 2001		The second second
Elower venes - Marker cetting for		
Recording and time of SAN DIEGO, C		45 00
Sales taxes	r.	
	Total Due	1135.0
Paid r	receipt number R-54120	1135.00
*	Balance du	• -
I hereby certify I am the DOY	DET of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemete	ity and represent ry harmless from
any liability on account of said authorization a		/
I hereby authorize the interment in lot I	Signatura	-
hold under deed.	x 762 Sefferson	Aux #B
Signature of recorded holder of deed	X SD CA 9191	0
	1619) 422.8768	Zip Code
	Invoice #	
Work Order # E 16605	Acet #	

REA-104 (7-96)

This information is available in alternative formats upon request.



### GRAVE BLIND CHECK FORM

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

1 189 2 3 4 5 ALVARED 7 8 9 10 10					
7 3 9 10 10	AL VARPZ	189X 7	3	4	5
	7		9	10	Vio

Interment space for: ANGELINA ALVAR	E2
Interment Date: TRVR 9-13 Time: 2:	
Lot: 189 Grave: 2 Row: Sect: 5	2_ Div: 12
Grave Laid out by:	A/ 0
Agrees with Legal Card: Yes No	Aly m
Agrees with Map:  Yes  No	Gvo
Blind Check & Verified By:	Date:

E-16605

E- 16605

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DEC	CEDENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX		
ANGELIN	ANGELINA MARIE			ALVAREZ 0970172001 09783				
SA. CITY OF DEAT	TH		5B. COUNTY OF DEA	TH-OUTSIDE CALIF., 6	OF MEDDAJANT	MAILING ADDRESS AND ZIP CODE		
SAN DII			S	AN DIEGO	Contract of the Administration of the Contract	Z-MOTHER		
TELOPHA	ASE CREMATION	SOCIETY-SD 7851	MISSION	IF APPLICABLE	762 JEFFERSON CHULA VISTA CA			
CENTER		DIEGO CA 92108			A SIGNATURE OF APPLICANT-	Parties taking permit   88. DATE SIGNED		
ACKNOWLEDGMENT		chrowledge as applicant that the proposed dis 176 of the Health and Salety Code, and was suff			Allthur Solla	09/12/2001		
PERMIT AUTHORIZATION (	SHONS OF THE CALIF AND IS THE AUTHORIT OF IN THES PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED		98 DATE PERMIT	001 2115201	OCAL REGISTRAR ISSUING PERMIT		
LOCAL REGISTRA	9D ADDRESS OF RE	D RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	1		OF DISTRICT OF DISPOSITION-			
ANY CHANGE IN DISP TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	W VITAL KE	COMOSP.O.BOX 8 O CA 92186-5222			I IN ANOTHER DISTRICT IN CALIF			
10. AUTHORIZED E	DISPOSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONLY		
B. CREMATIC	ON OF CREMATED REM.	AINS OTHER [	F. DISINTERMENT G. SHIP IN TO CALIF		(Name and	N PENDING—REMAINS LOCATED AT Address)		
BURIAL	MT. HOP	DORESS OF CALIFORNIA CEMETE E CEMETERY 3751 M GO CA 92102		118 DATE BURNED	11G. SIGNATURE OF PE	RBON IN CHARGE OF BURIAL		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATE	D 12C. SIGNATURE OF PER	ASON IN CHARGE OF CREMATION		
SCIENTIFIC USE  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY IS  14A. NAME AND ADDRESS IN RECEIVING STATE OR CREMAINS OR CREMATED REMAINS ARE TO BE S		Y RECEIVING REMAINS	138. DATE RECEIV	ED 13C, SIGNATURE OF PE	RSON IN CHARGE OF FACILITY			
			148. DATE SHIPPEI	0 14C ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER			
SCATTERING AT	SEA 15A. ADDRESS, NEA	REST POINT ON SHORELINE, OR O	THER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PE	RSON IN 1 130. LICENSE NUMBER		

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-6-01

You are hereby authorized and instructed, sul		the remains
		10:01
Type of Bornal Container	Cition Co.	
Church, Chapel, Graveside DELIVER		_ Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		-
Lot 91 Grave 10 Row	Section 2 Division/Blech	12
Grave space & Care Fund	KE-NEED E-16048	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		Ð
	Total Due	
Paid	receipt number	
	Balance due	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery ha	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	Xetophone Stude	) Zip Code
Work Order # E 16606	Invoice #	

### 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.

me punai si	Jace.					
1	3	3	4	5	6	
7	8	9	al X lo	"	13	
Interment Spi					00	
Lot: 91						: 12
Grave Laid	out by:					T
Agrees with	Legal Card	i: 🗆 Y	es [	J No FL	GRA:	ve
Agrees with	Мар: 🗆	Yes				
Blind Check	& Verifie	d By:	ve Lat	•	_ Date:	

89/10/2001

15:48 SD MT. HOPE CEMENTERY 4 92517597

### MT HOPE CEMETERY INTERMENT ORDER

City of San Diago

Date 9-6-01

LLOYD LINER	GEDDES	neral data time WE	9-12	9,00
Church Chapei, Graveside	BEL. VERY	neral, date, time WE'	YER	Moriuery.
All Funeral care must arrive l				
		tablies work only or ou	Brite contlie or s	
or beilld bne beilegs ed Him	mdarsigned			-
or 91 areve 10	) Row	Sarlies 2	Divisionality	13
Greve space & Core Funs .	90	E-NEED E	- 16048 -	0
Anditional spaces and cars (	und	and a supplemental	-	
Opening/Closing & Solup	na mana mana a			8
Burial Contentor	a la company de la company de la company de la company de la company de la company de la company de la company	- 110mm		9
tending Fase		other to the commence	inedicates	0
Tower vestes - Market setter	ng fae	1965 - M. GARRIEN AN -		
lucarding and flling ten		ALM FOREST STORY	or early to an a	0
ieles lavos	PARTIES NO.			7
		Total Du	<b>0</b>	
	Paid roo	raipt number		
			Barance dus _	0
hereby certify I am the			of the above name	ed decadent
and this is your authority to that I have the right to meas any ilability on account of se	this sulhorization and	nd I agree to hold Mt. H	lops Cemetery ha	irmiess from
painth dripoute the intelle	nent in tot i	BUCADING	TORUGUARDIA	N
nold under deed.	E	TATBOF A		Druc
Denstres of commission holder at deast	В'	Y adding to	alul	
		Eliv	9/1401	ay Grau
		PUBLIC ADA	MINISTRATOR	
F 10	202	towo PUBLIC GUA	RDIAN	
Vork Orders E 16	606	Age SAN DEGO	EVITTOKNIV	92123-1699
EA-104 (7-04)	This information	on is available in altere	nativa formats un	on reduces

# E-16606APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 86

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Lloyd Herbert			1C. LAST (FAMILY) Gedd	IC. LAST (FAMILY) Geddes			3. DATE OF DEATH	4. SEX
San Diego			58. COUNTY OF DEATH	an Diego	OF IN	RELATIONSHIP, FULL MA FORMANT Serly White,		P CODE
Mayer Mort	uary	a-funeral director or per in Diego, CA 92		FAPPLICABLE	520 San	1-A Ruffin R	d. 92123	E SIGNED
ACKNOWLEDGMENT OF M	PLICANT I heroby a Section 10	cknowledge as applicant that the propose 376 of the Health and Salety Gode, and was	d disposition stated herein is one of the authorized pursuant to Section 7100 of the	dispositions authorized by e Health and Safety Code	10	use & K	Mayer 09/1	11/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROPERTY CONTROL HEALTH AND SAFETY CONTROL THE DISPOSITION SPECIFIC RIGHT OF DISPOSAL OUTSIDE OF CALFO	PIED 7 00	98. DATE PERMIT 09/11/20 B.E. May	01	BC. SIGNATURE OF LOC 2115153	CAL REGISTRAR ISSUIN	IG PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	7. 333. 2537. 4 11 11	*	DRESS OF REGISTRAR (		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	NA	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	PINIA		L DISPOSITION F (Name and Ad	PENDING—REMAINS LO drass)	OCATED AT
BURIAL	Mt. Hope	Cometery Cate St., San Die	VIII. 200 - 100 -	9-12-01	110	SIGNATURE OF PERS	ON IN CHARGE OF BU	URIAL
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CRE	MATORY	128 DATE CHEMATE	120	SIGNATURE OF PERS	ON CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEIV	ED 130	D. SIGNATURE OF PERS	ON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPE	0 140	OF PLACING WITH TH		CHARGE
SCATTERING AT SEA	15A. ADDRESS, NEA			15B. DATE OF	150	SIGNATURE OF PERS	ON IN 1150. LICENSE	and the same of th

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

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-10-01

	Funeral, date, time FRI 9-14 1:00
Church, Chapet Graveside	: RAGSDALE Mortuary.
	p.m. of regular work day or an extra charge of \$150.00
will be applied and billed to undersigned,	x cur
Lot 1677 Grave Bow	Section Division/Block
	00 = -0
	177 00
Opening/Closing & Setup	PAID 375.00
Burial Container	
Handling Fees	SEP 1 1 2001 185.00
Flower vases - Marker setting fee	T.Z. = A
Recording and filing fee	CITY OF SAN DIEGO, CA
Sales taxes	18.75
	Total Due
F	Paid receipt number 54126
× 0	Balance due
I hereby certify I am the	1944 of the above named decedent
and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above named decedent sition of remains as above indicated. I certify and represent action and lagree to hold Mt. Hope Cemetery harmless from the property in the certific terms.
any habitry on account or said authorizati	I'M FAMILY
I hereby authorize the interment in lot I hold under deed.	Signatur
note there deed.	X 04572 687
Signature of recorded holder of deed	3 619 264-59 849
	Telephone
	Invoice #
Work Order # E 16607	Acct. #
REA-104 (7-96) This int	formation 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.

	-		-	-		
1674	MICHMONY		N• <sup>γγ</sup> X	5		1678
			tred use		7/5	
	Sold	To.	someone	rate		
	ent Date:1 17 Grave					Div: 10
Grave	Laid out by:.					
Agrees	with Legal	Card:	J Yes	□ No	Na	your
Agrees	with Map:	☐ Yes	. 0	No		3000
Blind C	check & Ver	rified By	7		Dat	e:

E- 16607

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 18. MIDDLE MONTH, DAY, YEAR MONTH DAY YEAR Roberts. Sr. James 09/10/2001 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6A. CITY OF DEATH ENTER STATE Cynthia Roberts, Daughter San Diego San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH / 7B. CALIF LICENSE NUMBER 4372 Z St. Anderson-Ragsdale Mort.; 5050 Federal Blvd. -IF APPLICABLE San Diego, CA 92113 FD1329 8A. SIGNATURE OF APPLICANT-Person toking permit, 8B. DATE SIGNED San Diego, CA 92102 I hereby acknowledge an applicant that the proposed disposition shalled herein is one of the dispositions authorized by Section 10.376 of the Health and Solety Code, and seen authorized pursuant to Section 71.00 of the Health and Solety Code. 09/12/200 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

9A. AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT 09/12/2001 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 IN THIS PERMIT, NOTE: THE PERMIT CIVES NO RIGHT OF DESPOSAL OUTSER OF CALEORNIA. **AUTHORIZATION OF** Wellen LOCAL REGISTRAR BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI tal Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL **DISPOSITION** San Diego, CA 92186-5222 FOR CORONER'S USE ONLY TO. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A BURIAL ONCLUDES ENTOWMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT 8 CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE LIC. SIGNATURE OF PERSON IN CHARGE OF BURI 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION **PPLICABLE** 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 150. LICENSE NUMBER 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15B. DATE OF SCATTERING AT SEA OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY

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

#### MT. HOPE CEMETERY

INTERN	MENT ORDER	
1E-01-122) City	of San Diego	te 9-10-0
	1008	20305
You are hereby authorized and instructed, s		
of 20HN DOE	64 # 500	100 x 5 03 8 5
In a DOUBLE DEPTH	Funeral, date, time W	ED 9-12 9,00
Church, Chapel, Graveside DELIV	ERY: MA	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or ar	extra charge of \$
will be applied and billed to undersigned	dzp zoop	the way to when
Lot Grave Row	Section	
Grave space & Care Fund		136.00
Additional spaces and care fund		
Opening/Closing & Setup		165,00
Burial Container	WIND AND DESCRIPTION OF THE PARTY OF THE PAR	
Handling Fees	- 3 - 9	·······························
Flower vases – Marker setting fee	- 9 /	
Recording and filing fee	id add	45.00
Sales taxes		
	AND THE RESERVE OF THE PERSON	386.00
ANCY AOBBS Paid	receipt number	
6.4.		Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	n of remains as above inc in and I agree to hold Mt. I	dicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	Сиу	Zip Code
	Telephone	
	Invoice # 35	2389
Work Order # E 16608	00	0952
Mork Older #	Acct.#	

JaHN-DOE-E 16608 MR- 9/10-01 OH 221 -7 Run GANZER (253) 531-4573 COMMUN -DIS / 2001-20305 938.11 To Start (858) 694-3500

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	BE BLACK INK ONLY-MAI	KE NO ERASURES, W	HITEOUTS OR O	THER A	LTERATIONS	Found		
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE  JOHN —		Doe				3. DATE OF MONTH, DA 06/30/	Y. YEAR	4. SEX		
5A	San Dud	go		58. COUNTY OF DEAT ENTER STATE	n Diego	OF INF	RELATIONSHP, FULL M ORMANT DiegaoCount			
7A	COMMUN	ITY MORTUAL		N ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER FAPPLICABLE	5555 San	Overland A Diego Ca 9	venue 2123		;
LANT	PERMIT  UTHORIZATION OF OCAL REGISTRAR  IT CHANGE IN DISPOSH- ION REGURES A NEW EMILT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. HOTE: THE PERMIT SHES IN SD. ADDRESS OF RI FEATURE OCCURRE  VICTOR NAME OF THE PERMIT SHES IN SO. ADDRESS OF RI FEATURE OCCURRE	TO BE HAND BUT SHIP CIDE, BUT WAS BUT BED IN ACCORDANCE WITH PROVIDENCE OF THE DISPOSITION SPECIFIES IN BUT OF DISPOSITION SPECIFIES IN BUT OF DISPOSITION SPECIFIES IN BUT OF DISPOSITION SPECIFIES IN BUT OF DISPOSITION SPECIFIES IN CALESONNA TO DISPOSITION SPECIFIES IN CALESONNA BOX 8522.  Calif 92186-5222	\$7.00	09/11/2 D. Heldenb	001 rand	2115133	717	AR ISSUÍNG	PERMIT
10	A BURIAL INCLU	11A NAME AND AL	AINS OTHER	THEOLOGIC	ORNIA	MANUFACTURE OF THE PARTY OF	FOR COR	ddresa)	EMAINS LO	
MS	BURIAL	San Diego	Ca 92113  DRESS OF CALIFORNIA CREMA		9-12-0	COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF	SIGNATURE OF PERS	ON IN CHARG	as of crea	MATION
ABLE ITE	CREMATION							/ /		
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	odness of California Facili	TY RECEIVING REMAINS	ISB. DATE RECE	IVED 13C	. SIGNATURE OF PER	BON IN CHAR	IGE OF FA	CILITY
OMPLETE	TRANSIT		DARESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B DATE SHIPF	ED   140	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR INTIFY FINAL PLACE AND CA DIST		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE / OF CREA/ MAINS DE —IF APPLI	ATED RE-

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



### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

II rehap	4	Date_	9-11	-01
You are hereby authorized and instruc			ations, to in	nter the remains
of EL WAREE			10/1	10-
in a Type of Burist Container	Funeral, date, tin	ne Morc	10/8/01	100
Church, Chape Graveside				Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an ex	tra charge	of \$
will be applied and billed to undersign	ed			
Lot 442 Grave Ro	ow Section	4	Division#8	6-cek <u>8</u>
Grave space & Care Fund				300.00
Additional spaces and care fund	DAID			
Opening/Closing & Setup	AID	***************************************		105.00
Burial Container	Τ ο 8 2001			
Handling Fees	OPE CEMETARY	•••••••		
Flower vases – Marker settion of OF Recording and filing fee	SAN DIFGOTO			45.00
			***************************************	
Sales taxes			***************************************	450.00
as at use check	Total Due			V50.00
Morthantuck to bring check	Paid receipt number		alance due	-0
THE PARTY AND THE PROPERTY OF THE PARTY OF T		2001		and the same of th
I hereby certify I am the and this is your authority to make dis- that I have the right to make this autho- any liability on account of said authori-	rization and I agree to I	above indica	ted. I certif	named decedent fy and represent y harmless from
I hereby authorize the interment in lo hold under deed.	1 Signature		-	151 15
	Address	0		
Signature of recorded holder of deed	— X	70	had	Zio Code
	X Telephone	2	m.	LIP COUR
	Invoice #			
Work Order # <b>E</b> 16609	Acct. #		18	

10-11-1 EL MAREE TAMPERN A PHOSTARE 30.005 DIAM 00.201 SHILLMRROWS

30.24

950,00

909 301 - 9209 E-16609

### INTERMENT ORDER

City of San Diego

Date 9-11-01

EL MAREE DA	Funeral, date, time MON. 10/8/01@ 1:00
Thurch, Chapel, Oraveside	RAGSPALE Mortuery.
	n. of regular work day of an extra charge of &
ill be applied and bliled to undersigned	
al 449 Grave Row_	Section 4 Division@ites 8
rave space & Care Fund	300.00
pening/Closing & Salup	105,00
landing Feps	
lower veses - Marker setting tee	
secreting and filing les	Y5.00
iales laxes	
0190 HAND - / **********************************	***************************************
DITO 14402-///////////////////////////////////	Total Due 450,00
	Total Due
	Total Due 450,00
Ped.	Total Due
hereby certify I am the Niece ind this is your authority to make disposith hat I have the right to make this authorizati	Balance due  Of the above named despoent on of remains as above indicated. I certify and represent ton and I agree to fold Mt. Hope Cometery harmless from
Ped.	Total Due
hereby certify I am the MI ace not this is your suthority to make dispositional I have the right to make this authorization illebility on account of said authorization hereby authorize the interment in lot I	Balance due  of the above named despoent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cometery harmless from n and interment.
hereby certify I am the Niece ind this is your authority to make disposith hat I have the right to make this authorizati	Balance due  of the above named despoent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cometery harmless from n and interment.
hereby certify I am the Misce not this is your authority to make dispositional I have the right to make this authorization illebility on account of said authorization hereby authorize the interment in lot i	Balance due  of the above named decodent for of remains as above indicated. I certify and represent for and I agree to hold Mt. Hope Cometery harmless from n and interment.  29870 Goldmine Cicle
hereby certify I am the Niece not this is your sulhority to make disposition to the policy of account of said authorization is interested to the company suthorization to the interest of the control of the interest of the interest in the interest of the cold under deed.	Balance due  of the above named decodent for of remains as above indicated. I certify and represent for and I agree to hold Mt. Hope Cometery harmless from n and interment.  29870 Goldmine Cicle
hereby certify I am the Niece and this is your sulhority to make disposition to the politic make this authorization is also suthorization in the sulhorization in the sulhorizati	Total Due
hereby certify I am the Niece not this is your sulhority to make disposition to the policy of account of said authorization is interested to the company suthorization to the interest of the control of the interest of the interest in the interest of the cold under deed.	Balance due  of the above named decodent for of remains as above indicated. I certify and represent for and I agree to hold Mt. Hope Cometery harmless from n and interment.  29870 Goldmine Cicle

#### GRAVE BLIND CHECK FORM

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				Damp	en	74
				Sect:	4_	Div: 8
	Laid out b	3/4				
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Agrees	with Map	: 🗆 Yes		No	Ġ	no
Blind C	heck & \	/erified By	/:		Da	te:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	Elmaree	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY Dampee)		2. DATE OF BIRTH	
5/	San Diego		SB. COUNTY OF DE	ATH-OUTSIDE CALIF.,	Penelope Grove	
	Anderson-Ra	gsdale Mort.; 5050 Fed		-IF APPLICABLE	29870 Goldmine Sun City, CA 925	
_	San Ble	go, CA 92102		FD-1329	BA. SIGNATURE OF APPLICANT	-Person taking permit, 8B. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code.	proposed disposition stated herein is one in and was authorized purposent to Section 7100	of the Hesith and Safety Code	▶ ATTAINE THE	09/04/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WI SIONS OF THE CALIFORNIA HEALTH AND SAF AND IS THE AUTHORITY FOR THE DISPOSITION IN THIS PERMIT. NUTL: THE PERMIT SHES NO RERT OF DESCRAL DISSUE OF	SPECIFIED \$7.00	69/06/20		LOCAL REGISTRAR ISSUING PERMIT
		90. ADDRESS OF REGISTRAR OF DISTRICT VILLAT RECORDS: P. 0. 8: San Diego, CA 92186	ox 85222		R OF DISTRICT OF DISPOSITION DUR IN ANOTHER DISTRICT IN CAL	
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CO	ORONER'S USE ONLY
	B. CREMATION		E. TEMPORARY EI  F. DISINTERMENT  G. SHIP IN TO CAL  H. TRANSIT TO O		(Name and	ON PENDING—REMAINS LOCATED AT 1 Address)
-	BURIAL	His NAME AND ADDRESS OF CALEGORY Hope Cemetery; 375 San Diego, CA 92102	CEMETERY St.;	10-8-0	1 1/	ERSON IN CHARGE OF BURIA
BLE TEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNI Pacific Crematorium: Lake Elsinore, CA 92		9-10-0	ATED TRC. SIGNATURE OF PI	ERSON IN MARGE OF CHEMATION
LL APPLICA	SOMENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138, DATE RECE	IVED 190 SIGNATURE OF P	ERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING REMAINS OR CREMATED REMAINS A		14B. DATE SHIPF	PED 14C ADDRESS AND ST OF PLACING WITH	GNATURE OF PERSON IN CHARGE H THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHOREL FICIENT TO IDENTIFY FINAL PLACE AND		15B. DATE OF DISPOSITIO	N CHARGE OF DISP	

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

#### INTERMENT ORDER

will witch

City of San Diego

Date 9-12-01

A T.S. VAULT	Funeral, date, time FR1 9-14 9:00
hurch Chapel Graveside	GUADALU PANT Mortuary.
Il Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersign	ned
ot 191 Grave 6 R	low Section
Grave space & Care Fund	895.00
additional spaces and care fund	
	PAID 375.00
Surial Container	SEP 13 2001 185,00
Nower vases – Marker setting fee Recording and filing feeCl	TY OF SAN DIEGO.
Sales taxes	17/9 75
	Total Due
	Paid receipt number
X 8	Balance due
	of the above named decedent sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
hereby authorize the interment in lo old under deed.	X GHASTHIST
aphaliwe of recorded holder of deed	X Cay 78 40 5 T 20 Code 20 Cod
	Invoice # SAN dis 20
Vork Order # E 16610	Acct. #
TANKE BURNES BURNES BURNES	- Indicate and a second

O Pointed on recycled paper

## E-16610 MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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Interment	Date: FR)	9-14	Row:	ime:		iv: \\ \
Agrees wi	th Logal Ca	rd: 🗆 Y	es C		*Sly	mine
	th Map:   ck & Verif		8/ 01	10	_ Date:	





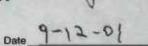
USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

1.0	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH		SEX
	220000	DIEGO DIEGO DIRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON	SANTENTO		HAME RELATIONSHIP FULL OF TOSMANDENE JO- 4178 40th ST AP		ODE
-		PALIIPANA MEMORIAL CHAPEL & M	ORTHARY	APPLICABLE	SAN DIEGO, CA, 92		IGNED
	ACKNOWLEDGMENT OF A	T These values in support that the second is	specifies stated herein is one of the	dispositions sufficient by	Jir Ch.	09/13/2	2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT, ONES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	909E 84A	VEZ 2115328	OCAL REGISTRAR ISSUING PI	ERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEA VITALIN RECORDS AND BOX 8522 SAN DIEGO, CA, 92186-5222	The second secon		OF DISTRICT OF DISPOSITION- I IN ANOTHER DISTRICT IN CAUF		
	JTHORIZED DISPO	DSITION(5) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY	
	B. CREMATION		E. TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	FINA	L DISPOSITION (Nume and	N PENDING—REMAINS LOCAT Address)	TED AT
	BURIAL	NAME AND ADDRESS OF CALIFORNIA SEMETH	AKET ST	1 11B. DATE BURIED	11C SIGNATURE OF PE	RECON IN CHARGE OF BURIA	NL.
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMATE	TRO, SIGNATURE OF PER	RSON IN CHARGE OF CREMA	TION
LL APPLICA	SOIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	ED 19C SIGNATURE OF PE	RSON IN CHARGE OF FACILI	TY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEI	0 14C ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHA THE CARRIER	ARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR C FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		158. DATE OF DISPOSITION	16C. SIGNATURE OF PER CHARGE OF DISPO		D RE-

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

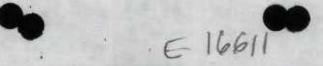
#### INTERMENT ORDER

City of San Diego



A ASK VAULT	Funeral, date, time NON 9 - 24 11.1
hurch, Chapel, Graveside	: HUMPHREY Mortuary
	0 p.m. of regular work day or an extra charge of \$
ill be applied and billed to undersigned	
2 1 4 P	
GITTT Grave Ro	w Section Division/Block
***	100.00
rave space & Care Fund	PAID S
dditional spaces and care fund	105 pg
pening/Closing & Setupurial Container	SEP 12 2001 \$5.0
andling FeesM7	HOPE CEMETARY 60.00
lower vases - Marker setting fee	OF SAN DIEGO, CA
ecording and filing fee	45:00
ales taxes	4.26
	Total Due 369 olk
	Paid receipt number V 15 A 367 - 46
X 11	Balance due
hereby certify I am the	of the above named deceden
at I have the right to make this autho	osition of remains as above indicated. I certify and represen rization and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authoriz	zation and interment.
hereby authorize the interment in lot	Margen Medina
old under deed.	X 4186 Wightman S
gnature of recorded holder of deed	- X 50 92/05
	517619) 780-3934 Zip Cod
	Palaphone
Vork Order # <b>E</b> 16611	Invoice #

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### GRAVE BLIND CHECK FORM

the buri	al space.					
OKER	1171	1172	1173 <sub>X</sub>			
	nt space fo	or: GEOR	CINA S	ESTRAD	A X	
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	Makeri assesses ist		Yes	□ No	thy	m
Agrees	with Map	☐ Yes	0	No		
Blind C	heck & V	erified By:			Date:	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

.

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

	A NAME OF DECEDE GEORGI	The state of the s	IC LAST (FAMILY) ESTRADA	2 DATE OF BIRTH 3 DATE OF DEATH 4 SEX MONTH, DAY, YEAR 09/07/2001 09/07/2001 F
	A. CITY OF DEATH	San Diego	SH COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	E NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Georgina Medina - Mother*
T/		ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC Chula Vista Mortuary—753 Broa		San Diego CA 92105
	Chula Vis	sta CA 91910	FD-964	BA. SIGNATURE OF APPLICANT POPA DAIR DETRI, 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10376 of the Pealth and Safety Code, and was authoritie	of pursuant to Section 7100 of the Health and Safety Code."	quality of any
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT HOTE: THIS PERMIT GRES NO BIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00 98. DATE PER PAID 98. DATE PER PER PER PER PER PER PER PER PER PE	
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VICAI 'RECOTAS' P.O. Box 852 San Diego CA 92186-5222		AF OF DISTRICT OF DISPOSITION—
to	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
	X A. BURIAL (INCLE X B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
L	D. SCIENTIFIC DI	SE	H TRANSIT TO OUTSIDE OF CALIFORNI	
	BURIAL	Mt. Hope Cemetery 3751 Mark San Diego CA 92102	tet Street 9-27-0	IED 110 SIGNATURE OF PERSON IN CHARGE OF BUS
WILE HEMS		11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Mark	tet Street 9-27-0	IED 110 SIGNATURE OF PERSON IN CHARGE OF BUS
ALL APPLICABLE ITEMS	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Mark San Diego CA 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATOR Pacific Crematory 601-D Cra	118 DATE BUR 19-27-0 17 128 DATE CREW 19-19-	IED , 11C SIGNATURE OF PERSON IN CHARGE OF BUT
OMPLETE ALL APPLICABLE ITEMS	BURIAL  CREMATION  SCIENTIFIC	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Mark San Diego CA 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATOR Pacific Crematory 601-D Cra Lake Elsinore CA 92530  13A NAME AND ADDRESS OF CALIFORNIA FACILITY R	tet Street 927-0  128 DATE BUR  128 DATE CREM   IED 11C SIGNATURE OF PERSON IN CHARGE OF BUSINESS OF THE PERSON IN CHARGE OF CREMATION EIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY	

COPY TO FITHE 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.

### INTERMENT ORDER

City of San Diego

157 BURIAL

Date 9-12-01

the della de si	Funeral, date, time TUES 9-18 10.
thurch, Chapel, Graveside	GOODBODY Mortuary
) ( /	.m. of regular work day or an extra charge of \$
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ill be applied and billed to undersigned.	
ot 238 6 Grave . I Row	Section Division/Block [D
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additional spaces and care fund 2001.	÷ 335 7000
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landling Fees	340.0
lower vases - Marker setting fee	46.8
Recording and filing fee	3 2 42 40.0
	2 28,5
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iales taxes	7610 Due
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#### GRAVE BLIND CHECK FORM

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Agrees	with Legal	Card: DY	es l	□ No	30	in ju
Agrees	with Map:	☐ Yes	19	No		Cin
Rlind C	heck & Ve	rified By:	16	-	Date:	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

80

A NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY	,	30	2. DATE OF BIRTH	3. DATE OF		4. SEX
JALIL		ISA	ELIAS			11/12/1920	I Charles and the Control of the Con		N
A CITY OF DEATH			5B. COUNTY OF DE	EATH-OUTSIDE CALIF.	OF INF	RELATIONSHIP, FULL N		SS AND ZIF	CODE
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COODBODA I	ORTUARY		OR PERSON ACTING AS SUCH 7B.	-IF APPLICABLE	Market and the second	ESTELA DRI CAJON, CA 92	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
5027 EL C	MOM BLAD'	SAN DIEGO, C	A 92117	FD790	NA SHOW	ATHRE OF APPLICAND	Person taking permit	88. DATE	SIGNED
ACKNOWLEDGMENT OF A			s proposed disposition status tereso is use of and was authorized pursuant to Section 7100		Sk	wont Kan	dell	09/1	7/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI ORINA HEALTH AND SAF TY FOR THE DISPOSITION DIRECTOR DISPOSAL OUTSIDE O	SPECIFIED \$7.00	SHARON LA 09/17/20		PC SIGNATURE OF LO	OCAL REGISTRA	AR ISSUING	G PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EDISTRAR OF DISTRICT B 10 CAUFORNIA B 2222 D, CA 92186		ADDRESS OF REGISTRAR # DISPOSITION IS TO OCC					-
	23/548 A7 8 T/25	O2 CM 32100	3444		_		RONER'S US	E ONLY	
O. AUTHORIZED DISP	and the second s	PPLICABLE ITEMS				FOR COR	minute of		
B CREMATION	OSITION(S) CHECK A UDBS ENTONBMENT) OF CREMATED REM EMETERY	* /	E. TEMPORARY B			L DISPOSITION (Name and A	PENDING-RE	MAINS LO	CATED A
A BURIAL (INCLI	OSITION(S) CHECK A UDGES ENTONOMENT)  OF CREMATED REM EMETERY SE  11A. NAME AND AL BOURT BOP	AINS OTHER	F. DISINTERIMENT G. SHIP IN TO CAL H. TRANSIT TO OR	JEORNIA  JESUS OF CALIFORNIA  , 118. DATE BURIE	No. of Concession, Name of Street, or other Persons, or other Pers	T I DISPOSITION	PENDING RE		
B CREMATION C DISPOSITION THAN IN A C D SCIENTIFIC U	OSITION(S) CHECK A UDBS ENTONOMENT)  OF CREMATED REM EMETERY SE  11A. NAME AND AL HOURT BOP! SAN DIEGO	AINS OTHER  DORESS OF CALIFORNIA	F. DISINTERMENT G. SHIP IN TO GAL H. TRANSIT TO OR A CEMETERY 3751 HARKET STREET	JEORNIA  JESUS OF CALIFORNIA  , 118. DATE BURIE	21 110	I DISPOSITION (Name and A	PENDING—READINESSON IN CHARLES	abo	FRIAL
BURIAL (INCLI B CREMATION C DISPOSITION THAN IN A C D SCIENTIFIC BURIAL CREMATION SCIENTIFIC LISE	OSITION(S) CHECK AND OBJECT CREMATED REM OF CR	ANS OTHER DORESS OF CALIFORNI B CONSTRUCT CA 92102 DORESS OF CALIFORNI	F. DISINTERMENT G. SHIP IN TO GAL H. TRANSIT TO OR A CEMETERY 3751 HARKET STREET	STEPORNIA  UTSIDE OF CALIFORNIA  118. DATE BURIE  128. DATE CREMA	20 110 21 D	L DISPOSITION (Name and A	SON IN CHARG	THE OF BUI	MATION
B CREMATION  C DISPOSITION THAN IN A C  D SCIENTIFIC U  BURIAL  CREMATION  SCIENTIFIC	OSITION(S) CHECK AND OBES ENTONEMENT)  OF CREMATED REMETERY SE  11A. NAME AND ALL  13A. NAME AND ALL  13A. NAME AND ALL  13A. NAME AND ALL  14A. NAME AND ALL  15A. N	ANS OTHER  DORESS OF CALIFORNI  DORESS OF CALIFORNI  DORESS OF CALIFORNI	F. DISINTERMENT G. SHIP IN TO GAL H. TRANSIT TO OR A CEMETERY 3751 HARKET STREE  A CREMATORY  A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	STEPORNIA  UTSIDE OF CALIFORNIA  118. DATE BURIE  128. DATE CREMA	7 110 7 120 TED 120	L DISPOSITION (Name and A	PENDING FIE Address)  RSON IN CHARG	GE OF BU	PIAL CHATION CILITY

COPY 2

#### INTERMENT ORDER

City of San Diego

or mulian Or	ganego	tion of	Ain Dieg	/0
na	1 1	_ Funeral, date, time		
Type of Burial Continuer Church, Chapel, Graveside		1	News	Mortuary.
All Funeral cars must arrive be	fore 3:30 p.	m. of regular work day	or an extra charge	of \$
will be applied and billed to und	dersigned.			
10 pa 142		Mus	Lik	
ot Grave	Row _	Section	Division/Bi	lock
ot Grave	6	LOTS AT	550.00	3300.
Additional spaces and care fun				
Opening/Closing & Setup				
Jurial Container				
fandling Fees	Control of the Contro	The state of the s		
lower vases - Marker setting	SFP 1	3 2001		
lower vases - marker setting	100 Lah	······································		-
Describes and filling for				
Recording and filing fee M	T. HOPE	CEMETARY		1.
Recording and filing feeM Sales taxes	T HOPE Y OF SA	N DIEGO, C		3300.00
Recording and filing fee M Sales taxes	YOFSA	N DIEGO, C	al Due	3300.00
Recording and filing fee Misales taxes	YOFSA	N DIEGO, G. Tol	al Due	3300.00
Sales taxes	YOFSA	N DIEGO, C	al Due	3300.00
hereby certify I am the and this is your authority to make the right to make the	Pa ake disposit is authoriza	N DIEGO, Common Tollard receipt number R	Balance due	3300.00
hereby certify I am the and this is your authority to make the right to make the rig	Pa Pa ake disposit is authorization	N DIEGO, Control Tolk Relation of remains as about tion and I agree to hold on and interment.	Balance due	3300 .00
hereby certify I am the and this is your authority to make the right to make the any liability on account of said	Pa Pa ake disposit is authorization	N DIEGO, Common Tollard receipt number R	Balance due	3300.00 3300.00
hereby certify I am the and this is your authority to make the right to make the any liability on account of said hereby authorize the intermental under deed.	Pa Pa ake disposit is authorization	N DIEGO, Control Tolk Relation of remains as about tion and I agree to hold on and interment.	Balance due	3300.00 3300.00
hereby certify I am the and this is your authority to make the right to make the any liability on account of said hereby authorize the intermental under deed.	Pa Pa ake disposit is authorization	aid receipt number R  Toler  aid receipt number R  tion of remains as above tion and i agree to hold on and interment.  Signature  Address  Ony	Balance due	3300.00
hereby certify I am the hereby certify I am the hard this is your authority to make the hard I have the right to make the any liability on account of said hereby authorize the intermended under deed.	Pa Pa ake disposit is authorization	aid receipt number R  Tole  To	Balance due	3300 00 3300 00 named decedent by and represent by harmless from
hereby certify I am the and this is your authority to make the right to make the any liability on account of said hereby authorize the intermental under deed.	Pa Ake dispositis authorization authorization	aid receipt number R  Toler  aid receipt number R  tion of remains as above tion and i agree to hold on and interment.  Signature  Address  Ony	Balance due	3300 00 3300 00 named decedent by and represent by harmless from

& Printed us recycled paper

## € 16612

CITY OF SD-MT HOPE CENETERY #64 3751 HARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4381322156665644

89/14/81

89:42:88

KEYED

INVOICER

US

XXXXXXXXXXXXXXX

AUTH# 839362

REF# 88882881

AVS: NO AVS REDISTED

HRIL/PHINE

\$ 2618.38

TOTAL

2618.38

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

\* PHONE DROEP

THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHANT BOTTOM COPY-CUSTOMER

E-16612 Intermed of

Jim ELIAS

15+ 2 2 2 8 URIAL

TRION V KSE

#### INTERMENT ORDER

City of San Diego

Date 9-13-01

na T. S. VAUL	-	Funeral, date, time	Non. 9-17	p.m.
Church, Chapel Graveside	THE L	VERY	concao	Mortuary
All Funeral cars must arrive before	3:30 p.	m. of regular work day	or an extra charge of	s
will be applied and billed to unders	igned.			
				1
Lot 2103 Grave	How_	Section	Division/Bloo	ck 10
Grave space & Care Fund		PRE-NEED	E-15584	ø
Additional spaces and care fund				
Opening/Closing & Setup	etal	June Tre	efer	0
Burial Container		9-21-01		K
Handling Fees				B
Flower vases - Marker setting fee				
Recording and filing fee				
Sales taxes				
	-		al Due	
	Pa	id receipt number	The second second second	Ø
			Balance due	-
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	thorizal	tion and I agree to hold		and represe
hereby authorize the interment in	lot I	Signature	-	
hold under deed.		Address	Jee,	_
Signature of recorded holder of deed	_	*	truck	N
		Talephone	an	Zip Ci
		Invoice #		

#### MY. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-13-01

100000000000000000000000000000000000000	THEKEL	- EY	EFIN		
no	LINEK.	all felt and to the state of the state of	Funeral, date, time	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	Jp.m.
Church, Cl	hapei, Gravesida	WELV	Grayes	denneso	Mortuary.
All Funeral	I cars must arrive before	n 3:30 p.m.	of regular work day	or an extra charge	of \$
will be epp	Pled and billed to under	rsigned			
Lot 210	3 Grave	_ Row	Section	Division/8	lock 10
Grave spe	ce & Care Fund		PRE-NEED	E-15584	
Additional	spaces and care lund				
Opening/O	Stating & Setup	***********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 0
Buriel Con	Rainer	***********			-6-
Handling F	Fe00	**********		***************************************	B
Flower vas	sea - Merker setting to	•	**********************		
Recording	and filling fee		***************************************	-needlesenskin authors agreemed	0
	SS				
				tal Duo	
		Palo	receipt number		
	~	+	_	Balanco due	0
I hereby co	entity I am the	lugh	1or	of the above i	numed decedent
that I have	your authority to make this	authorization	n and I sares to hold	re Indicated, I certi Mt. Hope Corretor	ly and represent by transless from
any liabilit	y on account of cold as	nonzation	and Interment	/.1	1
	uthorize the interment	in lot i	Mon	WITS	janea
hold under	r devg.		¥11586-	-137 FURY	LANE
	curent calcul of area		Cimilland	JON, CA 9	2019
Signaling of the			1619/6	60-2771	
Signaling of the			Talephone		
Signature of the	E 1661		Invalce #		

### 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	3	2102 5	2101 4 Puentes 21°3	2104	2105	
		ELAM	X to	MORRESC	William	
Interment space	e for: I	Farrell	, Evel	40		
Interment Date						v: <b>/</b> 0
Grave Laid out						
Agrees with Le				J No		
Agrees with M	-		1 P. 1815		Date	913/01

E-18614

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A, NAME OF DECEDENT—FRIST (GIVEN) 1B. MIDDLE EVELYN ESTELLE			FARRELL	A TANK AND A SANGER AND A SANGE			3. DATE OF DE		
BA, CITY OF PO	F DEATH			SE COUNTY OF DEAT		JOANNE	CASTANED	A - DAUGH	
CONR	AD LE	MON GROVE M	A-FUNERAL DIRECTOR OR PERSON ORTUARY N GROVE, CA 91945	1 -	LIF. LICENSE NUMBER F APPLICABLE 7D941	EL CAJ	ON, CA 920	019	B. DATE SIGNED
ACKNOWLE	DOMENT OF A	PPLICANT I hereby a Section 10	chromings as applicant that the proposed dra 376 of the Health and Safety Code, and was auth	position stated herein is one of the prized purcuant to Section 7160 of the	a dispositions authorized by the Health and Salety Code.	MM	ttteha	18Cr 10	9/14/2001
PERM AUTHORIZAT LOCAL REG	TION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	THE IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE Y FOR THE DISPOSITION SPECIFIED DISHIT OF DISPOSAL OUTSIDE OF CALFORNIA.	The state of the s	M. MITTLEMAN 09/17/200	ISER 2	SIGNATURE OF LO	CAL REGISTRAR	ISSUING PERMIT
ANY CHANGE I TION REQUIRE PERMIT TO SHE DISPOSIT	ES A NEW SOW FINAL	D. "SATURE COR	GISTRAR OF DISTRICT OF DEAT OF HEALTH SI DS PT 0 BOX 8522		DRESS OF REGISTRAR DISPOSITION IS TO OCCU			EPELA	
10. AUTHOR	NZED DISPO	OSITION(S) CHECK A	AND THE RESERVE TO SERVE THE PARTY OF THE PA				FOR COR	ONER'S USE	ONLY
B. CRE	EMATION	The same of the sa	AINS OTHER	E TEMPORARY ENVI F DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		I DISPOSITION (Name and A	PENDING REMA ddress)	INS LOCATION AT
BUR	RIAL	MOUNT 3751 M	ORESS OF CALIFORNIA CEMETE HOPE CEMETERY ARRET STREET EGO, CA 92102	EAY .	9-17-01	1	IGNATURE OF PER	SON IN CHARGE	OF BU
CREMA	ATION		DORESS OF CALIFORNIA CREMAT	FORY	128. DATE CREMAT	ED 12C S	IGNATURE OF PERS	ON N CHARGE	OF CREMATION
ALL APPLICA	The same	13A. NAME AND AD	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEN	VED 13C. S	IGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRAN	NSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		1 14B. DATE SHIPPE		DDRESS AND SIGN F PLACING WITH T		ON IN CHARGE
SCATTERI	ING AT SEA OR ION OTHER CEMETERY		REST POINT ON SHORELINE, OR O NTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION		IGNATURE OF PER HARGE OF DISPOS	MON ! O	CENSE NUMBER F CREMATED ITS- LAINS DISPOSER -IF APPLICABLE

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

#### INTERMENT ORDER

City of San Diego

Date 9-20-01

You are hereby authorized and instructed, sub of ALME	eject to your rules and regulations, to inter the remains
	uneral, date, time
	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 72 Grave 4 Row	Section \ \ \( \alpha \) Division/Brock \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees FROM	
Flower vases - Marker setting fee	ENEVA THOMAS
Sales taxes	
	Total Due
Paid re	ecelpt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from nd interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Cey Zip Code
	Telephone
2417114	Invoice #
Work Order # E 16615	Acct. #

Re: Lot #72
Grave 4
Section 16
Division 7
Paralee Booker

E-16615

TO WHOM IT MAY CONCERN:

I, Geneva L. Thomas, am the only living sibling of Paralee Booker. I gave this lot to my niece, Almeta Esters.

Deneva Thomas

Signed before me a Notary Public this 12th day of July, 2001.

OFFICIAL SEAL
MARCELLA A. KNIGHT
NOTARY PUBLIC - OKLAHOMA
My Comm. Expires Jan. 25, 2003

My comm. expires:

Notary Public

7364 Diable St. Co - 92114 Son Diegr, Co - 92114

#### INTERMENT ORDER

City of San Diego

Date 9-14-0

ina LINER	Funeral, date, time WED 9 - 10 11,0
Church, Chapet Graveside	RAGSDALF Mortuary.
All Funeral cars must arrive before 300 p.m.	of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned	
Lot 35 Grave 3 Row_	Section Division/Block 12
Grave space & Care Fund	845.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190,00
Burial Container	17-01 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.43
ORTUARY to	Total Due 166 414 3
ORTUARY TO	receipt number R-54140 1664-2
51.	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent not remains as above indicated. I certify and represent an and I agree to hold Mt. Hope Cemetery harmless from and interment
I hereby authorize the interment in lot I hold under deed.	* Super Theatand
Signature of recorded holder of deed	+ San Dogo, Ca 9813 + 619 - 236 - 1544
Work Order # <b>E</b> 16616	Invoice #

#### GRAVE BLIND CHECK FORM

		2	X <sub>3</sub>	4	5	6
	rown,	8	9	10		K
Interment spa Interment Da Lot: 35	ie: 9/1	9/01	Tir	ne:	0	12
Grave Laid o			ow:	_ Sect:/		
Agrees with I	Legal Card:	☐ Yes	0	No	plan	ave ove
Agrees with I			□ No		Date:	
		<i>D</i> <sub>3</sub>	11-1	1.		

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF BECE	DENT-FIRST (GIVEN) 1 1B. MIDDLE	1C. LAST (FAMILY)	2 DATE OF BIRTH 3. DATE OF DEATH 4 SEX
Hollis	Lee	Pleasant, Jr.	MONTH, DAY, YEAR MONTH, DAY, YEAR 02/23/1961 09/12/2001 H
SA CITY OF DEATH	Diego	SB. COUNTY OF DEATH—OUTSIDE ENTER STATE San Diego	CALIF. 8 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ester Pleasant, Mother
7A. TYPED NAME AND	ADDRESS OF CALIFORNA FUNERAL DIRECTOR OR PERSON A Ragsdale Mort.; 5050 Federal B San Diego, CA 92102	TVd. FD1329	San Diego. CA 92113  MA. SIGNATURE OF APPLICANT - PURIO Dainy purmit, 88. DATE SIGNED
ACKNOWLEDGMENT OF	Section 10376 of the Restit and Safety Code, and was authorit	ed pursuant to Section 7100 of the Health and Safe	iti lose Propose Unitera
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR		The second secon	TE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  2115539
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Records: P.O. Box 85222	IF DISPOSITION IS	REGISTRAR OF DISTRICT OF DISPOSITION— IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DIS	SPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
B. CREMATION	N OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CAL	LIFORNIA  LIFORNIA  LIFORNIA  TE BURBED . 11C. SIGNATURE OF PERSON IN CHARGE OF BURBAL
BURIAL	Mt. Hope Cemetery; 3751 Mark San Diego, CA 921	et St.	9-01 - Kull F. lane
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY 128. DAT	TE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 138. DAT	TE RECEIVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		TE SHIPPED 14C. ADDRESS AND SKINATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		TE OF 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER—IF APPLICABLE

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

#### INTERMENT ORDER

City of San Diego

Date 9-17-01

n a Type of flurid Commerce	Funeral, date, time	TURES 9/18/01
Church, Chapel, Graveside	: Ca	addod Mortuary.
All Funeral cars must arrive before 3:90 p.m.	of regular work day o	r an extra charge of \$ _150 00
will be applied and billed to undersigned.		4
		1
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	<del>\</del>	
Recording and filing fee		<i></i>
Sales taxes	1	
	Tota	d Due
Paid	receipt number	
	-/	Balance due
hereby certify I am the	of regialns as above	of the above named decedent indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization a	n and agree to hold I and interment.	Mt. Hope Cemetery harmless from
	11	
hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Involce #	
Work Order # E 16617	Acct. #	

O Printed on recycled paper

#### INTERMENT ORDER

City of San Diego

Date 9-17-0/

na LINER	FL	neral, date, time	TUES 9/2	5/01 300
Church, Chapel Graveside		:01	AIREMO	NT Mortuary.
Il Funeral cars must arrive before	ore 3:30 p.m. of	regular work day o	or an extra char	ge of \$ /50
vill be applied and billed to unde	ersigned.			
ot 1469 Grave	Row	Section	Division	Milock 8
Brave space & Care Fund				1395,00
dditional spaces and care fund	1			
Opening/Closing & Seturo	(ID			375.00
landling FeesSEP1.				1 (1)
Nower vases - Marker setting for MT, HOPE (	CEMETARY N DIEGO, CA			45.00
ales taxes		Tota	al Due	2164.3
	Paid re	ceipt number 1	5 A	216419
hereby certify I am the and this is your authority to mai	Son	d ramains se about	Balance of the above	e named decedent
hat I have the right to make this any liability on account of said a	authorization a	and I agree to hold	Mt. Hope Ceme	etery harmless from
hereby authorize the interment old under deed.	t in lot l	X Jaux Signature 2736	nl Olon Deers	park Dr
ignature of recorded holder of dead		X San D	75-1	CA 92/10 345
		1 Telephoné		
Vork Order # E 1661	4.0	Invoice #		

O Printed on recycled paper

#### GRAVE BLIND CHECK FORM

			- /			
1466	N67 Benson	1468	IAPL	1470 15C#WAB	1471 Seltwab	1472 Schoona
Intermer	nt space for: .  nt Date:			ime:		iv: _8_
Grave L	aid out by: _	M	ntNo	rn-		
Agrees	with Legal Ca	ard: 🗖	Yes [	O No	Flog	m
Agrees	with Map:	] Yes	0	No ,		
Blind Cl	neck & Veril	ied By:	DARR	27/	_ Date:	9-2401
		-16				

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

73

L NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH DAY, YEAR	4. SEX
EILEEN	JEANETTE	ROUSSEAU		11/08/1927	09/14/2001	F
CITY OF DEATH		58 COUNTY OF DEATH-	O	AME, RELATIONSHP, FULL N F INFORMANT		CODE
SAN DIEGO		SAN	DIEGO D	AVID G. ROUSSI		
CLAIREMONT	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A MORTUARY BERNATHY AVENUE. SAN DIEGO.	-IF A	PPLICABLE S.	736 DEER PARK AN DIEGO, CA 9	2110	
ACKNOWLEDGMENT OF AP	I I bende extended as analysed but the resound door	ution stated terest is use of the dis	positions authorized by	SIGNATURE OF APPLICANT	STATE OF THE PARTY	0/200
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SHES NO MICHI OF DISPOSAL ONTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID			CAL REGISTRAR ISSUM	S PERMIT
OF CHANGE IN DISPOSETION REQUIRES A NEW FEMAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED BY CAUFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			DISTRICT OF DISPOSITION— AMOTHER DISTRICT IN CALIFO	RNIA	
AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
erion.	DES ENTOMBMENT)	E TEMPORARY ENVAUL	TMENT ,		PENDING REMAINS LO	a A
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORI H. TRANSIT TO OUTSIDE	NA.	110. SIGNATURE OF PER	ddress)	
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY  ITA NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 M	F. DISINTERMENT  G. SHIP IN TO CALIFORN  H. TRANSIT TO OUTSIDE  Y  ARKET STREET	IIA E OF CALIFOFINIA 11B. DATE BURIED	Chlame and A	SON IN CHARGE OF BU	•
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	of CREMATED REMAINS OTHER METERY  ITA NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 M SAN DIEGO, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFORI H. TRANSIT TO OUTSIDE  VARKET STREET	IIA  OF CALIFORNIA  11B. DATE BURIED  1-25-01  12B. DATE CHEMATED	11C. SIGNATURE OF PER	SON IN CHARGE OF BU	EMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER METERY  ITA NAME AND ADDRESS OF CALIFORNIA CEMETER HOUNT HOPE CEMETERY, 3751 M SAN DIEGO, CA 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATO	F. DISINTERMENT  G. SHIP IN TO CALIFORN  H. TRANSIT TO OUTSIDE  WARKET STREET  ORY  RECEIVING REMAINS  COUNTRY WHERE	IIA  OF CALIFORNIA  11B. DATE BURIED  1-25-01  12B. DATE CHEMATED	110. SIGNATURE OF PER	SON IN CHARGE OF CRESON IN CHARGE OF FA	EMATION CRUITY

#### INTERMENT ORDER

City of San Diego

Date 9-17-01

of KATHERINE	INGRAM	11 11'0
Type of Barial Continuer	Funeral, date, time FRI 9-6	11:00
Church Chaper 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 101 Grave 6 Row_	Section 2 Division#	CONTRACTOR OF THE PARTY OF THE
Grave space & Care Fund	PRE-NEED E-6543	-0
Additional spaces and care fund	15	
Opening/Closing & Setup	(TD	375.08
Burial Container	U 2001	190.00
Handling Fees SEF L	~ 2001	145.00
Flower vases - Marker settin THOPE	CEMETAR)	1120
Recording and filing fee CITY OF SA	N DIEGO, C	45.00
Sales taxes		14.5
orturry to	Total Due	164.93
KING CKICK	aid receipt number 17 - 51152	769.00
	Balance due	
I hereby certify I am the SISTER	of the above r	named decedent
that I have the right to make this authoriza	tion and I agree to hold Mt. Hope Cemeter	y harmless from
any liability on account of said authorization	on and antenners. KONNA	LOLLYNS
I hereby authorize the interment in lot I hold under deed.	Signature	
noid ditidel deed.	Address	
Signature of recorded holder of deed	Zily	Zin Code
	Telephone	
	Invoice #	

E-16619 MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

3	4	5	ici x 6	10.2	NOVOR	DAVIS
MU: + ne 1	10	11	WVXE A		cuevas	SiNGLETP
Interment spi						)
Lot: 10]	Grave:	6_	Row:	Sect:	3 D	iv: <u>\\</u>
Grave Laid	out by:					
Agrees with	Legal Card:	O Y	es C	J No	July	on iave
Agrees with	Мар: 🗆 Ү	es		lo		
Blind Check	& Varified	Dv			Date	

### MESSAGE CONFIRMATION

09/17/2001 15:27 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
09/17	00'25"	92631507	CALLING	01	OK I	0000

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

- 8				
13	DATE	OF	DEATH	D :5

	NAME OF DECEDE	ALL THOUSE COLUMN	A STATE OF THE PARTY OF THE PAR	I TO ENO	T (FAMILY)		2. DATE OF BIRTH		OF DEATH	4. SEX
	Katherine		Loretta		ngram		1272971915	09/14	7208ff	F
5A.	San Die	go			TY OF DEATH—OUTSIDE CALIF. PLATE Diego	OF IN	RELATIONSHIP, FULL A			CODE
7A.	TYPED NAME AND AT ANDERSON-R		Diego, CA	OB PERSON ASTRONO	FD 1329	San I	Franklin Av Diego, CA 92 ATURE OF APPLICANT	1113	mt, 88. DAT	E SIGNED
Ι	ACKNOWLEDOMENT OF A	PPLICANT I hereby a Serdam 10	Secondary at applicant that the 176 of the Health and Safety Co.	he proposed disposition stated he do, and was sufficiently discussed to	rere to one of the dispositions authorized b Section 7100 of the Health and Safety Code.	· All	be phele	ann	09/2	0/200
	PERMIT THORIZATION OF ICAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THES PERMIT.	HED IN ACCORDANCE V ORINA HEALTH AND SA TY FOR THE DISPOSITION DIRECTOR DISPOSAL OUTSIDE	N SPECIFIED	NT OF FEE PAID 98. DATE PER 09/10/1	1005	9C. SIGNATURE OF LC		TRAR ISSUIN	
TH	CHANGE IN DISPOSI- ON REQUIRES A NEW OMIT TO SHOW PINAL DISPOSITION.	VITAL RECO	Diego, CA 9	pex85222	9E ADDRESS OF REGISTY 9 DISPOSITION IS TO C		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO			
10.	AUTHORIZED DISP	OSITION(S) CHECK A	The state of the s				FOR COR	RONER'S	USE ONL	0
-				I E TEMP			THE DISPOSITION	PENDING-	REMAINS L	
	A BURIAL (INCLU B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM. EMETERY SE	ODRESS OF CALIFORN	F. DISING G. SHIP H. TRAN		RIED   110	(Name and )	Address)		
S C C C C	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE 11A, NAME AND AL Ht. Hope	Cemetery; 3	F. DISIN G. SHIP H. TRAN NA CEMETERY 751 Harket St	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORN 11B. DATE BU	RIED TIC	C. SIGNATURE OF PER	Address)	ARGE OF BI	JRIAL >
WBLE TIEMS	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE 11A, NAME AND AL Ht. Hope	ODRESS OF CALIFORN	F. DISIN G. SHIP H. TRAN NA CEMETERY 751 Harket St	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORN  1 11B. DATE BU	RIED TIC	(Name and	Address)	ARGE OF BI	JRIAL >
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OMPLETE ALL APPLICABLE ITEMS	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A, NAME AND AL Ht. Hope  12A, NAME AND AL  13A, NAME AND AL  14A, NAME AND AL	San Diego DORESS OF CALIFORN	F. DISIN' G. SHIP H. TRAN NA CEMETERY 751 Harket St CA 92102 NA CREMATORY NA FACILITY RECEIVING	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORN  11B. DATE BU  12B. DATE CRE  REMAINS 138. DATE RE	MATED 120	SIGNATURE OF PER	Address) REON IN CH	ARGE OF BRANCE OF CR	JRIAL EMATION

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

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-17-01

in a HSA VauH Creekback Funeral, date, time 9-2" A)  Church, Chapel, Graveside (Church, Church, Churc	4-1-11-11-1	old &	9-24	AM
Church, Chapel, Graveside : Creenwood Mortuary  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  will be applied and billed to undersigned.  Lot 3853 Grave Row Section Division/Block / O  Grave space & Care Fund C-6019 Rochest O  Additional spaces and care fund O  Opening/Closing & Setup Burial Container  Handling Fees SEP 19 7000 A  Burial Container  Handling Fees SEP 19 7000 A  Flower vases - Marker setting fee Recording and time Above CITY OF SAN DIEGC  Sales taxes  Total Due 2000 Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and largers to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Invoice #  Invoice #	in a HSA VAULT - Erespanded	_ Funeral, date, ti	me 1- 4-1	THE PARTY OF THE P
Will be applied and billed to undersigned.  Lot 3853 Grave Row Section Division/Block 16  Grave space & Care Fund C-4019 RG-NEED B  Additional spaces and care fund C-4019 RG-NEED B  Under Container Row Row Row Row Row Row Row Row Row Row	Church, Chapel, Graveside		CLEEN MOOD	Mortuary.
Grave space & Care Fund  C-4019  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases - Marker setting fee  Recording and filling Fee CEMETAR  CITY OF SAN DIEGO  Paid receipt number  Paid receipt number  Paid receipt number  FRIEND  of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure of recorded holder of deed  Invoice #  Invoice #	All Funeral cars must arrive before 3:30 p.	m. of regular work	day or an extra charge of	of \$
Additional spaces and care fund  Opening/Closing & Setup A D  Burial Container  Handling Fees  SEP 19 7000  Flower vases - Marker setting fee  Recording and tiling Setup CITY OF SAN DIEGC  Paid receipt number  Total Due  Paid receipt number  I hereby certify I am the  ACCUTOR FRIEND  of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Invoice #  Invoice #	will be applied and billed to undersigned.			
Additional spaces and care fund  Opening/Closing & Setup AID  Burial Container  Handling Fees  SEP 19 7000  Flower vases - Marker setting fee  Recording and thin Methops SEMETAR)  CITY OF SAN DIEGO  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Total Due  Balance due  I hereby certify I am the  ACCUTOR FRIEND  of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Frequence #  Invoice #  Invoice #				
Additional spaces and care fund  Opening/Closing & Setup A I D  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and fill Market HOPE CEMETAR)  CITY OF SAN DIEGC  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Invoice #  Invoice #				ock _/O_
Burial Container  Handling Fees  SEP 19 7001  Flower vases – Marker setting fee  Recording and filling HOPE CEMETAR)  Sales taxes  CITY OF SAN DIEGC  Paid receipt number R 54147  Balance due  I hereby certify I am the ARECUTOR FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Invoice #  Invoice #	Grave space & Care Fund	-4019	Pre-Need	_0_
Handling Fees SEP 9 7001  Flower vases - Marker setting fee 45.00  Recording and filling TeHOPE CEMETAR).  Sales taxes  Total Due 20.00  Paid receipt number R-541117  Balance due 9  I hereby certify I am the EXECUTOR FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of secorded holder of deed  Invoice #	Additional spaces and care fund		~1	10510
Handling Fees SEP 9 7000  Flower vases – Marker setting fee 45.00  Recording and triing Tee HOPE CEMETAR).  Paid receipt number 7 Square 210.00  Paid receipt number 8 Square 210.00  Balance due 9  I hereby certify I am the 122000 FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of seconded holder of deed 10.00  Invoice #	Opening/Closing & Setup			105.00
Recording and thirty setting fee  Recording and thirty setting fee  CITY OF SAN DIEGC  Sales taxes  Paid receipt number  Paid receipt number  Total Due  2/0.0  Balance due  I hereby certify I am the  EXECUTOR FRIEND  of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Signature  Signature  Signature  Signature  Signature  Invoice #	Burial Container			
Paid receipt number  Total Due  Paid receipt number  Total Due  Paid receipt number  Paid rec	Handling Fees SEP 19 200	ļ		60.00
Paid receipt number R-541117 010.0  Balance due   I hereby certify I am the EXECUTOR FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  ACCORD  Paid receipt number R-541117 0100  Balance due D  Signature to the above named deceder and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition of remains as above indicated. I certify and represent	Recording and WINNT-HOPE CEMET	ARY		11/ 42
Paid receipt number R-541117 010.0  Balance due   I hereby certify I am the EXECUTOR FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Accorded Make Sand DIFGO 92104  Tolephone  Invoice #			Total Due	210.00
I hereby certify I am the XEXECUTOR FRIEND of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure  SAN DIFEO 92104  Tolographone  Invoice #	Pa	id receipt number	R-54147	210.00
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed  ACCOOL  Invoice #			Balance due	-0
Signature of recorded holder of deed   X   SAN D/F60   9210   10   10   10   10   10   10   10	that I have the right to make this authorizat	tion and I agree to on and interment.	hold Mt. Hope Cemetery	harmless from
Signature of seconded holder of deed   X   Address   SAN DIFE   92104	I hereby authorize the interment in lot I	Signature	en M. Dai	eau_
X (6/9) 692-9658 Invoice #	noid under deed.	X 36	35 TEXAS	51.
X (6/9) 692-9658 Invoice #	Signature of recorded holder of deed	X_S	AN DIFEO	92104
F 10000		X (G/9)	1) 692-965	7
Work Order # E 1662U Acct. #				
1039330003	- 40000	Invoice é		

REV. 10/86

### WORK ORDER

DATE 9-19-01	MORT. COUNSE FAM. SVC. COU	LOR COLL	1
NAME OF DECEASED FLOR	NCE Re	O AR	NOLIO .
PROPERTY OWNER			
MORTUARY GW DATE OF SERVICE TBD			
DATE OF SERVICE	DAY	TIME	
TYPE & PLACE OF SERVICE			
TIME OF ARRIVAL AT GREENW			
SPECIAL INSTRUCTIONS			
INTERMENT:			
NAME OF GARDEN		GRAVI	= #
LOT# LAWN CRYPT#_	(CIRCLE		
INTERMENT RECEPTACLE			
SPECIAL INSTRUCTIONS			
ENTOMBMENT / INURNMENT:			
CRYPT #TIER	CORRID	OR	
NAMEPLATE (CIRCLE ONE)			
NICHE #TIER		OR	
NAMEPLATE (CIRCLE ONE)	Andrews Contract		
SPECIAL INSTRUCTIONS			1
CREMATION:			
DATE = 9-20	TIME		
URN/CONTAINER	ENGRAVE (C	CIRCLE ONE)	YES NO
FAMILY TO WITNESS (CIRCLE	ONE) NO	YES	
FINAL DISPOSITION ///	HUPE	- Shur	-
DATE PROMISED	-20-01	FIZT HOW	L
SPECIAL INSTRUCTIONS	Et HAIVE	drac 7	0 MH HP
Janey Topick	p Kenin	11/2	
WORK DON'D ETER BY	1-1	all dies 1	-12 n/ \\
WORK COMPLETED BY	J. John	DATE _	M
VERIFIED BY	11. 1	DATE	

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Vault = 16620 demensions 15" Wide 15" bigh 10" Deep

### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

	385,2	3854 Arvold	3855 Matthews	3856 MATZKER
Interment space for: Flore				
Interment Date: Mod 9-2	тт	ime: A	0	
Lot: <u>3853</u> Grave:	Row:	Sect:_	Di	v: 10
Grave Laid out by:				
Agrees with Legal Card:	Yes [	J No	Ten	wer -
Agrees with Map:   Yes		No	0	
Blind Check & Verified By:_			Date:_	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			MAKE NO ERASURES, V			2.1	
FLORE	DENT-FIRST (GIVEN)	1B. MIDDLE REED	1C. LAST (FAMILY) ARNOLD		2. DATE OF BIRTH MONTH DAY YEAR 11/29/1911	S. DATE OF DEATH MONTH, DAY, YEAR 09/16/2001	4. SEX
LA MESA			58 COUNTY OF DEAT ENTER STATE SA	DIECO 0	AME, RELATIONSHIP, FULL MA F INFORMANT ENE BARTON - TR		CODE
GREENWOOD	MORTUARY	NA FUNERAL DIRECTOR OR PER I-805 & DIEGO, CA 92102		ILIF LICENSE NUMBER 36	535 TEXAS STREE	T 104	SIGNED
ACKNOWLEDGMENT O	APPLICANT ( Newton Section	acknowledge as applicant that the propose 10376 of the Health and Safety Code, and we	ed dispraction stated become it one of the	e dispositions authorized by	Show I have	109/18	
PERMIT AUTHORIZATION O LOCAL REGISTRAI	THIS PERMIT IS IS SIONS OF THE CAL AND IS THE AUTHOR IN THIS PERMIT	SUED IN ACCORDANCE WITH PR IFORNIA HEALTH AND SAFETY C ITY FOR THE DISPOSITION SPECIE NO BIGHT OF DISPOSIL OUTSIDE OF CALFO	9A. AMOUNT OF FEE F	THE RESERVE THE PARTY NAMED IN		AL REGISTRAR ISSUING	PERMIT
THY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION	P.O. BOX	REGISTRAR OF DISTRICT OF D RED IN CALIFORNIA 85222 0, CA 92186-5222	, ,		DISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CAUFORN	NIA	•
ALIYUODIZED DI	SPOSITION(S) CHECK	APPLICABLE ITEMS		100000000000000000000000000000000000000	FOR CORO	NER'S USE ONLY	
			THE RESERVE THE PROPERTY OF THE PARTY OF THE PARTY.				
A BURIAL (IN	N OF CREMATED RE CEMETERY		E. TEMPORARY ENV.	ORNIA	1. DISPOSITION P (Name and Add	PENDING—REMAINS LO	CATED AT
A BURIAL IN  B. CREMATIO  C. DISPOSITIO  THAN IN A	N OF CREMATED RECEMETERY USE  11A. NAME AND MOUNT HOP		F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS	ORNIA		dress)	2
A BURIAL IN  B. CREMATIO  C. DISPOSITIO  THAN IN A  D. SCIENTIFIC	N OF CREMATED RECEMETERY USE  11A. NAME AND MOUNT HOP SAN DIEGO 12A. NAME AND GREENWOO	ADDRESS OF CALIFORNIA CEMETERY, 3751, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS METERY I MARKET STREET  MATORY -805 &	ORNIA SIDE OF CALIFORNIA	(Name and Add	ON IN CHARGE OF BU	2
A. BURIAL IN  B. CREMATIO  C. DISPOSITIO  THAN IN A  D. SCIENTIFIC  BURIAL	N OF CREMATED RECEMETERY USE  11A. NAME AND MOUNT HOP SAN DIEGO 12A. NAME AND GREENWOO IMPERIAL	ADDRESS OF CALIFORNIA CEME CEMETERY, 3751 , CA 92102 ADDRESS OF CALIFORNIA CRE D CREMATORY I	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS METERY 1 MARKET STREET  MATORY -805 & GO, CA 92102	OFINIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATED	11C. SIGNATUBE OF DEBBI	ON IN CHARGE OF CHE	MATION
A BURIAL (IN  B. CREMATION  C. DISPOSITION  THAN IN A  D. SCIENTIFIC  BURIAL  CREMATION  SCIENTIFIC	N OF CREMATED RECEMETERY USE  11A. NAME AND MOUNT HOP SAN DIEGO 12A. NAME AND GREENWOO IMPERIAL 13A. NAME AND 1	ADDRESS OF CALIFORNIA CEME CEMETERY, 3751 , CA 92102 ADDRESS OF CALIFORNIA CRE D CREMATORY I AVENUE, SAN DIE	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS  METERY I MARKET STREET  EMATORY -805 & GO, CA 92102  DILITY RECEIVING REMAINS	OFINIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATED	11C SIGNATURE OF PERSO	ON IN CHARGE OF CHE	MATION CILITY

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.





### INTERMENT ORDER

City of San Diego

Date 9-17-01

You are hereby authorized and instructed of KAtie B.	ed, subject to your rules and regulations, to inter	the remains
ina TS VAULT	Funeral, date, time FR; 9-21	2:00
Church, Chapel, Graveside	: Greenwood	Mortuary.
All Funeral cars must arrive before 3:80	p.m. of regular work day or an extra charge of \$	150.0
will be applied and billed to undersigned	74 (14)	
Lot 2556 Grave Row	v Section Division/Block PE-DEED Lot D-643	10
Grave space & Care Fund		
		-
Opening/Closing & Setup	DEED Trust	0
Burial Container	OLEO Trust	0
Handling Fees	16258	0
Flower vases - Marker setting fee		_
Recording and filing fee		0
Sales taxes		0
	Total Due	0
Sox	Paid receipt number	
JUN	Balance due _	0
I hereby certify I am the And this is your authority to make disport that I have the right to make this authorized any liability on account of said authorized	of the above name osition of remains as above indicated. I certify an ization and I agree to hold Mt. Hope Cemetery has ation and interment.	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature Son 22	93
Signalure of recorded holder of deed	X CHY 619 670 08	79 Ze Codii
Work Order # E 16621	Invoice #	



### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all

existing r		n the appro	opriate s	pace(s) that	it are adj	acent to
QSS3 CLARK	2554 CLARK	2555 POTT S	25 5 L	1557 5A00		DONT US
	space for:	- XAT	ie P	Time: 2	.00	
				Sect:		Div: \ 0
Grave La	id out by: .					
Agrees w	ith Legal C	Card: Y	es es	O No	My	on some
Agrees w	ith Map: [	J Yes	0	No		
Blind Che	eck & Ver	Accessed to the second	- 16	621	Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

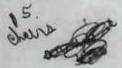
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

97

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE BELLE	IC. LAST (FAMILY) POTTS			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
5/	SPRING VAL	LEY		68 COUNTY OF DEAT ENTER STATE S	H-OUTSIDE CALIF. AN DIEGO	B. NAME	FORMANT POTTS	AAILING ADDRESS AND Z	P CODE
7.4	GREENWOOD	MORTUARY	I-805 & DIEGO, CA 921		LIF. LICENSE NUMBER IF APPLICABLE  D843	SPI	3 MILLAR RA RING VALLEY, WYURE OF APPLICANT-	THE PARTY OF THE P	E SIGNED
	ACKNOWLEDGMENT OF A	PECONY   I hereby a Section (II)	Considering as applicant that the pro DS of the Health and Safety Code, and	quinced disposition stated herein is one of the I was authorized pursuant to Section 7100 of t	a dispositions authorized by the Health and Solety Code.	Sh	con / Luci	AND DESCRIPTION OF THE PERSONS	9/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SP D MISH OF DISPOSAL OUTSEX OF CO	ECIFIED \$7.00	SHARON LA	WLES	9C SIGNATURE OF LO 2115609		IG PERMIT
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAILT TO SHOW FINAL DISPOSITION.	P.O. BOX	GISTRAR OF DISTRICT OF STREET				RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	RNIA	•
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS				FOR COR	ONER'S USE ONLY	Y
Tongramment and	B. CREMATION	SE	THE POLITICAL		ORNIA SIDE OF CALIFORNIA		(Name and A		
	BURIAL			51 MARKET STREET	9-21-01	, I	SUMM F	SON IN CHARGE OF BI	UHIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 128	C. SIGNATURE OF PER	SOM IN CHARGE OF CR	EmeriON
LL APPLICA	SCIENTIFIC USE	ISAL NAME AND AL	DENESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
OMPLETE A	TRANSIT	14A, NAME AND AL REMAINS OR	DORESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPP	ED 14	O. ADDRESS AND SIGN OF PLACING WITH 1	IATURE OF PERSON IN THE CARRIER	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE NTIFY FINAL PLACE AND C	E, OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	158 DATE OF DISPOSITION		CHARGE OF DISPOS	SITION   OF CREA	NUMBER NATED RE- DISPOSER PLICABLE

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

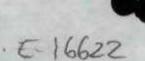
### INTERMENT ORDER



City of San Diego

Date 9-18-01

You are hereby authorized and instructed, subject to your rules and regu	lations, to inter the remains
or Quency anders by.	
in a LINER Funeral, date, time Mo	~ 9-24 1:e
Church, Charel, Graveside : MAS	dale Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an ex	ktra charge of \$ 150,0
will be applied and billed to undersigned.	
Lot 3 Grave 9 Row Section 3	Division/Block 13
Grave space & Care Fund	543.00
Additional spaces and care fund	775 00
Opening/Closing & Setup PAID	1 4 6 / / / / /
Burial Container	1115 00
Handling Fees SEP 7.4.7001	
Flower vases – Marker setting fee	
Recording and filling are OF SAN DIEG	14.25
Sales taxes	1664.25
Paid receipt number 8-54	151 1664.25
	Salance due
I hereby certify I am the	the above named decedent
and this is your authority to make disposition of remains as above indic- that I have the right to make this authorization and I agree to hold Mt. Ho	ated. I certify and represent pe Cemetery harmless from
any liability on account of said authorization and interment	Hal
I hereby authorize the interment in lot I signature	t Hicharden
Address	4 42145
Signature of recorded holder of deed	D 921/3
Telephone	4-0434
Invoice #	
Work Order # E 16622 Acct. #	



### GRAVE BLIND CHECK FORM

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

		2		3	EDMONDS	8	6
	7	8	Sig X		10		12
		HH					
Interment s	space for:	QUE	vey	A	NDER	5	
	Date: Mo N						
Lot: 213	_ Grave:_	0/	Row: _	-	Sect:	2 D	iv: 17
Grave Laio	out by:			_			
Agrees wit	th Legal Card	1: 🗆 Y	as		J No	*Dry	in
Agrees wit	th Map:	Yes	Ε	3 1	No		
Blind Cha	ok & Verifie	d Rw				Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK UNLY-MAKE	NO EHASURES, W	HITEOUTS ON O	THEH ALTERATIONS		
A NAME OF DECEDE	ENT—FIRST (GIVEN)	18. MIDDLE	Anders,	Jr.		TE OF DEATH	4. SEX
A. CITY OF DEATH Nat	ional City		58. COUNTY OF DEATH	OUTSIDE CALIF.	6 NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT Glodene H. Anders, W		P CODE
A. TYPED NAME AND AI Anderson-R	lagsdale Moi	A-FUNERAL DIRECTOR OR PERSON A rt.; 5050 Federal I n Diego, CA 92102	Blud.	F LICENSE NUMBER FAPPLICABLE 1329	722 S. 42nd St. San Diego, CA 92113 BA. SIGNATURE OF APPLICANT—Posm taken	permit, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	PPEKANT I hereby a Section 10	cknowledge as applicant that the proposed dispos 376 of the Health and Safety Code, and was authors	ation stated horses is one of the real pursuant to Section 7100 of th	dispositions authorized by e Health and Safety Code	Webbu William	- 109/20	/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O NIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERMIT 09/24/20 PORTALLIA	PISSUED 9C. SIGNATURE OF LOCAL REG	MSTRAR ISSUIN	2115
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VIE BEATH RECO	egistrar of district of death p in called to. Box 8522; an Diego, CA 92186	2   #1		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA		
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE ITA NAME AND A	DORESS OF CALIFORNIA CEMETER Cemetery; 3751 Mar San Diego, CA 92	ket St.		D , 11C SIGNATURE OF PERSON IN	CHARGE OF BL	IRIA
CREMATION	12A NAME AND AI	DDRESS OF CALIFORNIA CREMATO	And the second	128. DATE CREMA	TED 12C, SIGNATURE OF PERSON IN C	CHARGE OF CRE	MATION
SCIENTIFIC USE	ISA. NAME AND AI	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATE OR ( CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA <u>DISTRIC</u>		168. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE OF CREM MAINS DI LIF APPL	ATED RE-

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

### INTERMENT ORDER

asky center

REA-104 (7-98)

City of San Diego

Date 9-19-01

You are hereby authorized and instructed	A	s and i	egulatio	ns, to inter	the remain	R.
	Funeral, date, tim	e W	ED	9-2	6 100	1
Church, Chapel, Graveside	. (	CA	BV	RIAL	Mortuary	1.
All Funeral cars must arrive before 3:30	p.m. of regular work da	ay or a	an extra	charge of	5	
will be applied and billed to undersigned						-
Lot 1497 Grave Row	Section_	3	Div	ision/ <del>Bloo</del> i	8	
		********			_	-
Additional spaces and care fund  Opening/Closing & Setup					105.0	D
					35.00	5
Burial Container					60.00	ō
Flower vases - Make Paetling 192001					-	
Recording and Hing TOPE CEMETAR Sales taxes CITY OF SAN DIEGO,	CA			······ 5	45.01	2
	Paid receipt number	MI	C	1	369.1	3
I hereby certify I am the and this is your authority to make disportant I have the right to make this authorizany liability on account of said authorizany III	eation and I agree to he	bove li	of the	I certify a	ned deceder and represer armless from	nt
I hereby authorize the interment in lot I hold under deed.	X Signature 2501 Address	Ju	dson	St.	~!!	7
Signature of recorded holder of deed	X San X (858) Telephone	DI6 4	27-C	773	92/11 20 000	10
Work Order # <b>E</b> 16623	Invoice #_ Acct. #					1

& Printed on recycled paper

This information is available in alternative formats upon request.

water w			LIND CH			
block ma	rked with marker's in	"X". Place the app	ce the nam ropriate sp	e's, lot # ace(s) ti	ne grave is to and grave that are adja	# of all cent to
1494 SPARK	1145 SPARK	1496	1497 M 0 52 A	1498	1499 Moser	BRAY
Interment	space for:	20	Dy co	oK )	×	
Interment	Date: WE	p 9-2	(b .	Time:	0001	
		:	Row:	Sec	t: <u>3</u> D	iv:8_
	id out by: _	ard: 🗆 Y	l'es	J No	all.	in we
Agrees w	ith Map:	J Yes		No		
Blind Che	ck & Veri		- V		Date:	

#### **HUMAN REMAINS** APPLICATION AND PERMIT FOR DISPOSITION OF

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

IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 10/30/1957 047T7 /200T JUDY± LRE COOK 5A CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF... 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DON'TS MUSER-MOTHER LA MESA STATE OF THE STATES 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 13450 OLD HIGHWAY 8 #116 LAKESIDE, CA 92040 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF APPLICANT-Puper taking permit, BB. DATE SIGNED 09/19/2001 I bendly acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Gode, and was authorized pursuant to Section 7100 of the Health and Safety Gode THIS PERMIT IS IBSUED IN ACCORDANCE WITH PROVI- 9A AMOUNT OF FEE PAID, 9B, DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUENG PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE **#**419/2001 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2115633 \$7,00 AUTHORIZATION OF IN THIS PERMIT J. BENYARD NOTE: THIS PERMIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.U. BOX 65222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE LTA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C SIGNATURE OF PERSON IN CHARGE OF BUB 11B. DATE BURIED MT. HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA 92102 12C SIGNATURE OF PERSONAIT CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 601-D CRANE CREMATION STREET LAKE ELSINORE, CA 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCHENTIFIC USE 14A. HAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON-IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158 DATE OF SIGNATURE OF PERSON IN 13D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION MAINS DISPOSEE DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

### INTERMENT ORDER

City of San Diego

Date 9-19-01

You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
in a Double Depth - 2nd Funeral, date, time WED 9-3	6 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 138 Grave / Row Section 3 Division/B	ock 12
Grave space & Care Fund / NEOGOCIA DEDETTY  Additional spaces and care fund E - 14069	-6
Opening/Closing & Setup.	305-00
Burial Container	0100
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	420.00
Pald receipt number 54/49	420.00
Balance due	0
I hereby certify I am the Augustus of the above n 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 any liability on account of said authorization and intermed	and represent
I hereby authorize the interment in lot I hold under deed.	ladefin
Signature of recorded holder of deed  X San Diego  Yelsphane	2 92114 2 Ep Code 4
Invoice #	
Work Order # E 16624 Acct. #	

### GRAVE BLIND CHECK FORM

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

				-
	138 Debanyl	Sutter	GANS	PA PA 4
		PA BARDNER	PA	PA
Interment space for: 1  Interment Date: 912  Lot: 138 Grave:				v: <u>12</u>
Grave Laid out by:				
Agrees with Legal Card:	☐ Yes	J No	1109	· od
Agrees with Map: 🔘 Y	'es 🗆	No	Poli	iced
Blind Check & Verified	Bv		- Date:	

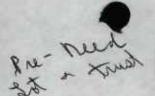
E-16624

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

īĀ	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY) PREBLES	170	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
5A	MARY CITY OF DEATH SAN DIEGO	,	H.	5B. COUNTY OF DEATH		OF INFORMANT	MAILING ADDRESS AND ZIP CODE
7A	5880 EL C	CAJON BLVD.	N & BURIAL CHAI , SAN DIEGO, C.	CONTRACTOR OF THE PARTY OF THE	-1357	7683 SHADYONA SAN DIEGO, CA SIGNATURE OF APPLICANT	Person taking persyst + 8B. DATE SIGNED
	PERMIT  UTHORIZATION OF OCAL REGISTRAR	THES PERMIT IS ISSU- SIONS OF THE CALF AND IS THE AUTHORIT IN THIS PERMIT.	376 of the Health and Salety Code, and w	ROVI- CODE SIFIED \$7.00	e Health and Saleta Code	09/26/2001	DCAL REGISTRAR ISSUING PERMIT
T	OF CHANGE IN DISPOSI- ON REQUIRES A NEW REMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF D IN CALFORNIA RDS-P.O. BOX 8 CA 92186-5222	1 10 1		DISTRICT OF DISPOSITION  N ANOTHER DISTRICT IN CALIFO	
10	A. BURIAL (INCLE	OF CREMATED REM		E TEMPORARY ENVA	DRNIA	1,000,000	PENDING—REMAINS LOCATED AT
	BURIAL	MT. HOPE	DORESS OF CALIFORNIA CE DEMETERY ST ST. SAN DIEC		9-26-01	11C. SIGNATURE OF PER	ESON IN CHARGE OF BUS
BLE TTEMS	CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CR	REMATORY	128, DATE CREMATED	12C SIGNATURE OF PER	SON IN CHARGE OF CREMATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIVED	19C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1	NATURE OF PERSON IN CHARGE THE CARRIER
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DAYE OF DISPOSITION	15C SIGNATURE OF PER CHARGE OF DISPOS	

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



### INTERMENT ORDER

City of San Diego

Date 9-19-01

Liven or	Neg .
Type of Burial Container	Funeral, date, time
hurch, Chapel, Graveside	, Mortual
Il Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
Ill be applied and billed to undersigned.	
526	
ot 216 Grave Row	Section 2 Division/Bleck 12
irave space & Care Fund	at 895 1790.
dditional spaces and care fund	at 375 780.
pening/Closing & Setup	+ 190 300
urial Container	
andling Fees	of 142 300.
lower vases - Marker setting fee	3 1 45 900
ecording and filing fee	5 of 12 60.
ales taxes	J 14.25 28.
tid in a	Total Due
11) 10-10-03	aid receipt number R - SYIS 0 2000
ULL W	1278.
	Balance due 13 x 0 1
hereby certify I am the nd this is your authority to make disposit	of the above named decede tion of remains as above indicated. I certify and represe
nat I have the right to make this authorization ny liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless tro
	x-1, 10
hereby authorize the interment in lot I old under deed.	Signature Command
ord under deve	X 4 14 33 5 C
ignature of recorded holder of deed	> SUN Diego 9210
	× 237-1674
	Pulaphtina
	Invoice #
Vork Order # <b>L</b> 16625	Acct. #

@ Frinted on recycled paper

Lot 216, Grave 5 & 6, Section 2, division 12 1790.00 179  Trust included 2 opening/closing, 2 Liners, 2 1538.50 332  handling fees, 2 recording fees, 2 tax. 1538.50 2000.00 132  10-1-01 Receipt 54150 2000.00 132  10-1-01 R-54303 \$ 2 100.00 133  12-4-01 R-54507 4 100.00 103  1-7-01 R-54507 4 100.00 80		BALANC	r	CREDIT	DEBIT	pened Pre-need Lot & Trust.
Trust included 2 opening/closing, 2 Liners, 2 handling fees, 2 recording fees, 2 tax.  09-19-01 Receipt 54150  10-1-01 Receipt 54178  10-1-01 Receipt 54178  10-1-01 Receipt 54178  10-1-01 Receipt 54178  100-00 133  100-00	90.00	1790.			1790.00	
10-1-01 Receipt 54178  11-7-01 R-51303 # 2  100-00 113  12-1-01 R-51303 # 2  100-00 113  12-1-01 R-51507  100-00 103	28.50				1538.50	Trust included 2 opening/closing, 2 Liners, 2
11-7-91 R-51303 # 2 100.000 113 12-4-91 R-51411 3 100.00 103 13-1-03 R-51507 4 100.00 83 3-11-02 R-51500 5 100.00 83 3-11-02 R-51822 7 100.00 638 5-22-02 R-55087 # 9 100.00 638 9-2-02 R-55166 # 10 100.00 338 9-2-02 R-55364 11 100.00 138	28.50	1328.	.00	2000.		Receipt 54150 358 20 19
11-7-91 R- 51303 # 2 12-4-01 R- 51411 3 100 00 103 1-7-03 R- 54507 100 00 83 3-11-02 R- 54610 8 100 00 83 3-11-02 R- 54822 7 100 00 538 1-3-02 R- 55014 8 100 00 538 1-3-02 R- 55166 #40 100 00 338 1-3-02 R- 55368 11 100 00 338 1-4-03 R- 55364 14	28.50	1228	000	100	TRUST	Receipt 54178 1432
1-7-01 R-54507  2-4-02 R-54610  3-11-02 R-54749 #6  1-3-02 R-54822 7  3-22-02 R-55087 #79  1-3-02 R-55166 ##10  1-3-02 R-55368  1-3-02 R-55368  1-3-02 R-55368  1-3-02 R-55368	28,50	11128	1.00	100		
2-4-02 R-54010 S  3-11-02 12-54749 #6  1-3-02 R-54822 7  3-2-02 R-55087 #79  1-3-02 R-55166 #40  1-3-02 R-55368 11  1-3-02 R-55368 11  1-3-02 R-55368 11  1-3-02 R-55368 11  1-3-03 R-55369 12	28 51	1028	00	100		R-51411 3
3-11-02 12-54749 #6 1-3-02 12-54822 7 1-00-00-628 1-2-02 12-55087 259 1-3-02 12-55087 259 1-3-02 12-55087 259 1-3-02 12-55087 259 1-3-02 12-55368 11 100-00-628 1-4-0 12-55369 12-55369 13-8	28/56	928	1.00	100		R-54507 4
1-3-02 R-55014 8 100.00 638 5-22-02 R-55087 AT9 100.00 328 7-3-02 R-551GG #40 100.00 328 8-2-02 R-55268 11 100.00 328 8-1-02 R-55364 12 100.00 128	8,50	828	,00	100		R 5/610 3
1-22-02 R-55014 8 100 00 538 5-7-02 R-55087 AT9 1190 00 428 7-3-02 R-55166 #10 10000 328 9-2-02 R-55268 11 100,00 228 1-4-0 R-55364 12 100,00 (28	8 50	728	00	100		P (//
7-3-02 R-55087 #19 1190.00 428 8-2-02 R-55166 #10 100.00 328 8-2-02 R-55364 12 100.00 128	1 50	628	000	100		R-54822 7
7-3-02 R-55166 #10 10000 318 8-2-02 R-55268 11 100,00 228 1-4-0 R-55364 12 100,00 [38	1.50	5281	100	100		R-55014 8
9-2-02 R-55268 11 100,00 228 9-4-0 R-55364 12 100,00 128	. 50	428.	0.00	190		R-55087 #19
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	150			10000		
10-10-02 R-55503	150	1581				
	10			- I Tolomber		R-55503
			1			
DOXEY, LEON E-16625						DOVEY LEON F-16625

### MT. HOPE CEMETERY INTERMENT ORDER

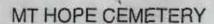
hate grave of ANTHONY PRIOR

City of San Diego

Date 9	-50	-01	1
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ofL015		TERS	100		0 - 10	11300
ina ASH 1	UAUL	Fu	neral, date,		1-27	1.30
Church, Chapel, Gra				: <u>SD</u>	LREMATI	Mortuary.
All Funeral cars mus	t arrive before 3	30 p.m. of	regular wor	k day or an e	extra charge of	\$
will be applied and b	illed to undersig	ned				
172						10
Lot 653 Grav	ve F		Section		Division/Bloc	* 10
Grave space & Care	Fund	PRE-	NEED	C-8	164	10
Additional spaces an						
Opening/Closing & S	Setup	PRE-A	reep	E-157	78	-0
Burial Container					20	0
Handling Fees		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
Flower vases - Mark	er setting fee	SATU	ROAT	OVER	Tine	\$10,00
Recording and filing			- 1			0
Sales taxes						-6
				Total Due		210,00
1 .0	1	Paid red	eipt numbe	VIST	7	00-016
Jaughte	2) V 0	1		S	Balance due	-8
I hereby certify I am	MAK	upos.	1111	Charle.	the above nam	ned decedant
and this is your auth that I have the right t	ority to make di	sposition of	remains as	s above indic	ested. I certify a	and represent
any liability on accou					pe Comeasy I	iairiii688 iroiii
I hereby authorize th	a interment in te		X	N		
hold under deed.	e interment in it	и.	Signature	151 /	Marlora	, Due
			Address	o man	Lange	n 91916
Signature of recorded holder of	f deed		City	19-4	63-9	92 30 Code
	10000		Invoice	#		-
Work Order #	16626		Acct. #			
REA-104 (7-96)	Thi	s information	on is availa	ble in altern	ative formats L	ipon request.

O Printed an recycled paper



### GRAVE BLIND CHECK FORM

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

	ear	seye				
BAUER	651 FORSKEY	652	653 PRX R	ARR WETE	655 V DAVIS	656 PASKADY
			Levi's			

WAITFOC

illiethetif shace for: This will but	*
Interment Date: SAT 9-29 Time:	1. 20
Lot: 65 3 Grave: Row: Se	
Grave Laid out by:	
Agrees with Legal Card: Yes No	Myon
Agrees with Map:  Yes  No	Com
Blind Check & Verified By:	Date:

E- 16626

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	LOIS	NT-FIRST (GIVEN)	IR MIDDLE IRENE	1C. LAST (FAMILY)	s		ITH DAY YEAR I	DATE OF DEPARTMENT OF 19/2	VEAR	4 SEX
5A	LEMONGGROV	E		58. COUNTY OF DEA	AN DIEGO	OF INFORM	ATIONSHIP, FULL MAIL MALTERS.		AND ZIP	CODE
7.A	SAN DIEGO 4139-9 TAY	CREMATION S LOR STREET,	FUNERAL DIRECTOR OR PERSON A SERVICE SMR DIEGO, CA 92 Michieles as applicant that the proposed disper-	110	FD 1481	BEHON	MADERA STR	91945		SIGNED
-	ACKNOWLEDGMENT OF A	THES PERMIT IS ISSUE	76 of the Health and Safety Code, and was author.  50 IN ACCORDANCE WITH PROVE.	red pursuant to Section 7100 s		T ISSUED 9C	SIGNATURE OF LOCA	L REGISTRAR		The same of
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED MORT OF DISPOSAL OUTSIDE OF CALIFORNIA.	7.00	09/28/20 A. FLORI	001 2	116203		HICE ROOM	200
AN	ACT TO SEE STATE OF THE PARTY O	P.O. BOX	GISTRAR OF DISTRICT OF DEATH IN CAUFORNIA 85222 , CA 92186-5222		DOMESS OF REGISTRAL DISPOSITION IS TO OCC	OF DISTRICT		•		
10	AUTHORIZED DISPO	OBITION(S) CHECK AP	PLICABLE ITEMS				FOR CORON	NER'S USE	ONLY	-
I produced !	B. CREMATION		INS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU			I DISPOSITION PE (Name and Add		AINS LOC	AT
	BURIAL	MOUNT HOPE SAN DIEGO,	AND DESCRIPTION OF THE PARTY OF	<b>Y</b>	7/29/6	1.91	MATURE OF PERSO	N IN CHARGE		-
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	RY	128. DITE CREMI		SNATURE OF PERSON			MOTTAN
L APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C. SK	SNATURE OF PERSO	N IN CHARGE	E OF FAC	ILITY
MPLETE AL	TRANSIT		DRESS IN RECEIVING STATE OR OF SHEMATED REMAINS ARE TO BE		148. DATE SHIPS		DRESS AND SIGNAT PLACING WITH THE		SON IN C	HARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH TIEY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITIO		SNATURE OF PERSO WARDE OF DISPOSITI	ON	LICENSE N OF CREMA MAINS DIS —IF APPLIC	POSER

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

# Briting

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-20-01

or sparry	~~~	
n a Type of Burisi Containor	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	of \$
will be applied and billed to undersign	ned.	
2202		1 4
Lot and of GraveF	Now Section Division(Blue	10
Grave space & Care Fund		995.00
Additional spaces and care fund	PAID	
nuulional spaces and care lund	thoo	
Opening/Glosing & Setup	OCT 3 + 2001	
Burial Container	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	-
landling Fees	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Flower vases - Marker setting fee	CITY OF SALL	
Recording and filing fee		
Sales taxes		507 00
	Total Due	775.00
	Paid receipt number 8 - SY 15 3	500,00
	Balance due	495,00
hereby certify I am the	of the above n	amed decedent
and this is your authority to make di	sposition of remains as above indicated. I certify norization and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said autho	rization and interment.	nomicos nom
I hereby authorize the interment in lo	X Kindau Karshon	
hold under deed.	Significate 7 7.11 St	
	Address to a M 9-	150
Signature of recorded holder of deed	Santee of 92	Zip Code
	(6/4) 477-7/5/	
	C	
E 40007	Invoice #	
Work Order # <b>L</b> 16627	Acct. #	

6. E- 16627

### Mt. Hope Cemetery Prepayment Plan Record

Linda Kashou 9957 Jill Street Santee, CA 92071 449-7757 E-16627

Pre-need For. Bahij Elias

pubness inthe

Lot 2292 Division 10

Payment NO. 2
Payment Due Date November-01
Payment Amount Due 21.00
Balance Due 453.00

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 16627

### Mt. Hope Cemetery Prepayment Plan Record

Linda Kashou 9957 Jill Street Santee, CA 92071 449-7757 E-16627

Pre-need For: Bahij Elias

Lot 2292 Division 10

Payment NO. 1
Payment Due Date October-01
Payment Amount Due 21.00
Balance Due 474.00

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 TO CUSTOMER CEMETERY

AUDITOR

### MOUNT HOPE CEMETERY (619) 527-3400

Date: -Dollars (\$ 21.00 Payment of Division Grave Row Section Block CREDIT 20% Sales Care NOT VALID FOR PURPOSE STATED UNLESS STAMPED 67007 77184 Invoice No. PAID' IN THIS SPACE 80% Sales 77184 of Lots Acct. No. 100 Opening/ Closing 77181 Burial 100 Containers 77182 100 **BALANCE DUE** Handling Fee 77185 Recording & 100 77183 Misc. Fees Pre-Need On Acct 63033 Pre-Need Lot A 9022 Trust 60101 Pre-need Trust Sales Tax Check 78390 TOTAL PAID AC-212 (Rev. 5-94)

ELIAS,	BAHIJ 9957 Jill Street, Santee, 92071	449-7757	Е	-16627
		DEBIT	CREDIT	BALANCE
09-20-01	Opened Pre-need Lot.			
	Lot 2292, Division 10	995.00		995.00
09-20-01	R-54153		500.00	995.00 495.00
10-5-01	R-54197 Coupon 1  R-54279 Coupon #2  PAID—IN—FULL		21-00	474-4
10-31-01	R-54279 Coupon #2		474.00	474, QO
	PAID—IN—FULL			
	ELIAS, BAHIJ E-16627			

### INTERMENT ORDER

grand Sulton

City of San Diego

Date 9-21-01

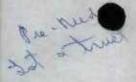
0 1 1	ed, subject to your rules and regulations, to inter the remains
of ROBERTA I	- 0/ / 1400
ina Ask VAUIT	Funeral, date, time Fri 4/28/01 1000
Church, Chapel, Graveside With	DESS : BEST Turnel Mortuary.
All Funeral cars must arrive before 3:20	p.m. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned	d. <u>*</u>
Lot 86 Grave 3 Rov	Section 14 (Division)Block 7
BE WITH BUTTER WITH BUTTER WAS ALLEVED A	C-4059
Grave space & Care Fund	of of Claude Sullow)
Opening/Closing & SupA	105.00
Burial Container	55.00
Handling Fees SEP 2.8 2001	60.00
Flower vases - Market SETTE EMETA	45.00
Sales taxes	4.13
	Total Due 269.13
	Q COLITY 219 13
	Paid receipt number 1751111 061113
1 00.	Balance dus
I hereby certify I am the + SON	of the above named decedent
and this is your authority to make disport that I have the right to make this author any liability on account of said authorization.	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from all of the report.
The state of the s	11/1/5-11
I hereby authorize the interment in lot I	+ relaucte is sirling 1
hold under deed.	Y 1205 CHARLES ST
	- JADUSTON MED 4548-3
Signature of recorded holder of deed	X 11005TON, 110, 65483 X 417-967-4067
	X 417-967-4067
	Invoice #
Work Order # <b>E</b> 16628	Acct. #

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL	(Y)				SEX
Roberta		Inez	Su	reton		M81701/1914 09	1772001 1	7
A. CITY OF DEATH Hesa			58. COUNTY OF ENTER STATE	DEATH—OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING ORMANT Tes Sutton, 801		OE
Featheriggi.	11 Mortuary	A-FUNERAL DIRECTOR OR PERSON / San Diego, CA 921		CALIF. LICENSE NUMBER —IF APPLICABLE  FD 1083	Hous	Charles St.	ne permit. 88. DATE SIG	GNED
ACHMONLEDGMENT OF AP	I bendy a	cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was autho	estion stated herein is nee	of the dispositions authorized by 05 of the Health and Safety Gode.	<b>&gt;</b> (	to lu		2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED DIRECTOR OF DEPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF F	09/26/20	001	BC SIGNATURE OF LOCAL R 2116020	EGISTRAR ISSUING PE	RMIT
	PO BOX 85	EGISTRAR OF DISTRICT OF DEATH		E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC	OF DISTR	OT OF DISPOSITION— THER DISTRICT IN CALIFORNIA Diego, CA 92186	-5222	
B. CREMATION	OF CREMATED REM		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	Т		FOR CORONES  L DISPOSITION PENER (Name and Address	NG-REMAINS LOCATI	ED AT
BURIAL		DDRESS OF CALIFORNIA CEMETE Cemetery 3751 Mar CA 92102		9-28-0	D 110	SIGNATURE OF PERSON I	CHARGE OF BU	,
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED   120	SIGNATURE OF PERSON IN	CHARGE OF CREMAT	TION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAI	NS 138. DATE RECE	VED 130	SIGNATURE OF PERSON II	CHARGE OF FACILITY	TY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CA		RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA DISTR		ISB. DATE OF DISPOSITION		SIGNATURE OF PERSON II CHARGE OF DISPOSITION	150. LICENSE MUMI OF CREMATED MAINS DISPOS —# APPLICABL	SEIT

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



### INTERMENT ORDER

City of San Diego

Date 9-20-0

T.S. VAULT	Funeral, date, time
Table of the same	: Mortuary
Church, Chapel, Graveside	
	m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
1999	Section Division/Block
	995 0
srave space & Care Fund	
dditional spaces and care fund	78.10 N V MSC 2 73.76
Opening/Closing & Satup	3/3/0
Burial Container	250.00 185.00
landling Fees	100,00
lower vases / Marker setting fee SE	P 21 2001 195.0
Recording and filing fee	IOPE CEMETARY
Sales taxesCITY O	F SAN DIEGO, C. 10
	Total Due
Pal	id receipt number R- 54156 20 87 5
	Balance due
hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent
hat I have the right to make this authorizati	ion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	X PR ZEY DELA CHU
hereby authorize the interment in lot I	
iolo under deed.	> 3545 CHAMOUNE AVE
Signature of recorded holder of deed	X SAN DIEST, CH 9210
	V619) 640-8308
	Teleghone
	Invoice #
Nork Order # <b>E</b> 16629	Acct. #

### INTERMENT ORDER

City of San Diego

Date 9-21-01

na	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.	
1879 Lot 1885 Grave Row	Section
Grave space & Care Fund	*995 X 2 1990°
Additional spaces and care fund	
Opening/Closing & Setup	e-Deed
Burial Container	P
Handling Fees	Pots
Recording and filing fee	2001
Seles taxes	
	The state of the s
MOUNT HOTEL	Total Due
Paid  hereby certify I am the	receipt number R# 54155 1990 C  Balance due Of the above named deceden of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the	Total Due
Paid  thereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization thereby authorize the interment in lot I mold under deed.	Total Due
Paid  Thereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	Total Due

O Printed on recycled paper

### INTERMENT ORDER

City of San Diego

Date 9-21-01

ina LINER	Funeral, date, time (2003 9/26/01 / 00
Church, Chapet Graveside	: Humphrey Mortuary.
	0 p.m. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigne	
mit de applied and billed to dilucialgile	***
Lot 100 Grave 10 Ro	w Section 3 Division/Block 12
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	E-14102 0
Opening/Closing & Setup	re-Need
Burial Container	16-New _
Handling Fees	hot and
Flower vases - Marker setting fee	
Sales taxes	_ 0-
	Total Due
	Paid receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disp	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
	*
I berely sutborize the interment is lot i	
I hereby authorize the interment in lot I hold under deed.	y Signature Sur
hold under deed.	Signature See
	Address Zip Code
hold under deed.	Address Zip Code  Tolsphone
hold under deed.	Address Zip Code

09/21/2001

13:57

SD MT. HOPE CEMENTERY + 94254637

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

DAID 9-21-01

LINER F	uneral, date, time MOD 9/24/01	900
hurch, Chapet Graveside)	: Humphrey	
Il Funeral care must arrive before \$300 p.m.	of regular work day or an extra charge of S	15000
ill be applied and billed to undereigned. 🗶		
ot _100 Grave _10 Aow	Section _ 3 Olvision Block	12
reve space & Care Fund		0
ddlignal apaces and care fund	-14102	0
paning/Closing & Selup Pre-		D
urial Conteiner	- Nea	a
isnating Fees	of and	a
lower vesus — Merker setting fee	Trust	0
acording and filing fee		0
glos táxes		a
	Total Due	-9
Paid	receipt number	-
VA. 1	Balance dus _	0
hereby certify I am the August	of the above name of the above name of remains as above indicated. I dentify s	ed decedent nd represent
net I have the right to make this authorization ny liability on account of said authorization a		armiesa from
	X & nundar	rach
hereby authorize the interment in lot I old under dead.	y tomany 1444 frink &	Place
continue of corrected holder of diget	J Thula Wita 1	na 914
	27619)425-585	4 80 Carr
	trivolce #	
Vork Omer # E 16631		
Work Orbar # E 10031	Aoct. #	

& Printed on recycles 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.

	4		5	O QUINN EVERETT	
	100	X	iecie. Viec ians II	12	
nterment space	for Pears	(1)	.00-		
nterment Date:	9/24/0	Tir	ne:	200	v:_ <i>1</i> 2
nterment Date: _ot:loo Grave Laid out b	9/24/c	Tir	ne:	200	v:_12
nterment Date: _ot: <u>IDD</u> Grave Laid out b	9/24/c ave: 10_ Ro	ow:	ne:Sect:	200	v:_12
nterment Date:	9/24/0 ave:_/D_ Ro by: al Card:	OW:	Sect:	200	v:_12

E 16631

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST (GIVEN) IB. MIDDLE IC. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH 0872371925 世界では大きの時代 DARAN WILLTAMS PEARL. SA. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF., IL NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego Chula Vieta Dawn Barsch - Daughter TAL TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TB. CALIF. LICENSE NUMBER 1444 Friar Place Humphrey Chula Vista Mortuary-753 Broadway -IF APPLICABLE Chula Vista CA 91911 Chula Vista CA 91910 FD-964 8A. SIGNATURE OF APPLICANT—Person being permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated hereby is one of the dispositions authorized by Section 10376 of the Health and Sofety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 09/25/2001 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCOMDANCE WITH PROVI- 9A AMOUNT OF FEE PAID REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 7.00 IN THIS PERMIT AUTHORIZATION OF J.E. King NOTE: THES PERMIT GIVES NO MIGHT OF DISPOSAL DUTSEN OF CALIFORNIA. LOCAL REGISTRAP 90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE VI FAY OFFIER PASAUEORY . O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA ITA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF B Mt. Hope Cemetery 3751 Market Street BURIAL San Diego CA 92102 12C. SIGNATURE OF PERSONAL CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED CREMATION M/A 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-150. LICENSE HUMBER 15C. SIGNATURE OF PERSON IN 15B. DATE OF SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION DISPOSITION MARKS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

### INTERMENT ORDER

may watch

City of San Diego

Date 9-21-01

Church Chape Graveside : HUMPITREY Mortuary.  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	of KINET MI WOL	Funeral, date, time TUE 9-35 10
will be applied and billed to undersigned.  Lot \( \sumset \frac{1}{5} \) Grave \( \frac{3}{5} \) Row \( \sumset \text{Section} \) \( \frac{2}{5} \) Division/BidSk \( \frac{11}{5} \) D  Additional spaces and care fund \( \frac{3}{5} \) Opening/Closing & Setup \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Burial Container \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Handling Fees \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Flower vases - Marker setting fee \( \frac{1}{5} \) Recording and filing fee \( \frac{1}{5} \) MT. HOPE CEMETARY \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) A salance due \( \frac{1}{5} \) On the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this suthorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and integrated.  I hereby authorize the interment in lot 1 hold under deed.  Signature of recorded holder of dead  Invoice #	you of Burial Container	The state of the s
will be applied and billed to undersigned.  Lot \( \sumset \frac{1}{5} \) Grave \( \frac{3}{5} \) Row \( \sumset \text{Section} \) \( \frac{2}{5} \) Division/BidSk \( \frac{11}{5} \) D  Additional spaces and care fund \( \frac{3}{5} \) Opening/Closing & Setup \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Burial Container \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Handling Fees \( \frac{1}{5} \) PA \( \frac{1}{5} \) D  Flower vases - Marker setting fee \( \frac{1}{5} \) Recording and filing fee \( \frac{1}{5} \) MT. HOPE CEMETARY \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) Paid receipt number \( \frac{1}{5} \) A salance due \( \frac{1}{5} \) On the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this suthorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and integrated.  I hereby authorize the interment in lot 1 hold under deed.  Signature of recorded holder of dead  Invoice #	All Funeral cars must arrive before 3:30 p.m	, of regular work day or an extra charge of \$
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee MT. HOPE CEMETARY  Recording and filling fee MT. HOPE CEMETARY  Sales taxes  Total Due  Paid receipt number  Paid receipt number  Paid receipt number  Flower vases – Marker setting fee  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and integrnery.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Invoice #	will be applied and billed to undersigned	
Additional spaces and care fund  Opening/Closing & Setup  PAID  Burial Container  Handling Fees  Flower vases – Marker settling fee  Recording and filing fee MT. HOPE CEMETARY  Recording and filing fee MT. HOPE CEMETARY  Paid receipt number  Paid receipt number  Paid receipt number  Paid receipt number  Balance due  I hereby certify I am the and disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #	Lot 157 Grave 3 Row_	
Opening/Closing & Setup PATD  Burial Container  Handling Fees  Flower vases - Marker setting fee  Recording and filling fee MT HOPE CEMETARY  CITY OF SAN DIEGO, CA  Sales taxes  Total Due R-5 4157  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of died  Involce #	Grave space & Care Fund	795.00
Flower vases - Marker setting fee  Recording and filing fee MT. HOPE CEMETARY  CITY OF SAN DIEGO. Co  Sales taxes  Paid receipt number  Paid receipt number  Paid receipt number  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #		
Flower vases - Marker setting fee  Recording and filing fee MT. HOPE CEMETARY  CITY OF SAN DIEGO. Co  Sales taxes  Paid receipt number  Paid receipt number  Paid receipt number  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #	Opening/Closing & Setup	0 3/3.00
Flower vases - Marker setting fee  Recording and filing fee MT. HOPE CEMETARY  CITY OF SAN DIEGO. Co  Sales taxes  Paid receipt number  Paid receipt number  Paid receipt number  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #	Burial Container	THE SEC
Recording and filing fee MT. HOPE CEMETARY  CITY OF SAN DIEGO, CA  Sales taxes  Total Due  Paid receipt number  Paid receipt number  R - 5 41 5 7  Balance due  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interprent.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Invoice #  Invoice #	Handling Fees	113
Paid receipt number  R-54157  Balance due  I hereby certify I am the Address as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed  Involce #	Flower vases - Marker setting fee	WETARY IIC 62
Paid receipt number  R-54157  Balance due  I hereby certify I am the Address as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed  Involce #	Recording and filing fee MT. HOPE GET	IEGO CA 45.00
Paid receipt number R-54157 1564.3.  Balance due Dughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot 1 hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Involce #	Sales taxes	14:42
I hereby certify I am the Day Hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of recorded holder of deed  Invoice #		Total Due 1564/
I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Invoice #	Paid	receipt number <u>R-54157</u> 1564. 2.
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #	XO	
Signature of recorded holder of dead  Signature of recorded holder of dead  Signature of recorded holder of dead  Signature of recorded holder of dead  Signature of recorded holder of dead  Signature of recorded holder of dead  Signature of recorded holder of dead  Invoice #	and this is your authority to make disposition that I have the right to make this authorization	of the above named decedent of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and integreent.
Signature of recorded holder of dead  X Lemon Grove, CA 91945  City 619 464-3503  Telephone  Invoice #		Significan
	Signature of recorded holder of deed	Address
Work Order # ■ 16632 Acct. #	F 40000	Invoice #
	Work Order # <b>■</b> 16632	Acct. #

A Printed un recycled paper

# MT HOPE CEMETERY E-16632

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	٦	157 <sub>X</sub> 3	4	3	ь

Interment space for: HINET	WOLDEGE BRE'S
Interment Date: Tves 9-25	
Lot: 157 Grave: 3 Row:	Sect: Div:
Grave Laid out by:	
Agrees with Legal Card: Yes	□ No
Agrees with Map:  Yes	J No
Blind Check & Verified By:	Date:

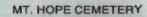
#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 4. SEX ሃንሃንነ <del>ያ</del>ሃነ ያሂዣ 1972072007 HIWRT MISGINNA - WOLDEGEORGIS 58. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH OF INFORMANT ENTER STATE Chula Vista San Diego Ruth Z. Woldegeorgis - Daughter 7A TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TO CALIF. LICENSE MUMBER HUMBPHY Chula Vista Mortuary—753 Broadway —IF APPLICABLE 7541 San Miguel Avenue Lemon Grove CA 91945 Chula Vista CA 91910 FD-964 BA. SIGNATURE OF APPLICANT-Person Value permit. BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 09/24/2001 ACHINOWLEDGMENT OF APPLICANT Section 19376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDENCE SONS OF THE CAUFORINA HEALTH AND SAFETY CODE 17 09/24/2001 2115879 PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF M.E. King MOTE: THIS PERSON GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH PSCHEROLGHERMA- P.O. Box 85222 IF DISPOSITION IS TO OCCUR BY ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY IXA. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA Mt. Hope Cemetery 3751 Market Street 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BUB BURIAL San Diego CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION N/A 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15B. DATE OF 15D. UCENSE, HUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER N/A IF APPLICABLE

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



THAN IN A CEMETERY



### INTERMENT ORDER

City of San Diego

Date 9-24-01

ina THI LINER F	uneral, date, time TUES 9-25 9
Church, Chapel, Graveside	GUADAL UPANA Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	Maria Company
Lot 12 1 Grave Row	Section 3 Division/Block 9
Grave space & Care Fund	195,00
Additional spaces and care fund	
Opening/Closing & Stop. A	195,00
Burial Container	15,00
Handling Fees SEP 2 4 2001	50.00
Flower vases – Marker setting fee MT. HOPE CEMETARY Recording and Hipp of SAN DIEGO. Com-	45.00
	7.13
Paid n	Total Due
X FATH	ER Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from not interment.
I hereby authorize the interment in lot I hold under deed.	> Cornelio dela ens > 3138 INGLION ST.
Signature at recorded holder of deed	Address Diego CA 92100 CH 1910 223-6859 210 Costs

GRAVE BLIND CHECK FORM Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. OBREGEN 29 123 131 X 135 119 120 118 shit! BRICE COCHRA MOODUTROL Interment space for: FRANCISCO DELACRUZ

Interment Date: TUES 9-25

Time: 9:00 Lot: 12 | Grave: \_\_\_ Row: \_\_\_ Sect: 3 Div: 9 Grave Laid out by: \_ Agrees with Legal Card: Yes No Agrees with Map: Yes Blind Check & Verified By: . Date: \_ E-16633

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE MONTH DAY, YEAR 09/19/1991 MONTH, DAY, YEAR 09/20/2001 FRANCISCO DE LA CRUZ 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAN DIRGO BARTOLO DE LA CRUZ-FATHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 3138 INGELOW ST -IF APPLICABLE GUADALUPANA MORTUARY, 2601 IMPERIALAAVE SAN DIEGO, CA. 92106 SAN DIEGO, CA, 92102 FD-1425 BA. SIGNATURE OF APPLICANT-Ferson taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 09/25/2001 ACKNOWLEDGMENT OF APPLICANT ction 38376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Hooth and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. DA. AMOUNT OF FEE PAID. 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE JOSE CHAVEZ AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT. /25/2001 2115901 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW ABINGO, CA, 92186-5222 PERMIT TO SHOW FINAL DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY \* A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ERSON IN CHARGE OF BURIAL 11B. DATE BURIED SIGNATURE CE MOUNT HOPE CEMETERY, 3751 MARKET ST BURIAL 9-25-01 SAN DIEGO, CA, 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABI 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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

### 7

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 9-24-0

You are hereby authorized and instructed, s	subject to your rules and regulations, to in	nter the remains
or ROSIE BAR	ENO	/
in a LINER	Funeral, date, time Sat 9/29/	01 10:17
Church, Chapel, Graveside Craves	SIDE : Community	Mortuary.
All Funeral cars must arrive before 3 00 p.m	of regular work day or an extra charge	of \$ 15000
will be applied and billed to undersigned.	Ans .	
Lot 1997 Grave Row	Section Division/Bi	nek 10
Grave space & Care Fund	<del></del>	995.00
Additional spaces and care fund SAT	4 OT	600.00
Opening/Closing & Setup		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
Burial Container	PAID	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	SEP 40 2001	-32
Recording and filing fee	MT. HOPE CEMETARY	45.00
Sales taxes	CITY OF SAN DIEGO	14.25
DE BARENO	Total Due	2364025
18 334-5910 Paid		2364.28
( DIA	6 Brother Balance due	6
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization 2.2.90	on of remains as above indicated. I certif on and I agree to hold Mt. Hope Cemeter	named decedent y and represent y harmless from Sein BARCU
I hereby authorize the interment in lot I hold under deed.	N NOOOL LANAKK	ST
Signature of recorded holder of deed	> SUN VALLEY (A) (818) 324-5	91352 1910 Zip Code
	Invoice #	
Work Order # E 16634	Acct. #	

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

1994	1995 1995	JPP) Cu st ab	1997 <sub>X</sub>	1998 PUENTES	1999 Destom	2000 185 p. 175
			FLAM			
Interme	ent space fo ent Date: <u>Sf</u>	179-	29 7	ime:\1	1:15	10
	97 Grav		Row:	Sect:	0	iv: 1 ×
Agrees	with Legal	Card: 🗆	Yes [	J No	Hly	- M
Agrees	with Map:	☐ Yes	0	No	S	Om a
Blind C	heck & Ve	rified By:_		4	Date:	
			11 1	24		

E-16634

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	De vers	2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	Rosie	Bertha	Bareno		10/13/1932 09/25/2001 F
5/	A. CITY OF DEATH		5B. COUNTY OF DEATH-OF	STATE OF THE PARTY	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	San Diego		San	Diegg E	erthe Martinez - Sister
7/	COMMUN	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACT ITY MORTUARY 855 Broadway Ila Vista Calif 91911		PLICABLE	08 Southshore Dr hula Vista Ca 91913 SIGNATURE OF APPLICANT—PERSON DAME SIGNED
-	ACKNOWLEDGMENT OF A	I have a formation as analyzed that the proposed disposition	n stated tersin is one of the dispo-	stions authorized by	Della Helper ortubes,
	PERMIT AUTHORIZATION OF OGAL REGISTRAR		A. AMOUNT OF FEE PAID		
A	CONTRACTOR OF THE PARTY OF THE	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA VITAL Records P.O. Box 85222 San Diego Calif 92186-5222	47111400000000	AND DESCRIPTION OF THE PARTY OF	DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA
Of History and Company	B. CREMATION	OF CREMATED REMAINS OTHER	E TEMPORARY ENVAULT F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE		L DISPOSITION PENDENG—REMAINS LOG AT (Name and Address)
	BURIAL	Mount Hope Cemetery 3751 Mar		IB. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BUR
W		San Diego Ca 92102	Tree Property	125/21	Morane ferran
BLE ITEMS	CREMATION		19	28 MATE CREMATED	12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICABLE ITEMS	CREMATION  SCIENTIFIC USE	San Diego Ca 92102	9	28. PATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE ALL APPLICABLE ITEMS	SCIENTIFIC	San Diego Ca 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATOR	ECEIVING REMAINS 1	28. PATE CREMATED	

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 9-24-01

ina LINER	Funeral, date, tim	10 Thurs %	2/01/000
		Feathering iL	
All Funeral cars must arrive before 3:50 p.n	n. of regular work d	ay or an extra charge	01\$ 15000
will be applied and billed to undersigned.	*		
Lot 14 Grave 4 Row_	Section	2 Division/Bl	ock 3
Grave space & Care Fund	- Need	LOT	_8
Additional spaces and care fund			
Opening/Closing & Setup	PAI	n	375.00
Burial Container	4 4 5 5 1 1		190.00
Handling Fees	SEP 25	2001	145.00
Flower vases - Marker setting fee			
Recording and filing fee	MT. HOPE CE	METARY	45.00
Sales taxes	OF SAN (	IEGO, C+	14.25
		Total Due	769.25
Pai	d receipt number _	54163	769.25
		Balance due	_0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	ion and I agree to h	bove indicated. I certif	samed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Adirbass	Mean Co	Jec ensu . 9194)
aditains of seconded south of flavo	Telephone	7-465-076	2p Code
F 16635	Invoice #_		
Work Order # E 10033	Acct. #		

€ 16635

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

the bunar space.	<u> </u>				105
		(4) X <sub>4</sub>	HUEFNER LEVET 3	CIEVER I	Street Street
Interment space for:	Luc	île s	Sch ro	ock	
Interment Date: 9  Lot: 14 Grave	27/01	т	ime: 10	co Gran	
Grave Laid out by: _					
Agrees with Legal C	ard: 🗆 Y	es [	J No	gea.	Paced
Agrees with Map:	J Yes		No	1	
Blind Check & Ver	fied By: _			_ Date:	

E- 16635

#### APPLICATION 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 07/05/1910 MONTH, DAY, YEAR Lucila Schrock 09/23/2003 SA. CITY OF DEATH SB. COUNTY OF DEATH—OUTSIDE CALIF. 4. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Los Angeles Barbara Ann Lee, step-sister 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER 5110 Mesa Terrace Featheringill Mortuary 6322 El Cajon Block La Mesa, CA n91941 San Diego-CA 92115 BA. SIGNATURE OF APPLICANT-Person belong period, 8B. DATE SIGNED FD1083 I hereby advisordings 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. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BA. AMOUNT OF FEE PAID. 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ALITHORIZATION OF \$7,00 HOTE: THIS PERMIT CHES NO HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW 90012 PERMIT TO SHOW FINAL DISPOSITION. 313 N. Figueroa St., Les Angeles, CA PO Box 85222. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA TIA. NAME AND ADDRESS OF CALIFORNIA CEMETERY , TIC. SIGNATURE OF PERSON IN CHARGE OF BURIA Mt. Hope Cemetery, San Diego, CA BURIAL 3751 Market St. 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 19B DATE CREMATED CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE

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

148. DATE SHIPPED

DISPOSITION

15B. DATE OF

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

150. LICENSE HUMBER

OF CREMATED RE-

MAINS DISPOSER

# APPLICABLE

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

TRANSIT

SCATTERING AT SEA

OR

DISPOSITION OTHER

THAN IN A CEMETERY

#### MT, HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 9-24-01

	subject to your rules and regulations, to inter the remains
ina Liver	Funeral, date, time Thurs 9/27/01 105
Church, Chapel, Graveside	: Humphrey Mortuary
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$ \( \subsection \)
will be applied and billed to undersigned.	
Lot 168 Grave 5 Row_	Section Division/Block
Grave space & Care Fund	NeEd Lot or
Additional spaces and care fund	E-50/1
	375.0
Burlal Container	190.0
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing the 4 / 1)111	45.0
Sales taxesMT: HOPE CEMETAR	14-25
CITY OF SAN DIEGO	Total Due 757 2
Pa	aid receipt number R-54161 767 ×
	Balance due
I hereby certify I am the X aug te	of the above named decedent tion of remains as above indicated. I certify and represent
that I have the right to make this authorization and liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from
any liability of account of said adminizant	51- (23-32)
I hereby authorize the interment in lot I hold under deed.	X Chroma Malinouson
note those does.	+ 605 E Mescalery Re
Signature of recorded holder of deed	X Reserved you mayer 8820
	X 505-622-8527
	Invoice #
Work Order # E 16636	Acct. #
REA-104 (7-96) This info	rmation is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

E-16636

### 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.

-		-	-			
Ching Tellistokes 2 Bonnie 8 Rours	ALVIRA LOW HAND Spice HAND Queband Q Brown	GERALD Buckland 14 10 Perd	168 X sepred	anthony Robins		
				Buckle Time: 16		
Grave Lai	d out by: _					
Agrees wi	th Legal C	ard: 🛛 Y	es	□ No	Ho	gared
Agrees wi	th Map:	J Yes		No	0 1	lace
Blind Che	ck & Veri	fied By: _			_ Date: _	

E-16636

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 4. SEX 2 DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 8371671916 例721920年 HESTER WYNES BUCKLAND 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATESan Diego OF NFORMANT Virginia Malenowski - Sister Imperial Beach 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 605 Mescalero Road Humphrey Chula Vista Mortuary-753 Broadway -IF APPLICABLE Roswell MM 88201 Chula Vista CA 91910 FD-964 BA. SIGNATURE OF APPLICANT Berson taking permit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition status terms is one of the disposition authorized by Section 10075 of the Health and Sabity Code, and was authorized ourstand in Socilian 7110 of the Health and Sabity Code. 09/26/2001 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE 90. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED 90. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 09/26/2001 2116039 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 **AUTHORIZATION OF** IN THIS PERMIT J.E. King LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRIAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI VIEBTOCHED HASTON P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIC SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURNED Mt. Hope Cemetery 3751 Market Street BURIAL San Diego CA 92102 12C. SIGNATURE OF PERSONAIN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION APPLACABLE N/A

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

13B. DATE RECEIVED

14B. DATE SHIPPED

DISPOSITION

16B. DATE OF

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED



15D DICENSE NUMBER

OF CREMATED RE-

MAINS DISPOSER

IF APPLICABLE

13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

SCIENTIFIC USE

TRANSIT

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

COMPLETE

N/A

N/A

H/A

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 9-24-01

You are hereby authorized and instructed, sul of DAWIEL GUT'E	RREZ YA 200	a, to inter the remains
ina DOUBLE DEPTH ,	uneral, date, time TVES	1-25 9:30
Type of Build Container Church, Chapel, Graveside	1 - 1 0 -	Mortuary.
All Funeral cars must arrive before 3:30 p.m.		narge of \$
will be applied and billed to undersigned.		
Lot 6 Grave 4 B Row_	Section Divis	ion/Bleck 3
Grave space & Care Fund		158.00
Additional spaces and care fund		
Opening/Closing & Setup  Burial Container  Handling Fees	7	50.00
Handling Fees	3-02	
Flower vases - Marker setting fee  Recording and filing fee  Sales faxes		
Recording and filing fee	340,8	45.00
Sales taxes Sulliv	and.	
nmi wist RATOR	rotar Due	386.00
Paid	receipt number	
I hereby certify I am the	of the all of remains as above indicated. I and I agree to hold Mt. Hope Ce	ove named decedent certify and represent metery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signalure of recorded holder of deed	City	Zip Cade
	Telephone	
Work Order # <b>E</b> 16637	Invoice # 3527	93
Work Order #	Acct. W O U	1

### E- 16637

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DANIEL REMON		IC. LAST (FAMILY) GUTI	ERREZ			3. DATE OF DEATH			
	A. CITY OF DEATH	San I			an Diego	OF IN	RELATIONSHIP, FULL MAI ORMANT IN GULIETTEZ		
7.	7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR Humphrey Chula Vista Mortuary—7 Chula Vista CA 91910		Mortuary-753 B	SON ACTING AS SUCH 78. OF	LIF LICENSE NUMBER OF APPLICABLE FD-964	986 Fifth Avenue, #6 Chula Vista CA 91911			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge at applicant that the proposed displaced Section 10378 of the Health and Safety Code, and was authority					BA. SIGN	rture of APPLICANT—Pin	in bung permit 88. D.	24/2001	
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	ED IN ACCORDANCE WITH PROPRIED OF THE DISPOSITION SPECIF Y FOR THE DISPOSITION SPECIF DESIRT OF DISPOSAL OUTSIDE OF CALFOR	#7.00	98. DATE PERMI 09/24/2 J.E. Ki	001	9C. SIGNATURE OF LOCA 2115872	AL REGISTRAR ISSU	ING PERMIT
103	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW FINAL DISPOSITION.	VIEST REES	CA 92186-5222	85222 F			HET OF DISPOSITION— THEIR DISTRICT IN CALIFORN	IA :	
39	AUTHORIZED DISP	OSITION(S) CHECK AF	PLICABLE ITEMS		19 11 19 1		FOR CORO	NER'S USE ON	LY
	B. CHEMATION		NINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF	SOLVE SOLVE		L DISPOSITION PI	ENDING REMAINS reso)	LOCATED AT
-	BURIAL	Mt. Hope (	press of California Cemi Cemetery 3751 M CA 92102	inrket Street	9-25-01	1	SIGNATURE OF PERSO	IN IN CHARGE OF	BUF
IBLE ITEMS	CREMATION	N/A	DRESS OF CALIFORNIA CREM	MATORY	126. DATE CREMA	TED   120	SIGNATURE OF PERSO	N IN CHARGE OF C	REMATION
EL APPLICABLE	SCIENTIFIC USE	N/A	DRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B, DATE RECE	IVED 190	SIGNATURE OF PERSO	N IN CHARGE OF	FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH N/A			14B, DATE SHIPP	ED 140	ADDRESS AND SIGNAT OF PLACING WITH THE		N CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	HEST POINT ON SHORELINE, OR THEY FINAL PLACE AND CA DE	OTHER DESCRIPTION SUF- STRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON OF CR	E NUMBER EMATED RE- DISPOSER PPLICABLE

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



#### CITY OF SAN DIEGO, CALIFORNIA GOVERNMENT AGENCY INVOICE

Myrean

EDI REF NO: C352793 YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER. P.O.BOX 122289

SAN DIEGO, CALIFORNIA 92112 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR 5201 RUFFIN ROAD A SAN DIEGO CA 92123 ACCT NO 000952

386.00.

TORRESTO

-- TREASURERS USE ONLY

PAYMENT DATE:

BY: CA (CK) IF ED 04-492510 PAYMENT REF NO

AMT PAID:

INVOICE DATE 09/28/01

PAYMENT DUE 10/28/01

PERIOD COVERED AUGUST

SUE SHACKELTON DERTS MT. HOPE CEMETERY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: REK NO: E-16637 619 52T 3400

DESCRIPTION OF CHARGES

TANDOMA

DANIEL GUTIERREZ PA20020354 LOT 6 GRAVE 48 DIV 13 OPENING/CLOSING LINER. THE PROPERTY OF THE PARTY OF TH

125.00 165.00

RECORDING FEE

50-0G

TOTAL DUE

386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10. WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT ACCOURS TOOM ABOVE . RETURN WITH PAYMENT INV NO. 352793

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	Q		3	2	0	1
Date_	1	-	4	2-	-	

a LINER	Fu	neral, date, tin	ne	
Type of Bural Container hurch, Chapel, Graveside				Mortuary.
Il Funeral cars must arrive before	e 3:30 p.m. of	regular work o	day or an extra ch	arge of \$
ill be applied and billed to under	signed			
0				.2
ot 830 Grave	Row	Section	Divisi	on/Bleck
rave space & Care Fund				1395 0
dditional spaces and care fund.				~
pening/Closing & Setup	P	AID		375.00
urial Containerandling Fees	الال	29 200	3	145.00
ower vases - Marker setting fee				
ecording and filing fee				
ales taxes		***************************************		14.25
			Total Due	2164.25
	Paid red	eipt number_	K-54167	541.00
			Balance	e due 16 73.2
hereby certify I am the nd this is your authority to make	ara vanta - vi		of the ab	ove named deceden
nd this is your authority to make hat I have the right to make this a ny liability on account of said au	uthorization a	nd I agree to h	spove indicated. I	certify and represen
ny nabinty on account of said au	inorization and	v /	. 11	1
hereby authorize the interment i	n lot I	panature	guin !	Jediana
dia diffusi desa.		Address	23 Le	veran Pl
grature of recorded holder of deed	THE PARTY	XSD	,	Zip Cod
		X 58	31803	
		timeter #		

Pre- neight and

MEDRANO,	JOAQUIN	5223 Lewison Pl	San Diego	92120	
					_

			-
9-25-01	Opened Pre-need Lot & Trust	CREDIT	BALANCE
	Lot 830, Section 1, Division 8 800 116.00 1395.00		1395.00
	Trust includes opening/closing, liner,		2164 25
	handling fee, recording fee, tax on liner. 769.25		2164.25
09-25-01	Receipt 54162	541.00	1623.25
10-29-01	Receipt #54268	68.00	1555.25
11-29-01	Receipt # 54395	48 00	1481.25
1-8-0	Receipt #54492 Compon#3	68.00	14119235
1-30-00	8 R-54595 Coupon #4	108 00	1351 25
3=4-0	2R-54705 COURDON # 5	68 00	12/83:25
3-260	2 R-54802 Coupon # 6 PAID	62.00	1215.25
4-29-02	R-54912 Coupon# 7	68 00	11117.25
5-29-01	2 2-55040 caup on #8 JUL 29 2003	128,00	10019 25
7-1-07	2 R - 55 KS3 II " 9 MT. HOPE CEMETARY	68 00	10/11/25
7-20-02	R-55254 " # 1,0 CITY OF SAN DIESO, CA	65,00	9143 25
8 02	R-55343 # 11	£8 00	87525
9-26-62	R-55441 12 REM TO	66.00	807.25
10-29	R-56551 13 TRUST	68,00	739,25
11-29-02		68.00	671,25
12-31-0		8,00	The state of the s
	MEDRANO, JOAQUIN E-16638		

to trust DEBIT CREDIT BALANCE R 55861 Unpon #16 6800



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

54595

From Medrano Pamily Sixty-Eight and in part Payment of Pre-	Address: 582 3 Janua	on Place :  Dollars (  paymen	8.D.CA 68.00	02 92121 
Lot 830 Grave	RowSe	ction	Division Block	8
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185 Recording & 100 Misc. Fees 77185 Pre-Need 63033	68	.00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Of AC212 (Rev. 594)	ISSUED BY Cangod	Trust 9022 Sales Tax 60101 78390 TOTAL PAID \$	68.	00

E-16638

CITY OF SAN DIEGO, CALIFORNIA

54268



From: Joaquin Medra	ino Address: on Roco	Date: 10/29	101 .2	0 01
Sixty Eight and	er- need for:		pollars (\$ 68.00	
Lot 830 Grave	quinMedrano Row_	Section	Division Block	В
Invoice No.  Acct. No.  W.O.  BALANCE DUE 1,555.25  Pre-Need Lot At Need On Acct C	NOT VALID FOR PURPOSE STATED UNLESS STATED U	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fea Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77183 63003 9022	8 00
	ISSUED BY Taulette Crawt		60101 78390	. 00

Surty-Eight of de	exceed fot 9 Jus	sorla	CE SI Dilars (\$ _	29,20 0 92/2 (08.00	2)
Lot 830 Grave		ection /		Division Block	8
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	PAID  NOV 2 9 2001  MT. HOPE CEMETARY CITY OF SAN DIEGO	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc; Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 100 77183 — 63033 9022 — 60101 — 78390 —	68	,00

#### CITY OF SAN DIEGO, CALIFORNIA

54705

From Joaquin Medran	Address: Date	ecord	and		02
in part payment of for	p-need let i, Aus	t acc	ollars (\$	68.00 Division	)
Lot 930 Grave	Row Se	ection		Block	0
Acct. No. = 166 38	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burral	67007 77184 — 100 77184 — 100 77181 —	68	00
Pre-Need Lot Al Need On Acct		Contriners  Handling Fee Recording & Misc, Fees Pre-Need Trust	77182 — 100 77185 — 100 77183 — 63033 9022 —		
Pre-need Trust Cash Check C	ISSUED BY Kaulotle Cawfor	Sales Tax TOTAL PAID	60101 78390 —	68	00

From medrano Jamily &	hust agree on record	· mar	ch 26	, 20	02
Sinty Eight and 00-	Address: V. Cocco	Do	ollars (\$ _4	8.00	)
Joaquin median		e cure		Division 8	
Invoice No	Row S  NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182	680	20
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-84)	ISSUED BY Paraw Jard	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	190 77185 — 100 77183 — 63033 9022 — 60101 78390 — \$	68	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Joaquin Medhano Sixty Eight and a In Part Payment of Pre	-need Lot & Just to	1	Dollars (\$ !	(9.00) Pun#	002
Lot 830 Grave	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	ection  CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	Division (	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94)	Paulette C.	Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	100 77183 — 63033 9022 — 60101 78390 —	68,	00

## WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Nedrano Family To Sixty - Eight In Dart Payment of Pre Juaquin Medrano	Paust Address: 5223 Lewison - need (ot & TRust	PI, S.	B. CA	-,206 72120 8,00	)2
Invoice No.  Acct. No.  W.O. E-16639	Row Se  NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182	vision 8	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC 212 (Rev. 5-94)	Daulette C.	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 63033 9022 — 60101 78390 — 5	48	00

# WHITE CANARY PINK

TO CUSTOMER

CEMETERY

From Joaqine Medro Sixty-Eight 00	Address: On re	CORD Dollars (	s 68,00 ,
In Payment of PY  Lot 830 Grave		Gecount	Division 8
M.O. 5-16687  BALANCE DUE 1011,25	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 30% Sales 100 of Lota 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185	680
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Recording & 100	68 00

WHITE . TO CUSTOMER CANARY CEMETERY

	Date	. 0	uly 30	, 20	02
From Medrano Family To	PUST Address: 5223 Lewison	PL., S.D.	A 921	20	
Sixty-Eight and a		) o	ollars (\$	00.80	)
in part Payment of Pro	e-need Lot/Trust	Accoun	+		
for doaquin	Medrano				
Lot 830 Grave _	Row S	ection		Division 8	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 100	1.8	00
Acct No.		of Lots Opening/	77184	68	00
W.O. E-106 08		Closing Burial Containers	77181 100 77182		
BALANCE DUE MIJIAJ		Handling Fee Recording &	77185 100		_
Pre-Need Lot X At Need O On Acct		Misc. Fees Pre-Need Trust	77183		
Pre-need Trust X Cash Check 5	1 7 7	Sales Tax	60101 78390	10	
AC-212 /Bw 6-941 1592	ISSUED BY THE STATE OF THE STAT	TOTAL PAID	5	68.	$\alpha$

	OFFICIAL RECEIPT	TO CUSTOMER	CITY OF SAN DIEGO, (		1	Nº 55	343
		CEMETERY	MOUNT HOPE CE (619) 527-34				
	Tarani M do	2100		Date:	27	, 20	02
	Sixty- Eight	and want	on Recor		Dollars (\$	68.00	
	In Part Payment of	ore-ne	ed lot/tr		oyn		
	Lot 830 Grave		Row	Section		Division Block	8
	Acct. No	NOT VALID FOR PAID IN THIS	PURPOSE STATED UNLESS STAMS SPACE.	PED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 —	68	00
	W.O. \$875.25			Buriel Containers Handling Fee Recording &	77182 — 100 77185 —		
)	Pre-Need Lot  At Need □ On Acct Pre-need Trust  Cash □ Check	D T	2 14 0	Misc. Fees Pre-Need Trust Sales Tax	60101		
	160	ISSUED BY	aylette C,	TOTAL PAID	78390	(B)	0

AC-212 (Rev. 5-94)

Nº 55551

### WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Joaquin Median  Lity Eight  In part Payment of	Address: On Rus	11	\$ 68.00	
Lot 830 Grave		ection	Division	8
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	38	00
Acct. No		80% Sales 100 of Lots 77184 Opening/ 100		
w.o. E - 16630		Closing 77181 Burisl 100 Containers 77182		
BALANCE DUE		Handling Fee 77185 Recording & 100		+
Pre-Need Lot At Need On Acct		Pre-Need 77183 Pre-Need 63033 Trust 77186 —9022	30	00
Pre-need Trust Cash Check	method !	Sales Tax 60101 78390	1.9	00
AC-212 (Rev. 5-94) 163 b	ISSUED BY	TOTAL PAID \$	68	100



 CITY OF SAN DIEGO, CALIFORNIA

55756

			Date: 14-3 -	0 3	, 21	0
From: Joaquer Medre	Address	0 × B	econd	Dollars	\$ 68.0	0
in Payment of Payment of Grav	Pu-ne	よるな。 Row	Section	Domaio	Division Block	8
Invoice No.  Acct. No.  W.O. E-16638  BALANCE DUE  Pre-Need Loft At Need   On Acct	NOT VALID FOR STAMPED *PAID*	PURPOSES STATED UN IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033 77186	68	00
Pre-need Trust Cash   Check AC-212 (Rev. 10-02)	August av A	Muhllin	Sales Tax  TOTAL PAID	60101 78390 S	68	00

## WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	Date	e: Chun o	7 .20 00
From Xouquin Moda	MOAddress: 5223 Lewi	woon of	3.0. 92120
Sixty Eight de	ollars & 00/100 =	Dollars	(\$ LOB. OD )
in Payment of	oremud Por Goage	in Median	Œ.
Lot 830 Grave	Row	Section \	Division 8
	NOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007	II
Acct. No.	STAMPED "PAID" IN THIS SPACE.	20% Sales Care 77184 80% Sales 100	
w.o	The State of the S	of Lots 77184 Opening 100 Closing 77181	
BALANCE DUE 535.25	JAN 28 2003	Burial 100 Containers 77182	
	MT. HOPE CEMETARY	Handling Fee 77185 Recording & 100	
Pre-Need Log At Need □ On Acct □	CITY OF SAN DIEGO, CA	Misc. Fees 77183 Pre-Need 63033 Trust 77186	68 00
Pre-need Trust Cash Check	ISSUED BY Paux Hetel	Sajes Tax 60101 78390	
AC-212 (Rev. 10-02)  This information is available in alternative formats upon request.	ioooco or a cook cook	TOTAL PAID S	60 30

OFFICIAL RECEIPT	CITY OF SAN DIEGO,	CALIFORNIA	55946
WHITE CANARY PINK	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CI (619) 527-34		
1 MARKE	.~.	Date: 1-06 2-5	2003
Front Feb- 25 031	LICHICANORESS: 5003 U	ewison pl.	SO 92100
· Sifty right do	1/aux 700/100	Dollars	(s (08-0D)
in Payment of	Yn rua lot +	trust	
Lot 830 Grave	8Row	_ Section	Block 5
Invoice No. E 16638	NOT VALID FOR PURPOSES STATED UNLES	S CREDIT 67007	
Acct. No.	PAID	20% Sales Care 77184 - 80% Sales 100 of Lots 77184	
W.O	PAID	of Lots 77184 - Opening/ 100 Classing 77181	
BALANCE DUE 467.05	FEB 2 4 2003	Burial 100 Containers 77182	
		Handling Fee 77185 - Recording & 100	
Pre-Need Lot X At Need 1 On Acct	MT. HOPE CEMETARY	Misc. Fees 77183 - Pre-Need 63033 Trust 77188	68 -
Pre-need Trust Cash Check	1 ISSUED BY Pau Hotzell	Sales Tax 60101 78390	
AC-212 (Rin 10-02) 1689	ISSUEUBY-COCC	TOTAL PAID \$ .	68 -

This information is available in alternative formats upon request.

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56174

From Mediana Tu	Address: 5123 Rev	e: april	SO 921 de
in part Payment of	fre much lat +	Lust Dollars	Division &
Invoice No. F /U/G38  Acct. No.  W.O.  BALANCE DUE 943.75	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  APR 2 8 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185	Block
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-02) This information is available in attemptive formats upon request	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ISSUED BY	Recording & 100 Misc. Fedes 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390 - TOTAL PAID \$ -	(08 80) (08 60)

### WHITE CANARY

TO CUSTOMER CEMETERY AUDITOR

Payment of

Grave

ISSUED BY

MOUNT HOPE CEMETERY (619) 527-3400

Date:

10 10 10	,	Division	O/
ection/	^	_ Block	0
SAMPLE AND A STREET AND A STREE	744444		11
CREDIT 20% Sales Care			
80% Sales of Lots	77184		
Opening/	100		
Closing Burial	77181		
Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need	63033	192	25
Trust Sales Tax	77186 60101	1.1-	
Calca ran	78390	-	-
TOTAL PAID	S	191	25

Lot Invoice No. Acct. No. W.O. BALANCE DUE On Acct Pre-Need Lou Check Pre-need Trust Cash

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. JUL 79 2003 MT. HOPE CEMETARY

Row

CITY OF SAN DIEGO

This information is available in alternative formats uport

AC-212 (Flev. 10-02)



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56438

	Da	ate: Quely	3 .20	(23
From Xaguen Medign	Address: 5223 Hu	rison of.	30 92	120
Setty Eight doll	ars \$00/100.	Altus Polla	15 18 a	0
n Doubt Payment of	ou ned lot	+ this		/
ot 830 Grave	Row	Section/	Division Block	3
Invoice No. F 11,438	NOT VALID FOR PURPOSES STATED UNLESS			п
Acct. No.	STAMPED PAID IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718 80% Sales 10	4	
w.o	FAID	of Lots 7718 Opening/ 10	4	-
BALANCE DUE 127. 25	JUL 0 3 2003	Closing 7718 Burial 10 Containers 7718	0	
	MT. HOPE CEMETARY	Handling Fee 7718 Recording & 10	5	-
Pre-Need Lot / At Need On Acct	CHY OF SAN DIEGO	Recording & 10 Misc. Fees 7718 Pre-Need 6303	3	00
Pre-need Trust / Cash Check /	Jam Hofa O	Trust 7718 Sales Tax 6010	1	00
AC-212 (Rev. 10-02) 1750	ISSUED BAY WITCH TO ZEV	7839 TOTAL PAID	. 68	00
This information is evallable in alternative framety winn regular	V.	TOTAL TAME		-



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56318

Scrifty Eight do	alland & 19100 C	isoppl.	\$0 9218 ars (\$ 68-	0,
n Payment of Payment of Grave	pre med det 7	Section	Division Block	5
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.		184	
N.O	PAID	Closing 771 Burial 1 Containers 771	00 181 00	
Pre-Need Lot At Need On Acct	JUN 0 4 2003	Handling Fee 771	185 100 183 103	$\infty$
Pre-need Trust Cash Check	MT. HOPE CENETARY OF SAN PIEGO CO	Sales Tax 801 783	101	w



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56089

		late: Up	, 20
From: Openedrano	Address: 5003 Leu	isond - 81	06166 0
Sutty Eight do	Mars 900/100 =	Dollars (	\$ 68.00)
in Payment of	Que mud lot 4	mist	
Lot 830 Grave	Row	_ Section	Division &
Invoice No. E14638	NOT VALID FOR PURPOSES STATED UNLESS	S CREDIT 67007	1
Acct. No	STAMPED PAID TAS PAD	20% Sales Care 77184 - 80% Sales 100	
W.O	APR U 2 2003	of Lots 77184 - Opening/ 100 Closing 77181 -	
BALANCE DUE 399-25		Burial 100 Containers 77182 -	
	MT. HOPE CEMETARY CLTY OF SAN DIEGO, C	Handling Fee 77185 - Recording & 100	
Pre-Need Lot X At Need   On Acct	TITA	Misc. Fees 77183 - Pre-Need 63033 Trust 77186 -	68 -
Pre-need Trust Cash Check	ISSUED BY KULL HOW	Sales Tax 60101 78390 -	
AC-212 (Rev. 10-02)	10.71	TOTAL PAID \$ .	68 -



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

54492

From Joaquin Medra Sitty - Eight as In Part Payment of Pre Coupon	- need Lot & Jul	1	ollars (\$	2 ,20	02
Lot \$30 Grave		ection		Division 8	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	PAID  JAN 0.2 2002  MT. HOPE CEMETARY  CITY OF SAN DIEGO	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 — 100 77185 —	68.	00
AC-212 (Ray, 5-94) 1492	issued by weltter auto	CHOTAL PAID	\$_	68.	00

#### TO CUSTOMER CANARY CEMETERY AUDITOR

WHITE

PINK.

From Joaquin Medra	no Address: 0 m Recon	d	,20	
in Payment of Payment of Grave	Ru- need Sut " Its	Section 1		8
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 7181 Burial 100 Containers 77182 100 Handling Fee 77185		
Pre-Need Lot At Need On Acct  Pre-need Trust Cash Check	100 100-	Recording & 100   Misc. Fees   77183   Pre-Need   63033   Trust   77186   Sales Tax   60101	68	00
AC-212 (Rev. 10-02) 16 48	ISSUED BY A MUCHULA	78390 TOTAL PAID \$	68	00

### CITY OF SAN DIEGO, CALIFORNIA

Nº 55441

### MOUNT HOPE CEMETERY

(619) 527-3400

- Imania balance	Address: On Rund	9-76-07	, 20		
In Payment of	u- ned Ist a true	Dollars (	s 68,00	)	
Lot_ 830 Grave	Row Se	oction	Division (	8	
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67097 20% Sales Care 77184 80% Sales 100 07 Lots 77184 Cesning/ 100	68	00	
W.O. E-16630 BALANCE DUE 807.25	PAID	Closing 77181  Burial 100  Containers 77162  100  Handling Fee 77185			
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	CEN " "	Recording & 100 Misc. Fees 77183 Pre-Need 63032 Trust 77 18 60101 78390	30		
AC-212 (Rev. 5-94) \615	ISSUED BY A AMARION	TOTAL PAID \$	68	00	

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-25-01

You are hereby auth		ted, subject to your n	ules and regula	tions, to inte	
ina LINE	R	Funeral, date,	time SA+	7/29/01	1 100
Church Chapel Gra	Bulgi Containor aveside		CA Cro		Mortuary.
All Funeral cars mus	st arrive before 3:3	0 p.m. of regular wor	k day or an ext	ra charge of	\$
will be applied and t	billed to undersigne	ed		on we some	
Lot 68 Gra	a .	w Section	1.		15
Lot 00 Gra	ave Ho	Section Section		Division/Blee	Q95.01
Grave space & Care	e Fund	At. OT FE			10 NO . AV
Additional spaces a	and care fund	AT. 01 16	£		200.00
Opening/Closing &	Setup				375:00
Burial Container					190.00
Handling Fees			,		145.00
Flower vases - Mar	ker setting fee				_
Recording and filing	) fee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45.00
Sales taxes					14.75
Lucur 010	W		Total Due		1964.9
northinger		Paid receipt numbe	R- 54	170	2264.25
not many the		1 sid revolpt named		lance due	0
	21)	-D. Man.			
that I have the right	hority to make disc to make this autho	disition of remains as rization and I agree to zation and interment.	s above indicat o hold Mt. Hope	ed. I certify	med decedent and represent harmless from
I hereby authorize t hold under deed.	he interment in lot	X Significant X Addiguas	ontha 748	Moc	SF
Signature of recorded holder	al deed	X City C	9-269	-101	18/14 210 Obde
		Invoice	#	BOOK	2 5 7
Work Order # E	16639	Acct. #			
REA-104 (7-96)	This	information is availa	bie in alternati	ve formats i	upon request.

O Printed on recycled paper

REA-104 (7-96)

### 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.

	savel A
BATTLE 1 68 X 3	3 Y 3
7 8	9 HERNANDEZ 1)
Interment space for: BEULAH L	
Interment Date: 5AT 9-29 Tir	me: \',00
Lot: 68 Grave: 2 Row:	
Grave Laid out by:	
Agrees with Legal Card: Yes	No Day on
Agrees with Map:  Yes  N	0
Blind Check & Verified By:	Date:

- 16639

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1,4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DE	
	BEULAH		R.	LANDRUM			02/12/1907	09/22/2	001 FE
5/	CITY OF DEATH	110000		58. COUNTY OF DEA			RELATIONSHIP, FULL MORMANT	MAILING ADDRESS	AND ZIP CODE
_	NATIONAL			SAW DIEGO		LAN	THA PROUND-M	AUGHTER	
74	CALIFORNI	A CREMATION	THE RESIDENCE OF THE PARTY OF T		IF APPLICABLE	mile (Sat	B LUBER ST. DIEGO, CA	92114	
	3880 EL C		, SAN DIEGO, CA			BA PIGNA	TURE OF APPLICANT	ferson taking permit. 88	DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10:	cknowledge as applicant that the proposition of the Hitelth and Safety Code, and we	ed disposition stated herein is one of the is authorized parament to Section 71,00 of	e dispositions authorized by the Health and Safety Code.	>7l	anute D	eny au o	9/26/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPOSITION SAFETY OF THE DISPOSITION SPECIAL DISPOSITION SPECIAL DISPOSITION SPECIAL PROPOSITION SPECI	\$7.00	9/26/200 J. BENYA	2	C. SIGNATURE OF LC  ➤ 2116036	CAL PEGISTRAN I	SSUING PERMIT
7	Y CHANGE IN DISPOSI- ON REQUIRES A NEW HAIT TO SHOW FINAL DISPOSITION.	# DEATH OCCURRE	ORDS-P.O. BOX 8	I IF	DORESS OF REGISTRAR ( DISPOSITION IS TO OCCUR			RNIA	
10	AUTHORIZED DISPO	OSITION(S) CHECK AF					FOR COR	ONER'S USE	ONLY
Company of the Control	B. CREMATION  G. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US	OF CREMATED REMA	AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			(Name and A	PENDING—REMA) ddress)	NS LOC AT
	BURIAL	MT. HOPE	CEMETERY KET ST. SAN DIE		118 DATE BURIED	110.	SIGNATURE OF PER	SON IN CHARGE	OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CRE	EMATORY	128 DATE CREMATI	ED 12C.	SIGNATURE OF PER		OF CREMATION
L APPLICABL	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
COMPLETE ALI	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE	D 14C.	ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA I	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C.	SIGNATURE OF PER CHARGE OF DISPOS	ITION ! O	CENSE NUMBER F CREMATED RE- AINS DISPOSER -IF APPLICABLE

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



### MT. HOPE CEMETERY

### INTERMENT ORDER

PRE-NEED

REA-104 (7-96)

City of San Diego

Date 9-25-01

Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  will be applied and billed to undersigned.  Lot 113 Grave 3 Row Section 2 Division/Block  Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO. CA  Paid receipt number 15 A  Balance due 516  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represt that I have the right to make this authorization and i agree to hold Mt. Hope Cemetery harmless from the light of make this authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure  Signalure of recorded holder of deed  Invoice #  Invoice #	in a	Funeral, date, time
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	Type of Burial Container Church, Chapel, Graveside	Mortuary.
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO. CA  Paid receipt number VISA  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the process of the country	All Funeral cars must arrive before	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Recording and filling fee CITY OF SAN DIEGO. CA  Paid receipt number  Paid receipt number  Of the above named decedent of the solution and I agree to hold Mt. Hope Cemetery harmless from the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the same that I have the right to make this authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded hotter of deed  Invoice #	will be applied and billed to unders	Igned.
Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO. CA  Paid receipt number 1/5 A  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the later of the above named decorated in the right of the right of the right of the right of the r		2 11
Additional spaces and care fund  Depening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO, CA  Paid receipt number  Total Due  Paid receipt number  Sales taxes  Of the above named decedent in late in the part of the sales authorization and I agree to hold Mt. Hope Cemetery harmless from the part of the interment in lot I hold under deed.  Signature  Signature  Total Due  Of the above named decedent in late I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the late I have the interment in lot I hold under deed.  Signature  Total Due  Of the above named decedent interment.  Address  Signature  Total Due  Of the above named decedent in late I hold under deed.  Total Due  Of the above named decedent interment.  Address  Signature  Total Due  Of the above named decedent in late I hold under deed.  Total Due  Total Due  Total Due  Total Due  Of the above named decedent in late I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the late I have the right to make this authorization and interment.  Thereby authorize the interment in lot I hold under deed.  Total Due  To	.on_113 Grave3	Row Section O Division/Block
Additional spaces and care fund  Depening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  MT. HOPE CEMETARY  Sales taxes  CITY OF SAN DIEGO, CA  Paid receipt number  Total Due  Paid receipt number  Sales taxes  Of the above named decedent in late in the part of the sales authorization and I agree to hold Mt. Hope Cemetery harmless from the part of the interment in lot I hold under deed.  Signature  Signature  Total Due  Of the above named decedent in late I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the late I have the interment in lot I hold under deed.  Signature  Total Due  Of the above named decedent interment.  Address  Signature  Total Due  Of the above named decedent in late I hold under deed.  Total Due  Of the above named decedent interment.  Address  Signature  Total Due  Of the above named decedent in late I hold under deed.  Total Due  Total Due  Total Due  Total Due  Of the above named decedent in late I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the late I have the right to make this authorization and interment.  Thereby authorize the interment in lot I hold under deed.  Total Due  To	Grave space & Care Fund	795.00
Paid receipt number 15 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 - Balance due 596 A 199 A		
Flower vases – Marker setting fee  Recording and filing fee  MT. HOPE CEMETARY  CITY OF SAN DIEGO. CA  Paid receipt number \( \frac{1}{2} \) SA  Balance due \( \frac{596}{2} \)  Total Due  Paid receipt number \( \frac{1}{2} \) SA  Balance due \( \frac{596}{2} \)  Thereby certify I am the  and this is your authority to make disposition of remains as above indicated. I certify and represent I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless framy liability on account of said authorization and interment.  Thereby authorize the interment in lot I signature of recoided holder of deed  Total Due  Of the above named deced  Address  Signature  Address  Address  Total Due  Of the above named deced  Total Due  Of the above named deced  Total Due  Of the above named deced  Address  Address  Address  Total Due  Of the above named deced  Total Due  Of the abov	Opening/Closing & Setup	
Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Total Due  Total Due  Paid receipt number  Paid receipt number  Paid receipt number  Paid receipt number  Total Due  Total Due  Total Due  Total Due  Paid receipt number  Paid receipt number  Paid receipt number  Paid receipt number  Total Due	Burial Container	PAID
Paid receipt number  Total Due  Total Due  Paid receipt number  Paid receipt number  Total Due  Paid receipt number  Paid receipt number  Total Due  Total Due  Total Due  Paid receipt number  Balance due  516  Balance due  Total Due  Of the above named decedent this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the properties of t	landling Fees	
Paid receipt number 15 A 191-  Balance due 596  Paid receipt number 15 A 191-  Balance due 596  Balance due	Flower vases - Marker setting fee	0014 (1.3. 5(1))3
Paid receipt number  Total Due  Paid receipt number  Total Due  Paid receipt number  Paid r	Recording and filing fee	MT. HOPE CEMETARY
Paid receipt number 15 A  Balance due 596  Balance due 596  Of the above named deced and this is your authority to make disposition of remains as above indicated. I certify and represents that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the properties of the interment in lot I hold under deed.  Signature of recorded holder of deed  Telephona  Invoice #	Sales taxes	CITY OF SAN DIEGO, CA
Balance due 576.  I hereby certify I am the		Total Due
hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represents I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light on account of said authorization and interment.  Thereby authorize the interment in lot I hold under deed.  Address  Address  Telephone  Invoice #		Paid receipt number VISA 191-0
and this is your authority to make disposition of remains as above indicated. I certify and represent I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from liability on account of said authorization and interment.  Thereby authorize the interment in lot I hold under deed.  Address  Address  Telephone  Invoice #		Balance due 516.0
hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless frank liability on account of said authorization and interment.  hereby authorize the interment in lot I hold under deed.  Signature  Address  City  City  Telephone  Invoice #	hereby certify I am the	of the above named deceden
I hereby authorize the interment in lot I hold under deed.    Address   Addr	that I have the right to make this au	uthorization and I agree to hold Mt. Hope Cemetery harmless from
inclid under deed.  X 4732 Rt 57.  Address  Diego CA 9310  City  Telephone  Invoice #	any habinty on account of said duli	X 2 2 2
Signature of recorded hotder of deed  Address  Son Diego CA 9310  Chy  Telephone  Invoice #_		lot 1 Signature C Stronger
7619 266-3490 Telephone	iola uridor debai	Address Act St.
Telephone Invoice #	Signature of recorded holder of deed	San Diego CA 93102
The state of the s		7619 266.3490
The state of the s		Invoice #
WOLK CITED TO TO ADDIT TO	Work Order # E 1664	
	REA-104 (7-96)	his information is available in alternative formats upon reque

@ Printed an respeled paper

THOMPSON, TRACY 4722 Fir Street, San Diego 92102 266-2490

09-25-01 Opened Pre-need Lot.

	-	Lot 113, Grave 3, Section 2, Division 11		7	95.00		795.00
0 5	-01	Visa	1			199.00	596.00
11-14	-0	R-54336 coupon # 1				25.00	571100
12-5-	0	1 R-54421 Coupon#2				25.00	544,00
2-6	2-	02 R-54629 Compon#3,4				+50.00	4980,00
3 -11	5-	02 R-54766 Couponts				-25,00	471,00
5-29	7-	02 R-55036 Coupons #6 +7	1			-50.00	42100
7-11-1	2	R-55200 829				\$0.00	371.00
8-16						2500	346 00
10-2	1-0					80.00	296.00
12-3	-0	2 R- 35677 13 2 14				80.00	246.00
13.77	-0	2 R-55749 # 15	3 A	VID		25 00	221 00
4-4	3	R56100 16417				50 00	1710
5-9-	03	156820 16 11	NO	2 20	03	144-	250
600	0	0 4510514				25-	10
		MTH	IOPE IF \$/	CEME AN DIE	GO, G		
				-			
		THOMPSON, TRACY E-16640					
St.			-	11-			

#### CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 56314 WHITE TO CUSTOMER MOUNT HOPE CEMETERY CANARY CEMETERY AUDITOR (619) 527-3400 Date: Dollars (\$ 25.00) Payment of Division Section Lot Grave Invoice No. F NOT VALID FOR PURPOSES STATED UNLESS CREDIT 67007 STAMPED "PAID" IN THIS SPACE. 20% Sales Care 77184 Acct. No. 80% Sales 100 77184 of Lots 100 Opening/ W.O. Closing 77181 JUN 0 = 2003 Burial 100 **BALANCE DUE** Containers 77182 100 77185 Handling Fee MT. HOPE CEMETARY Recording & 100 Misc. Fees 77183 CITY OF SAN DIEGO. CA Pre-Need Lot-At Need On Acct Pre-Need 63033 Trust Sales Tax 60101 Pre-need Trust Cash Check 78390

TOTAL PAID

ISSUED B

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

56220

From Jasey Thompson Des	Address: 4782 94 Suf + 00/100	e: May 9  Dollars (	\$ 146.00)
in <u>Part</u> Payment of	fre nud lot	Section 2	Division // Block
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	134 -
W.OBALANCE DUE	MAY 0 9 2003	Operang/ 100 Closing 77181 - Burial 100 Containers 77182 - 100	
Pre-Need Let At Need On Acct    Pre-need Trust   Cash Check    AC 212 (Rev. 10-02) 5 ( 8	MT. HOPE CEMETARY CITY OF SAN DIEGO, C-	Handling Fee 77185 Recording 8 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390  TOTAL PAID \$	14le =

# OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56100

From: Tracy Thompson	Address: 4700 Fu		20 03
To the track	on mud lat	Dollars (	\$ 50.00
in Payment of Lot Grave	3 Row_	Section 2	Division Block
Invoice No. E16640	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	
Acct. No	PAID	80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181	50 -
BALANCE DUE 11 (- 00	APR 0 4 2003	Burial 100 Containers 77182 -	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CHY OF SAN DIEGO, CA	Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033	
Pre-need Trust Cash CheckX	ISSUED BY Tam Hetzel	Trust 77186 - Sales Tax 60101 78390	
AC-212 (Rev. 10-02) 515 This information is available in afternative formats upon reques		TOTAL PAID \$	50 -

CITY OF SAN DIEGO, CALIFORNIA

55749

			Date:	ec.	SZ 1 , 20	00
From: Tracy E. THomp	SON Address	n reco	ed			
Twenty-Five o	0			Dollars (	\$ 25.00	)
in Dart Payment of P	te-nex	ed lot	top To		Thom	
Lot 113 Grave	3	Row	Section	a	Division Block	1
Invoice No.		POSES STATED UN	LESS	62007		11
Acct. No.	STAMPED "PAID" IN	THIS SPACE.	20% Sales C 80% Sales C	67007 are 77184 100	95	00
W.O. E-16640			of Lots Opening/	77184 - 100 77181 -	a.v	100
BALANCE DUE 3 221. DD			Closing Bunal Containers	100 77182		
			Handling Fee Recording &	100 77185 100		-
Pre-Need Lot X At Need On Acct		1	Misc. Fees Pre-Need	77183 63033		-
Pre-need Trust Cash Check	L	Crawford	Trust Sales Tax	77186 60101		
AC-212 (Rev. 10-02)	ISSUED BY	Cury	TOTAL PAID	78390	25	00

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55677

From: trany thompson in part Payment of	Address: 4727	Fit St. la	Di	,20 921 \$50,00	0.5
Lot 113 Grave	3	low Section 3		Division \ Block	1
Invoice No	NOT VALID FOR PURPOSES STAMPED "PAID" IN THIS SPA		67007 re 77184 100 77184 100 77181 100 77182 100 77185 100	50	00
Pre-Need Lot At Need On Acct   Pre-need Trust   Cash Check   AC-212 (Rev. 10-02) 18 5 6	ISSUED BY Della	Misc. Fees Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	5 0	0(

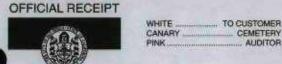
From: Tracy Thompson Tilly In Part Payment of P	Address: _ O n Blow	e: 10 - 21 - 0	50.00
Lot \\3 Grave	3 Row	Section	Division \\
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - 80% Sales 100 of Lots 77181 - Opening 100 Closing 77181 - Burial 100 Containers 77182 - 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77183 -	5000
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-84)	ISSUED BY & MULLING	Pro-Need 63033 Trust 7716 63033 Trust 7716 60101 78390 - TOTAL PAID \$	50 00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Tracy E. Thon	OSONAddress:		te:	8/10	, 20	02
in part payment of Br	e-need	lot ac		ollars (\$	25,00	)
Lot 113 Grave _	3	Row	Section 2		Division Block	11
Acct. No	NOT VALID FOR PURPOSE ST. "PAID" IN THIS SPACE.	ATED UNLESS STAMPE	20% Sales Care 80% Sales of Lots Opening/ Closing	57007 77184 — 100 77184 — 100 77181 —	25	00
BALANCE DUE \$346.00			Burist Containers Handling Fee Recording & Misc. Fees Pre-Need	100 77182 — 100 77185 — 100 77183 — 63033		
	S ISSUED & Pull	tte c.	Trust Sales Tax TOTAL PAID	9022 — 60101 78390 —	25	.00

711-07

### CITY OF SAN DIEGO, CALIFORNIA



From Trany thompson  Suffy Payment of	Pu-heel Let	ver Drei	,20 0 92102 0 50.00	
Lot 1/3 Grave	3 Row Se	ection	Division Sleck	11
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7716 80% Sales 10 of Lots 7716 Opening/ 10 Closing 7716	50	00
BALANCE DUE 371-00		Burisi 10 Containers 7718 Handling Fee 7718 Recording & 10 Misc, Fees 7718	00 12 10 10 10 10 10	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)		Pre-Need 6303 Trust 902 Sales Tax 6010 7835 TOTAL PAID	11	0 (

### CITY OF SAN DIEGO, CALIFORNIA

54766

- Trace & Shows	On Address	on see	Date: Mo	nel	15,20	02
24 4 3 -	Address:	_		ollars (\$ .	25.0	<u>)</u> ,
In Payment of Yu	Coupon	# 5	unt			
Lot 113 Grave	3	Row	Section2		Division //	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check MAC 1830	NOT VALID FOR PURPOS "PAID" IN THIS SPACE.	estated UNLESS ST	AMPED CREDIT 20% Sales Care 80% Sales of Loss Opening Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77161 100 77182 100 77185 100 77183 63033 9022 60101 78390	25	00

### OFFICIAL RECEIPT



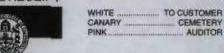
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

### CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

54629

From Tracy E. Thomps	Address:	Date: Jehru IN NECOLD	y-6	, 20 4	02
In part payment of Pre-		acrount	Dollars (\$	50.00	_
Lot 113 Grave _	3 Aow.	Section 2		Division	
Invoice No.  Acct. No.  W.O. E - 16640  BALANCE DUE 4 496.00  Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UN "PAID" IN THIS SPACE.	CREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee Recording & Micc. Fees Pre-Need Trust  Sales Tax	100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 — 60101	50	00
AC-212 (Pev, 5-94) 1826	ISSUED BY Jaulettel	race of a TOTAL PAID	78390	50	OD



CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527;3400

54421

From Fracy E. Ihomy Julidy- Fill In part Payment of PA	an Address: In her	ord Do Juce	ollars (\$ 25,	00,
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPI	Section CREDIT 20% Sales Care 80% Sales of Lots Opening/ Cfosing Burial Containers  Handling Fee	Division Block - / / / / / / / / / / / / / / / / / /	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 594)	ISSUED BY LAULETTE Crawford	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 63033 9022 80101 78380	100

# OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

### OUNT HOPE CEMETERY (619) 527-3400

54336

From: Tracy Thompson Thorsty Time In part Payment of Payment of	- New Lat	Send is	No 92105	0
Lot 113 Grave	3	ection 3	Division Block	//
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	60
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	ISSUED BY Dhille	Handling Fee Recording & Misc, Fees Pre-Need Trust Sales Tax TOTAL PAID	77185 7100 77183 63033 9022 60101 76390 \$	00

### MT. HOPE CEMETERY

### INTERMENT ORDER

REA-104 (7-96)

City of San Diego

Date

In a Type of Burns Container	Funeral, date, time	214/25 01	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	. of regular work day	or an extra charg	e of \$
will be applied and billed to undersigned			
126 127	M.J.	skim	
Lot Grave Row	Section	Division/	Block
Lot Grave Row	at 550		1100.00
Additional spaces and care fund			
Opening/Closing & Setup			
Burial Container			
Handling Fees			
Flower vases - Marker setting fee	***************************************		
Recording and filing fee			
Sales taxes			
ind charge prepart Paid	To	otal Due	20.0011
repeat Paid	I receipt number ${\underline{\mathbb R}}$	-34168	1100.00
ing county order.		Balance di	ne
I hereby certify I am the		of the above	named decedent
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	on and I agree to hole	we indicated. I cer d Mt. Hope Cemete	tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address	See	
Control of the Contro		14	Inp Code
Signature of recorded holder of deed	City	214 4 1/44/	100
Signature of recorded holder of deed	Telephone	alline	
Signature of recorded holder of deed	Telephone	alliche	
Signature of recorded holder of deed  Work Order # E 16641	Telephone	Three	

O Printed on recycled paper

RIFFAT I. LARI 908 South Surshine Ave suité 8 El Cajon CA 92020 (616) (619) 447-5274 Warm regards, Rigger 1. LARI

## E-16641 . Sept 19,01

Hello Sue,

The payment for two grave plot is enclosed.

Please ound me the paperwork.

my name and address is shown on the other side.

### MT. HOPE CEMETERY

### INTERMENT ORDER

men from

City of San Diego

Date 9-26-01

	ANN	WYNNIN	6 19		
in a ASH I	IAULT	Funeral, date, tir	ne THVR	10-4	110
Church, Chapel, Grave	side Wit	NESS :			_ Mortuary.
All Funeral cars must a	arrive before 3:3	0 p.m. of regular work	day or an extra	charge of \$	
will be applied and bille	ed to undersigne	id.			
		10	OOF		110
Lot 234 Grave	Ro	w Section		vielen/Block	44
Grave space & Care Fi	und	Pre-Need			0
		***************************************		_	
				1	05.00
					55.00
		***************************************			60.00
Flower vases - Marker	setting fee	***************************************			
Recording and filing fe	Ø	***************************************			45.00
Sales taxes		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4.13
			Total Due	વે	69.13
		Paid receipt number_	mc	2	69.13
	1-6			ance due _	0
I hereby certify I am the	or h	rather	of the	above name	ed deceden
and this is your author	ity to make disp make this autho	position of remains as a	above indicate	d. I certify an	nd represent
that I have the right to	of said authoriz	ration and Interment.		5	
that I have the right to any liability on account	The design made were				
that I have the right to any liability on account	interment in lot I	X Day	othyC	Mu	rpay
that I have the right to i	Interment in lot I	Signature 4 444	othy C	of Jon	en Foly
that I have the right to any liability on account I hereby authorize the hold under deed.		Signature Address	4 W. F	Hom Hom	9210
that I have the right to any liability on account I hereby authorize the		Signature  Address  Oliv	othy C 4 W. F.	Hom Jon 2, Ca	9210'
that I have the right to any liability on account I hereby authorize the hold under deed.		Signature Address Oliv Telephone	ally C 4 W. F.	France France 2, Ca.	92101 21006
that I have the right to any liability on account I hereby authorize the hold under deed.		Signature  Signature  Address  Oliv  Felegitionis	othy C 4 W. F. Ling	Homes, Ca.	92100 21000

### MT HOPE CEMETERY

GRAVE	BLIND CHECK	FORM	
Write in the name of the diblock marked with "X". Pleaxisting marker's in the apthe burial space.	ace the name's, lo propriate space(s	t # and grave ) that are adj	e # of all acent to
lashae a			
	Foucher		
	234 X 223	UL LERBY	LOTTIE
	ALTON		
			1
Interment space for: Car Interment Date: 10/4/0/ Lot: 224 Grave:	Le Unn I	Mennis 1100 ect. 100F	310ell 42
Grave Laid out by:			
Agrees with Legal Card:	Yes No	De .	ed w
Agrees with Map:   Yes	☐ No	-	Cons
Blind Check & Verified By:		Date	

E-16642

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	LE 2 13		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
	Caro	le	Ann	Manning			08/01/1943	07/26	/2001	F
54	San Diego	3.490		San Diego	The state of the s	OF INF	RELATIONSHIP, FULL I			P CODE
7.A	Dorothy	Murphy	Blvd. #3; San Die	92107	LIF. LICENSE NUMBER F APPLICABLE	4444 San I	W. Pt. Lone Diego. CA 9: ATURE OF APPLICANT	Blvd.	. #35	E SIGNED
	ACKNOWLEDGMENT OF AR		cknewledge as applicant that the proposed disposed in the Health and Safety Code, and was author			•	Conting to	a result	THE RESIDENCE OF THE PARTY OF T	5/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE Y FOR THE DISPOSITION SPECIFIED ID BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	98. DATE PERMIT	1	Berge RO			IG PERMIT
1	IN CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	80 Box 8522	GISTRAR OF DISTRICT OF DEATH IN CALIFORNIA CA 92186-5222		DRESS OF REGISTRAN		HET OF DISPOSITION-	AIME		
10	. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COP	RONER'S	USE ONL	0
	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		I. DISPOSITION (Name and A		REMAINS L	OCATED AT
-	BURIAL	Mount Hop	oress of California Cemeter e Cemetery et St.; San Diego		118 DATE BURIE	D 110	SIGNATURE OF PER	SON IN CH	ARGE OF B	en
BLE ITEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 120	SIGNATURE OF ER	SON IN CHA	AGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AC	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	VED 13C	SIGNATURE OF PER	RSON IN CH	ARGE OF F	ACILITY
OMPLETE A	TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH			CHARGE
O.	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT INTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS			HATED RE-
-						-				

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-21-01

You are hereby authorized and instruct		and regulations, to in	nter the remains
of FARRA L.S		1 - 101	-1
	Funeral, date, time		
Church, Chapel, GravesideDEL	IVERY :	Family	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work da	ay or an extra charge	of \$
will be applied and billed to undersigne	d		
Lot 3524 Grave Ro	w Section _	Division/Bl	lock_/O
Grave space & Care Fund		2621	0
Additional spaces and care fund	for Edward	d Sykes	
Opening/Closing & Setup		************************	105.00
Burial Container			
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
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to ho	of the above r	named decedent fy and represent
I hereby authorize the interment in lot I hold under deed.	X Signature X 3 C.S.	5 Comal	6
Signature of recorded holder of dead	★ Telephone	19 4658	CAC Zip Code
1 -	Invoice #_		
Work Order # E 16643	Acct. #		
REA-104 (7-96) This i	Information is available	in alternative format	s upon request.

O Printed an recycled paper

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 3702

FARRA	NT-FIRST (GIVEN)	IB MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	a DATE	OF DEATH	4. SEX
LA MESA			SR COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF. 8	OF INFO	ELATIONSHIP, FULL RMANT L. BOICE	MAILING AD		DP CODE
CCU-CARE CS	MEMATION CE	A-FUNERAL DIRECTOR OR PI NTER 2562 ST , CA 92008		F APPLICABLE D 1528	SPRIN	CONRAD DR IG VALLEY, URE OF ABPLICANT-	CA 91	-	TE SIGNED
ACKNOWLEDGMENT OF A	Therefore	Answering as applicant that the groop	enact dispriction stated because is one of the was authorized pursuant to Section 7100 of t	diagnotines, authorized by	\$4	n Telles	*	And the second section	1/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH I ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE IN INSTITUTE OF CALL	PROVI- CODE CIPIED 37.00	JOHN TOLBE	RT	2116288	OCAL REGI	STRAR ISSU	NG PERMIT
NY CHANGE IN DISPOSE TION REQUIRES A NEW ERMIT TO SHOW PINAL DISPOSITION.	P.O. BOX	GISTRARI OF DISTRICT OF D IN CALIFORNIA 85222 CA 92186-522		DRESS OF REGISTRAR CONSPOSITION IS TO OCCUR					
D. AUTHORIZED DISPI	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CO	RONER'S	USE ONL	Y
B CREMATION		AINS OTHER	E. TEMPORARY ENV.	DRNIA		I. DISPOSITION (Name and		REMAINS I	OCATED AT
B. CREMATION C. DISPOSITION ( THAN IN A CE	OF CREMATED REMA EMETERY SE	DRESS OF CALIFORNIA CI	F. DISINTERMENT  G. SHIP IN TO CALIFI  H. TRANSIT TO OUTS	DRNIA	1.2	(Name and	Address)  PSON IN C		
B CREMATION C. DISPOSITION IN A CE D. SCIENTIFIC US	OF CREMATED HEMI METERY SE LIA NAME AND A HOPE C 3751 HARKE' SAN DIEGO,	DRESS OF CALIFORNIA CI	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS EMETERY REMATORY	DRNIA IDE OF CALIFORNIA 118. DATE BURIED	100	(Name and	Address)  PRSON IN O	HARGE OF E	BURLAL.
B CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US  BURIAL	OF CREMATED HEMI METERY SE MANAGEND AT 1751 HARRE' SAN DIEGO, 12A NAME AND AD GATEWAY CR	DRESS OF CALIFORNIA CONTROL CA 92102 DRESS OF CALIFORNIA CONTROL CALIFORNIA CA	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS EMETERY REMATORY	DRNIA  IDE OF CALIFORNIA  118. DATE BURIED  128. DATE CREMATE	D 12G.	SIGNATURE OF PE	Address)  PRSON IN O	HARGE OF C	REMATION
B CREMATION  C. DISPOSITION THAN IN A CE D. SCIENTIFIC US  BURIAL  CREMATION  SOMENTIFIC	OF CREMATED HEMINETERY SE  114 NAME AND AS 1751 HARRE'S SAN DIEGO. 1754 NAME AND AS GATEWAY CR	DRESS OF CALIFORNIA CONTROL CA 92102 DRESS OF CALIFORNIA CONTROL CALIFORNIA CA	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS EMETERY  REMATORY S. ACACIA AVE. 92831  ACILITY RECEIVING REMAINS	ORNIA IDE OF CALIFORNIA 118. DATE BURIED 109. DATE CREMATE	D 12C.	SIGNATURE OF PE	RSON IN CO	HARGE OF CHARGE OF S	BURIAL

### MT, HOPE GEMETERY

### INTERMENT ORDER

City of San Diego

Date 9-77-01

of MAINON	NENSOME M
in a LINER	Funeral, date, time Tue 10 -2 11.
Church Chapel Graveside	FEATHERING: L L Mortuary
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	L. C.
Lot 156 Grave 3 Row	2 12
Lot 130 Grave Row	Section Division/Block
Grave space & Care Fund	815.00
Additional spaces and care fund	
Opening/Closing & Setup	3/5.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker settle File 2.7	2001
	EMETARY W 3 S
	DIEGO.
CITT OF SAIT	Total Due
	Paid receipt number VISA 1664.3
	<del>-</del> A-
X STE	Balance due
I nereby certify I am the and this is your authority to make disposithat I have the right to make this authorization of said authorization of said authorization.	of the above named deceder sition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from
Clarence A. Hazres I hereby authorize the interment in lot I hold under deed.	X Squaline 8008 GRISSLEST
Signature of recorded holder of doed	X SAND 16GO CA 92114 VON 619-640-7646 2000
	Talaphone
	Invoice #

### MT HOPE CEMETERY E- 16644.

### GRAVE BLIND CHECK FORM

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

	De 40	RV2		
	2 Kt X	3 4	TAYLOR	6
Interment space for:	KNOKTWA	WE WSO M	E	
Interment Date: TVC	- 10-2	Time: N	.¢0	
Lot: 156 Grave:	3_ Row:_	Sect:	A Div:	13
Grave Laid out by:	faresthan			
Agrees with Legal Ca	ard: 🗆 Yes	□ No	gelt in	and we
Agrees with Map:	Yes 🗆	No	gro	
Blind Check & Verifi	ed By:		Date:	

E-16644

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	DIT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA				DATE OF DEATH	
Anthony		Terrell	-	VSOme	La state			
5A. CITY OF DEATH Sai	n Diego			OF DEATH-OUTSIDE CALIF	OF IN	RELATIONSHP, FULL MALI FORMANT PTA HATTIS, MO		ZIP CODE
7A. TYPED NAME AND AD	DORESS OF CALIFORN	A-FUNERAL DIRECTOR OR P	PERSON ACTING AS SUCH	78. CALIF. LICENSE NUMBER		Gribble St.		
Feathering1				-IF ATTOCABLE	San	Diego, CA 921	14	*
6322 El Cajo		San Diego, CA		FD1083	BA. SIGN	ATURE OF APPLICANT FROM	taking permit 88. D	ATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	scknowledge as applicant that the proj 1376 of the Health and Salety Code, and	posed disposition stated herein is I was authorized pursuant to Section	ere of the dispesitions authorized by in 7100 of the Health and Safety Code.	<b>&gt;</b> ()	26 Me	09/	25/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID MIGHT OF DISPOSAL OUTSIDE OF CAL	CODE	09/27/20 09/27/20 09/27/20	001	9C. SENATURE OF LOCAL 2116122	REGISTRAR ISSI	JING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 65	EGISTRAR OF DISTRICT OF PLIN CALIFORNIA D. CA 82186-522		BE. ADDRESS OF REGISTRA		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPI						FOR CORON	ER'S USE ON	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	38	AINS OTHER	H. TRANSIT I	CO OUTSIDE OF CALIFORNIA (118. DATE BURIL	-	SIGNATURE OF PERSON	IN CHARGE OF	BUR
BURIAL		Cametery 375	l Market St.	10-2-0	11	Kum +	- les	not
CREMATION  CREMATION  SCIENTIFIC	12A, NAME AND A	DORESS OF CALIFORNIA C	REMATORY	128 DATE CHEM	ATED   120	2. SIGNATURE OF PERSON	IN CHARGE OF	MATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REA	MAINS 138, DATE RECE	EIVED, 130	SIGNATURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		RE 14B. DATE SHIPI	PED   140	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON CHARGE OF DISPOSITIO	N OF CH	ISE NUMBER REMATED RE- S DISPOSER APPLICABLE

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





### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego



Date 9-27-01

Py- Ned

of the sto	ney
In a Fundament F	Funeral, date, time
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 78 Grave Row	Section 4 Division/Brock 4
Grave space & Care Fund	re rea
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container PATD	55.00
Handling Fees	60.00
Flower vases - Marker Shing Let 72001	17/03
Recording and filing/se,	
Sales taxes	14-13
DIEGO, (	CA Total Due 269, 13
Paid (	receipt number R - 5 1171 26 7 1 13
	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Sci
Signature of recoyded holder of deed	Address
The second secon	City Zip Code
	Telephone
	Invoice #
Work Order # E 16645	Acct. #



THE CITY OF SAN DIEGO

SUE SHACKETON
Clerical Assistant II • Alt. Hape Cemelery
Real Estate Assets • (619) 527-3400

€16645

### MEMO

September 27, 2001

Dear Mr. Storey:

I would like to verify the grave that is to be used for Inez. Your letter says grave 4 and our records indicate grave 7.

Please let me know and I will adjust our records.

Thank you.

Very truly yours,

Ine Sheehelton

Sue Shackelton Clerical Assistant II

Dear Ms Shacketon, you are correct. Grave 7 is the one to be used for my mother, Iney. Thanks for your help. Norman & Storey



Gentlemen,

Enclosed are the following:

- as payment for the space known as Lot 78 Grave 4 in Sec 4 Div 4 on beholf of Iney B. Storey
- · Esternate Sheet dated 2-26-01 signed by Maria Castelle

Please confuir receipt of the enclosed at 3937 E. Altaderia avenue, Phoenix, Aryonia 85028.

Hrank you for your assistance.

norman Le Storey

### MT. HOPE CEMETERY

### INTERMENT ORDER

qui hert

City of San Diego

Date 9-28-01

In a Type of Burial Container	_ Funeral, date, time	
Church, Chapel, Graveside	1	Mortuary.
All Funeral cars must arrive before 3:30 p.n	m, of regular work day or an extra cha	arge of \$
will be applied and billed to undersigned.		
1 2 8 12 14		
Lot \5 R Grave Row	Section 2 Division	on/Block \ \
Grave space & Care Fund	at 895	4475.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	CED 2 @ 2001	
Burial Container PAID	3EF 4 0 2001	
Flower vases — Marker settling fee M Recording and filing fee 8 2001 CIT	IT. HOPE CEMETAR) TY OF SAN DIEGO, C;	
Sales taxesMT. HOPE CEMETARY		
CITY OF SAN DIEGO, CA	Total Due	4475.0
Pai	id receipt number V15A	4475.0
	Balance	due -0
I hereby certify I am the		ove named decedent
and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I dispense to hold Mt. Hope Cerr	certify and represent
	11 11	
I hereby authorize the interment in lot I	Signature (823 Cl	
I hereby authorize the interment in lot I hold under deed.	Signature 6837 ELG	ine way
I hereby authorize the interment in lot I	Address S. N. 92/	20
I hereby authorize the interment in lot I hold under deed.	X 6837 ELG	20
I hereby authorize the interment in lot I hold under deed.	X 6837 ELG X S.D. 921 City 619- 465-	2D 4228 20,000

FARID KHOURI 3076 Jamacha View Pr EL CAJON CAL 92019 549-49:9645 Faisal. Irhouri 1716 Jamacha Rd (72) EL- Cajon, C/A, 92019 S9# 559-63-8029 (619) - 334 - 2148X Fawaz Khouri 9 3481 Mt. Burnham pl. (858) 292-7015 551-96-3233 VICTOR Khouri 5681 Lancaster DR. 5.D. Ca92120 (3) 10

E-16646

X Fozi Khouvi 6837 Flaine Way 8 5 D. 92/20

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-1-01

I'NIN NUME	subject to your rules and regulations, to inter the remains
of Libia NUNE	Funeral, date, time MON 10-1 2:45
Church, Chapel Graveside	BERGE ROBERTS Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 1999 Grave Row_	Section Division/Block
Grave space & Care Fund	N
	0_
	-8_
Flower vases - Marker setting fee	2 Trui vers
	-6_
Sales taxes	
	Total Due
P	aid receipt number
	Balance due
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authorize any liability on account of said authorizati	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of dead	City attacked 20 Code
	Telephone
	Invoice #
Work Order # E 16647	Acct. #

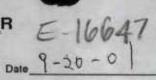


REA-104 (7-96)

#### MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diègo



TE UNIT			
na T.S. VAULT	Funeral, date, til	me	
Church, Chapel, Graveside			_ Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra charge of \$	
will be applied and billed to undersigne	ed		
1009			10
Lot 1999 Grave Ro	w Section	Division/Block	10
Grave space & Care Fund		9	15.0
Additional spaces and care fund	2 TRION V	Ases_	93.76
Opening/Closing & Setup			375.00
Opening/Closing & Setup	PAID	6	१५०,००
lendling Fees		and the second s	00,00
lower vases Marker setting fee	SEP 2 1 2001	<u>T</u>	25,00
Recording and filling fee			45.00
Sales taxesCIT	T. HOPE CEMEN	),. Ca	18.75
Oil	101011	Total Que	037.51
	Paid receipt number		087.5
	*	Balance due _	1
hereby certify I am the		of the above name	ed decedent
and this is your authority to make disp hat I have the right to make this autho any liability on account of said authoriz	rization and I agree to I	hold Mt. Hope Cemetery ha	armiess from
hereby authorize the interment in lot I	X 778	2 PEY DE	HA CFU
old under deed.	> Signature	CHAMOUNE F	AVE.
	Address X SAN	DIESTE, CA	940
ignature of recorded holder of daied	Cay (CLQ)	510-8300	Zip Code
Nork Order # E 16629			

O Printed on recycled paper

This information is available in alternative formats upon request.

E-16647

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

LIDIA	DENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	To all the	2. DATE OF BERTH 3. DATE OF DEATH 4. SEX MONTH 03/1933 09/26/2001 F
NATIONAL	CITY	1	58 COUNTY OF DEA ENTER STATE	SAN DIEGO	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE TERESA DE LA CRUZ - DAUGHTER
BERGE-ROI		A-FUNERAL DIRECTOR OR LRY, 607 NATIO	MAL CITY	IF APPLICABLE	SAN DIEGO, CA 92105
ACKNOWLEDGMENT OF	annumber   I books a	convoledge as applicant that the pr	aposed disposition stated herein is one of the day authorized pursuant to Section 7100 of	be dispositions authorized by	Parette Vale ( 09/27/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFET TY FOR THE DISPOSITION SP ID RIGHT OF DISPOSAL OUTSIDE OF C	Y CODE ECIFIED \$7.00	P Valenti	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	ALMAT CERT	ORDS PO BOX	85222		OF DISTRICT OF DISPOSITION—
B. CREMATION C. DISPOSITION THAN IN A D. SCIENTIFIC	I IA NAME AND A	DDRESS OF CALIFORNIA EMETERY, 3751			I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
CREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SE OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDE		OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	16B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CITEMATED REMAINS DISPOSET

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







#### INTERMENT ORDER

City of San Diego

Date 10-1-0/

a L'NER	Funeral, date, time F	ni oct 5 1.0
hurch, Chapel Graveside	GLE	N HAVEN Mortuary.
Il Funeral cars must arrive before 3:	p.m. of regular work day or	an extra charge of \$ 156.00
ill be applied and billed to undersign	ed	
0.5011		10
ot 2394 Grave Re	ow Section	Division/Block 10
rave space & Care Fund		995.00
dditional spaces and care fund	***************************************	
pening/Closing & Setup		375.00
urial Container		190.00
andling Fees	***************************************	145.00
ower vases - Marker setting fee	***************************************	
ecording and filing fee		45.00
ales taxes		14-25
		Due 1764.25
	Paid receipt number VIS	A 1764. 2
V.D.	1.1-	Balance due
nereby certify I am the 1/0	ugnter	_ of the above named decedent
nd this is your authority to make dis at I have the right to make this authority	orization and I agree to hold M	indicated. I certify and represent t. Hope Cemetery hampless from
ny liability on account of said authori	2 1869 O	Carina)
nereby authorize the interment in lot	X X	Cywngay >
old under deed.	) X	or squarcularymn
printing at recorded holder of deep	- > Cui	m chinty ca
eger (800) 471 -911	02 ((61)250	-1373 '913'
	Invoice #	
ork Order # E 16648	770	

CITY OF SO-HT HOPE TENETERY #64 3751 MARKET STREET SAN DIEGO CA 92102-4527 619-527-5474

18/81/81

18:13:57

KEYED

INCOTORH

US • XXXXXXXXXXXXX21691

AUTHR 201772 AUS: HO HUS REASTED REEH 01702001

HATL /PHONE

\$ 1764.25

E16848 1 1764.25

L AGREE TO PAY ABOVE TOTAL AMOUNT -CCORDING TO CARD ISSUER AGREEMENT (HERCHANT AGGEFHENT IF CREDIT VOUCHER)

PHONE ORDER

THANK YOU PLEASE COHE AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER E - 16648

To See	E-10648
9-1	Time 955 DAM
WHILE YOU	WERE OUT
M Julie He I	perque
Office (661) 250-13 Volpernall FAX 1764125 Pager Mobile e-mail	Returned your call Called to see you Wants to see you Will call again URGENT
4465 4213	
4042 15	91
0 3 - 02	
③ GreenCycle*	Operator Regider



#23-700

661 3

Jenny den Haven 818 899-5211

# INTERMENT ORDER

City of Sen Diego

Date 10-1-0/

ne LIVER	Funeral date time FAT OCT 5 1.00
thurch, Chapel Graveside	:Monuery.
u Purera care must arrive t	before \$40 a.m. at regular wark day or an extre charge at \$ 150 x 60
vill be epplied and billed to u	ndereigned.
a 294 am	10
of 991 Grave	New Section Division/Blook
Brave space & Gare Fund	995.00
ladidanal spaces and care fo	wd
Opening/Closing & Setup	375.00
Surial Compiner	<u>170.00</u>
THE RESIDENCE OF THE PARTY OF T	
lower vales - Marker settin	19 the
Recording and Wing fee	45.00
Sales leves	19.45
	Total Due. 1769,43
	maid receipt number VISA 1761. 4
Y	day a Later Balance due
hereby cently I am the	make disposition of remains as above indicated. I certify and represent
hat I have the right to make	this authorization and i agree to hold Mr. Hope Cematery harmless from
Bity is going on account creas	- (VIDEAT (ADMINISTRA)
hereby authorize the inserm	sect instat )
miliet ( Whi	nano)
Agreement Assertant holder of Stood	> 1 0138
1	100-13+3
E 16	648 Apple #
Nork Order # E 10	
	H. C. C. Marrattia formate within remine!

Pager (800) 471-9102





# GRAVE BLIND CHECK FORM

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

		DECKEN			
	256 3 556 3	ENGINEERING SERVICES	REYHOLD S	ROLEY	2297 MACBR: D
Interment space for Interment Date: FR					
Lot: 2294 Grave					Div: 10
Grave Laid out by:					
Agrees with Legal	Card:	Yes	J No	My	or we
Agrees with Map:	☐ Yes		No		
Blind Check & Ver	rified By:_		2	Date	

E-16610

E- 16648

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE ROBERT	INT-FIRST (GIVEN)	18. MIDDLE RODRIGUEZ	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Panorana C	ity		58. COUNTY OF DE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF UP-DRIMANT. Juliet G. Bringes - daughter
Glen Haven	Mortuary	Rd Sylmar, C.		-IF APPLICABLE	27901 Sand Canyon Road Canyon Country, CA '91387  BA. SIGNATURE OF APPLICAUT - Person tueng permit, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT   I hereby a Section 10	acknowledge as applicant that the proposed 1976 of the Health and Safety Code, and was	disposition stated herein is one of authorized pursuant to Section 7100 o	the dispositions authorized by	Just 10/03/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED SIGNS OF THE CALLS AND IS THE AUTHORS' IN THIS PERMIT.	JED IN ACCORDANCE WITH PROFORMA HEALTH AND SAFETY OF THE DISPOSITION SPECIFIC BOOK OF COUNTY OF CHIEFOR	DOE BA AMOUNT OF FEE		188UED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
-	"313 No.	EGISTRAR OF DISTRICT OF DI TICH CALFORNIA FIGURETOA Street Les, CA 90012	- 1 3		
D. AUTHORIZED DISP	The state of the s				FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC UI	11A NAME AND AI	DDRESS OF CALIFORNIA CEME Commetery	- hadenbyalthidah	ITSIDE OF CALIFORNIA	1111 01
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEIV	PED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	THE DISTRICT OF PLACING WITH THE CARBIER
SCATTERING AT SEA	15A. ADDRESS, NEA	MEAN BOILD OUT TO MARK HAR AS	OTHER RESCRIPTION SHE	- 158. DATE OF	150. SIGNATURE OF PERSON IN 130. UCENSE NUMBER

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







#### INTERMENT ORDER

City of San Diego

Date 10-1-01

na LINER	Funeral, date, time	THU	R 10-1	1 1:0
Church Chapel Graveside	The state of the s	AGSD	A CONTRACTOR OF THE PARTY OF TH	Mortuary.
All Funeral cars must arrive before 3:30 p.		Second State of the Second		• DOS STREET
will be applied and billed to undersigned.		***************************************	20000 T 12000	
	Section _	The second secon	Division/Block	11
Grave space & Care Fund	red E	-1243	<u> </u>	8
Additional spaces and care fund				_
Opening/Closing & Setup				0
Burial Container				0
Handling Fees				-0
Flower vases - Marker setting fee				
Recording and filing fee	T t			0
Sales taxes				0
		Total Due		8
Pa	aid receipt number			
X		Ва	lance due	
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to ho	ove indicat		represent
I hereby authorize the interment in lot I hold under deed.	Signature Address			
Signature of recorded holder of deed	> Sily			Zip Code
Work Order # <b>E</b> 16649	Invoice #_			

E-16649

# MESSAGE CONFIRMATION

10/01/2001 11:19 ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
10/01	00'24"	92631507	CALLING	01	OK	0000

10/01/2001 11:18 SD MT. HOPE CEMENTERY → 92631507

NO. 208 D01

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-1-01

Dalanca dua

IN LINER	Funeral, date,	time THUR 1	0-4 1:00
hurch Chapel Graveaids		RAGSDALZ	Mortuary.
A Funeral cars must arrive bet	ore 3.30 p.m. of regular wo	rik day or an extra char	ge of \$
ill be applied and billed to und	fereigned.		
at 18 Grave 7	Row Secti	on 3 Division	Mark 11
rave space & Care Fund	Pre- nech	E-13434	-6-
rave space & Care Fund	Anthonia in the control of the contr	E-13434	6_
dditional spaces and care fun	d	E-13434	- <del>-</del>
dditional spaces and care fun pening/Closing & Setup	d		- <del>-</del>
dditional spaces and care fun pening/Closing & Setup rial Container	d		<b>5 6 4 4</b>
CONTRACTOR CONTRACTOR CONTRACTOR	d		\$ \$ \$ \$ \$ \$
dditional spaces and care fun pening/Closing & Setup rial Container	d		<b>5 6 8</b>

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
	48 X	7	8	9	10
	WAHZ.	STROM			
				11	
Interment Space for:  Interment Date: TH  Lot: 48 Grave	vR 10~4 7 Row:	Time	:- 1';		iv: _\\_
Grave Laid out by: _				. (-	
Agrees with Legal C	ard: Yes	0	No	Thy,	marine
Agrees with Map:	J Yes	J No			
Blind Check & Veri	fied By:		-	Date: _	

E- 16649

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	DENT-FIRST (GIVEN	1B. MIDDLE	CONT.	IC. LAST IFA	MILY)	K 1	2. DATE OF BIRTH		OF DEATH	4. SEX
Woodrow		-		Hurd	1		11/24/1921	09/2	6/2001	H
SA. CITY OF DEATH	n Diego			SB. COUNTY C	OF DEATH—OUTSIDE CAL ATE COO	OF.	NE RELATIONSHIP, FUL INFORMANT TIE M. HUTC		DRESS AND Z	P CODE
Anderson-	Ragsdale Mo	rt.; 505	D Federal CA 92102	Blvd.	78. CALIF. LICENSE MUA —IF APPLICABLE FD1329	Sar	West St. Dlego, CA		emit, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF					one of the dispositions authorize 7100 of the Health and Salety Co		ebbu whe	lean	10/0	1/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIGNS OF THE CA AND IS THE AUTHO IN THIS PERMIT.	IFORNIA HEALTH RITY FOR THE DIS	DANCE WITH PROVI- AND SAFETY CODE POSITION SPECIFIED & OUTSIEK OF CALFORNIA.	9A. AMOUNT OF		72001 SUE	9C. SIGNATURE OF	LOCAL REG	FY46259	G PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VIENT REC	SPINS AUFON	b. 80x 852 CA 92186-	22	BE ADDRESS OF REGIL		STRICT OF DISPOSITION NOTHER DISTRICT IN CAL			•
10. AUTHORIZED DIS	POSITION(5) CHECK	APPLICABLE ITEM	AS				FOR C	ORONER'S	USE ONLY	1
	LUDES ENTOMBMENT		1	The state of the	RY ENVALIGNMENT				-REMAINS LO	
THAN IN A	TIA. NAME AND	ADDRESS OF C	ALIFORNIA CEMETE  3751 Mar	RY			1C. SIGNATURE OF P		HARGE OF BI	
C. DISPOSITION THAN IN A D. SCIENTIFIC BURIAL	USE IIA NAME AND	ADDRESS OF C	ALIFORNIA CEMETE ; 3751 Mar , CA 92102	G. SHIP IN TO H. TRANSIT TO RY Ket St.	O OUTSIDE OF CALIFO				HARGE OF BE	
C. DISPOSITION THAN IN A D. SCIENTIFIC BURIAL CREMATION	TIA NAME AND Mt. Hope	ADDRESS OF C Cemetery an Diego	; 3751 Mar	G. SHIP IN TO H. TRANSIT TO RY Ket St.	O OUTSIDE OF CALIFO	BURIED		PERSON IN O	Tom	IRIAL A
C. DISPOSITION THAN IN A D. SCIENTIFIO BURIAL	11A NAME AND Mt. Hope 12A NAME AND	ADDRESS OF CO	; 3751 Mar , CA 92102	G. SHIP IN TO H. TRANSIT TO RY Let St.	CALIFORNIA O OUTSIDE OF CALIFO  1 11B. DATE O	BURIED 1	10. SIGNALINE OF P	ERSON IN CH	ARGE OF CR	IRIAL EMPL
C. DISPOSITION THAN IN A D. SCIENTIFIC BURIAL CREMATION SCIENTIFIC	11A NAME AND 12A NAME AND 13A NAME AND 13A NAME AND	ADDRESS OF CO	; 3751 Mar , CA 92102 ALIFORNIA CREMAT	G. SHIP IN TO H. TRANSIT TO RY Let St. TORY Y RECEIVING HEN	CALIFORNIA O OUTSIDE OF CALIFO  11B. DATE 1  12B. DATE 0	BURIED   1	1C. SIGNATURE OF P	ERSON IN CH	HARGE OF FA	JRIAL CELITY

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



#### INTERMENT ORDER

City of San Diego

Date 10-1-01

TAULED CALL	subject to your rules and regulations, to inter the remains
ina T.S. VAULT	Funeral, date, time FHUR 10-4 9:00
Church, Chapel, Graveside	GUADA LUPANA Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 216 Grave 3 PRA-	D Section 2 Division/Block 1295 DO
Grave space & Care Fund	81200
Additional spaces and care funQCTQ.2	2001
	EMETARY 375.00
Burial Container CITY OF SAN	DIEGO 00
Handling Fees	185.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	18.75
	Total Due
Pai	d receipt number R-54180 1768-75
SON XM	Balance due
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization and liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from a and interment.
I hereby authorize the interment in lot I hold under deed.	X CSAROUTIONES X SIGNALLIA ZENTTH ST
Signature of recorded holder of deed	X CV. CA. 9/9/1 12/9934-58 21 Egicode Telephone
Work Order # <b>E</b> 16650	Invoice #

# GRAVE BLIND CHECK FORM

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

				Bo	BONNER	
				-		
1	2	الا X عالا	4	5	6	
7	8	9	10	11	15	

Interment space for: SAVIER	GUTIERREZ .
Interment Date:	Time:
Lot: 216 Grave: 3 Row: _	Sect: 2 Div:
Grave Laid out by:	
Agrees with Legal Card: Yes	O No Day on
Agrees with Map:   Yes	No Gril
Blind Check & Verified By:	Date:

E- 16650

E-16650

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	TER (GIVEN)	IB. MIDDLE	IG. LAST (FAM	RYO VEZ-VARELA			DATE OF DEATH 4 SEX
SA. CITY OF DEATH	N DIEGO	SALVADOR		DEATH-OUTSIDE CALIF.		10/03/1930	NG ADDRESS AND ZIP CODE
7A. TYPED NAME AND AD	DORESS OF CALIFORN	A-FUNERAL DIRECTOR OR PE ORTUARY, 2601 I	RSON ACTING AS SUCH 7		100000000000000000000000000000000000000	7 NEW HAVEN ST VALLEY, CA, 9135	
SAI	I DIEGO, CA.			FD-1425	BA. SIGN	ITURE OF APPLICANT—Person	taking permit 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	classwinder as applicant that the propo 376 of the Health and Salety Code, and w	sed disposition stated herein is or ses authorized personnt to Section 7	100 of the fregith and Safety Code.	10	M. C. M. CERLER	10/03/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC ID MINIT OF DISPOSAL OUTSIDE OF CALL	\$7.90	JOSE CH. 10/04/2	AVEZ	2116456	REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	ATTAL OCCUBE	EGISTRAR OF DISTRICT OF DESCRIPTION BOX	85222	IE. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		HCT OF DISPOSITION— THEE DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ONLY
B. CREMATION	SE		F. DISINTERME	CALIFORNIA OUTSIDE OF CALIFORNIA		(Name and Addre	
BURIAL	MOUNT HOPE SAN DIEGO,	CA,92102.	MARKET ST	118. DATE BURIE		SIGNATURE OF PERSON	Limber
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CF	REMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMA	INS 138. DATE RECE	IVED 130	SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE 1		14B. DATE SHIPF	ED 140	OF PLACING WITH THE	RE OF PERSON IN CHARGE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

#### INTERMENT ORDER

City of San Diego

Date\_/0-/-01

ina Ash VAULT	- Fu	neral, date, time	Tues 10/9/0	100
Torrest Build Acceptance			FIC BEACH	Mortuary
All Funeral cars must arrive before	The same of the sa		20H A	
will be applied and billed to unders			una municipalità di	
/				
Lot 986 Grave	Row	Section	Division/Block	10
				0
Grave space & Care Fund	0	-8976	, -lot	0
Opening/Closing & Setup	E	- 111 4	8-Trust	0
Burial Container 3 60	.26	Interfer	<u> </u>	0
Handling Fees		nord	<u> </u>	0
Flower vases - Marker setting fee		1777		0
Recording and filing fee		***************************************		0
Sales taxes				0
		Total	Due	0
	Paid res	ceipt number		
			Balance due	0
I hereby certify I am the			of the above name	d deceden
and this is your authority to make that I have the right to make this a any liability on account of said aut	uthorization a	and I agree to hold N	Indicated. I certify an It. Hope Cemetery har	d represent miess from
I hereby authorize the interment in hold under deed.	lot I	Signature	122	
noid under seed.		Address /	ALE 16	100
Signature of seconded holder of deed		City	m - V	/
		Telephon	EVIN V	
		M	CINTYRE	
F 1005	1	Invoice -	withes	100
Work Order # <b>L</b> 1665		Acct. A (7	60) 371-0	6701
REA-104 (7/96) 7	his informati	ion in aveniti	FAREW	)

© Printed on recycled paper

€ 16651

#### MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

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

the burial space.					
	985 SHILLIE	Q86 X Exert Had	489	95% Wood	989 Wood
Interment space for: Interment Date:	10/9/0	21_ 7	'ime:	100	
Lot: 986 Grave Grave Laid out by:	e:	Row:	Sect:	D	iv: _/O
Agrees with Legal (	Card: 🗖 Y	es [	) No		*
Agrees with Map: [	J Yes		No		
Blind Check & Ver	rified By:			Date:	

E-16651

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2. DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 4. SEX HART VIOLET 5A. CITY OF DEATH 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF., ENTER STATE PRECINCT #5 DOROTHY BLACKBURN - SISTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 7B. CALIF LICENSE NUMBER 17511 FOREST VINE CT EL CAMINO MEMORIAL - PACIFIC BEACH CHAPEL -- IF APPLICABLE TOMBALL, TX 77355 4710 CASS ST, SAN DIEGO, CA 92109 FD-815 BA. SIGNATURE OF APPLICANT-Person taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the progressed disposition stated herein is one of the dispositions authorized by ancette Valenten 10/02/2001 ACKNOWLEDGMENT OF APPLICANT ection 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE
10/02/2001 2116335 PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT P Valentine MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR OF ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIL ITA NAME AND ADDRESS OF CALIFORNIA CEMETERY TIE. DATE BURNED MT HOPE CEMETERY, 3751 MARKET ST BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 150. LICENSE NUMBER 15B. DATE OF SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER **DISPOSITION OTHER** IF APPLICABLE THAN IN A CEMETERY

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

#### INTERMENT ORDER

City of San Diego

Date 10-1-01

ina LINEK	_Funeral, date, time MON 10 - 8 10:0
Church, Chapel Graveside	: FEATHERING ILL Mortuary.
	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
0 0	MAS 0
Lot Grave Row	Section Division/Block
Grave space & Care Fund	RE-NEED -
Additional spaces and care fund	DAID
Opening/Closing & Setup	PAID 375.00
Burial Container	OCT 0 = 2001 190,00
Handling Fees	VS.00
Handling Fees	MT. HOPE CEMETARY
The property of the second second second second second second second second second second second second second	CITY OF SAN DIEGO, C. 45.00
	10 55
Sales taxes	719.25
	raid receipt number R-54310 769.35
P	ald receipt number 1
V	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disnos	
and this is your authority to make dispos that I have the right to make this authoriza	ation and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make discos	ation and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make dispos that I have the right to make this authorizat any liability on account of said authorizat I hereby authorize the interment in lot I	ation and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make dispos that I have the right to make this authorization any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
and this is your authority to make dispos that I have the right to make this authorizat any liability on account of said authorizat I hereby authorize the interment in lot I	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature  Address
and this is your authority to make dispos that I have the right to make this authorize any liability on account of said authorizat I hereby authorize the interment in lot I hold under deed.	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature  Address City Zip Code
and this is your authority to make dispos that I have the right to make this authorize any liability on account of said authorizat I hereby authorize the interment in lot I hold under deed.	ation and i agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature  Address  City  Telephone
and this is your authority to make dispos that I have the right to make this authorize any liability on account of said authorizat I hereby authorize the interment in lot I hold under deed.	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.  Signature  Address City Zip Code

O Printed an recycled paper

REA-104 (7-96)

# INTERMENT ORDER

City of San Diago

Dato\_10-1-01

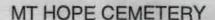
or WINIFRED R	Funeral date, time MON	10-0	10:00
Church, Chaper Graveside	FEATH	ering illa	lanuary.
All Funeral cars must arrive before 3:30	om. Of regular work day or an exti	ra charge of \$	
will be applied and billed to undersigned			
Lot 9 Grave B Row	MAS Section	Division-Block	R
Greve space & Care Fund	RE-NEED		2_
Additional spaces and care fund			700
Opening/Closing & Setup	and and the continuous and the	3/	5.00
Burial Container		11/2	00
Handing Fees,			
Flower vases - Marker setting fee			00
Recording and filing lea		12	100
Sales Isxes	Total Due	71	रिरेड
,	ald receipt number		- 2
I hereby certify I am the AND and this is your authority to make dispose that I have the right to make this authorize	11/1000	e above named o	ecedent epresent
any flability on account of sold authorizat	ion and interment.	Compley name	4
I hereby authorize the interment in local hold under deed.	X 322	E1 (3)	of Blut
Digitalism of special fiction of their	X 520 01 X 1919pas 583	799 [1	192/15 
Work Orger # E 16652	Invoice #		
REA-104 (7-00) This infe	ormalion is available in alternativ	e formets upon	request.

TRANSMISSION VERIFICATION REPORT

TIME: 10/03/2001 08:03

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE 10/03 08:03 18586938892 00:00:00 00 BUSY STANDARD

BUSY: BUSY/NO RESPONSE



# GRAVE BLIND CHECK FORM

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

		Ma			
		CALDWEL	U		
		X	Foster	spiechen	*LLN
		EDWARDS	Fosen		
Interment space for:	Winil	fred	Ree	00:00	
Interment Date: Mo	B.	Row:	ime: Sect:	AS D	iv: R
Grave Laid out by: _					
Agrees with Legal C	ard: 🗆 Y	es [	J No N	dy Gu	mer.
Agrees with Map:	) Yes		No		
Blind Check & Veril	ied By:	11.1	< >	Date:	

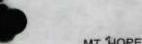
E-1665Z

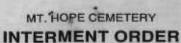
#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA.	NAME OF DECEDE	NT-FIRST (OIVER)	18. MIDDLE	1 IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DE	ATH 4. SEX
	Winifred		Mary	Rae			10/05/1905	09/29/20	OI F
5.8	CITY OF DEATH			ED COLUMN OF DEATH	-OUTSIDE CALIF.	6. NAME.	RELATIONSHIP, FULL M		
	San Diego			ENTER STATE	Diego	OF INF	ORMANT heringill M	orthory	
ZA		DORESS OF CALIFORNIA	A-FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH , THE CAL	IF LICENSE NUMBER		El Cajon B		
	Feathering	ill Mortuar	cy .	1 -	APPLICABLE		Diegeo, CA 9		
	6322 El Ca	gon Blvd.,	San Diego, CA 92	115 FI	1083	SA SIGNA	THE OF APPLICANT	ernon taking permit, 88	DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I heroby as Section 103	chrowledge an applicant that the proposed di 376 of the Health and Safety Gode, and was au	aposition stated herein is one of the thorized parament to Section 7100 of the	dispositions authorized by Health and Sidnly Code	> (	I mul	110	0/03/2001
	PERMIT UTHORIZATION OF	SIONS OF THE CALIFF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE	5	10/03/20	01	C. SIGNATURE OF LC	ICAL REGISTRAR I	SSUING PERMIT
L	OCAL REGISTRAR	AND PERSONAL PROPERTY OF THE PERSON OF THE P	D HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA EGISTRAR OF DISTRICT OF DEA		T.Trund	Name and Address of the Owner, where the Owner, which the	OT OF DISPOSITION		
	IY CHANGE IN DISPOSI- ION REQUIRES A NEW	IF DEATH OCCURRE	D IN CALIFORNIA	1 # 5			HER DISTRICT IN CALIFO	RNA	
P	DISPOSITION.		3222, San Diego, 36=5222	CA		-			
10	AUTHORIZED DISP	OSITION(S) CHECK AF	NAME OF TAXABLE PARTY AND POST OF TAXABLE PARTY.				FOR COR	ONER'S USE	ONLY
	PODANI SENAMON SELEN	DES ENTOMBMENT)	The second	E TEMPORARY ENVA	IN THEMT	F 30	20000000	PENDING-REMAI	
S	B. CREMATION	DUES ENTOMOMENTY		F. DISINTERMENT	OLIMENT		(Name and A		NS LUIS N
i	C. DISPOSITION	OF CREMATED REMA	AINS OTHER	G. SHIP IN TO CALIFO	ENIA				
i	D. SCIENTIFIC U			H. TRANSIT TO OUTS		7			-
		THE NAME AND AD	DRESS OF CALIFORNIA CEMET	EBV	, 11B. DATE BURIE	D 110	SIGNATURE OF PER	SON IN CHARGE	OE HUI
	BURIAL	Control of the Contro	Sem., 3751 Market	THE STATE OF THE S	1		John Gran	- Comme	
	- Surraina	San Diego,	THE RESERVE OF THE PARTY OF THE	0.11	10-8-0	11	KNIN F	less	um/
MS			DRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 12C	SIGNATURE OF PER	SON JN CHARGE	FCREMATION
E	CREMATION					1		//	
196					1		3	/	
5		13A. NAME AND AD	DRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	13B. DATE RECE	VED 13C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
APP	SCIENTIFIC				1				
#	USE				1			- 10	
H			DRESS IN RECEIVING STATE O		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGN		ON IN CHARGE
H	TRANSIT	HEMAINS OR	CREMATED REMAINS ARE TO B	E SHIPPED	1	1	OF PLACING WITH T	HE CARRIER	
8									
2	SCATTERING AT SEA		REST POINT ON SHORELINE, OR (		158, DATE OF		SIGNATURE OF PER		CENSE NUMBER
	OR DISPOSITION OTHER	FICIENT TO THE	NTIFY FINAL PLACE AND CA DIST	HIGT OF DISPOSITION	DISPOSITION		CHARGE OF DISPOS	I M	CREMATED RE-
	THAN IN A CEMETERY				1	-		1 =	F APPLICABLE
	Name and Address of the Owner, when the Owner, which the Owne					10000			

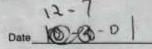
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON CHARGE OF DISPOSING OF THE CREMATED REMAINS.





RAVE OF CHARGUR City of San Diego

REA-104 (7-96)



	bject to your rules and regulations, to inter the rer	MO
	Funeral, date, time AYD 1-14	
Church, Chapel, Graveside	;Mor	tuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
ot 2897 Grave Row	Section Division/Bleek	)
Grave space & Care Fund	u-Need C-8258 -t	7
Additional spaces and care fund	PAID 105	00
Burial Container	35	.0
tandling Fees	JAN 10 2002 60.	00
Flower vases - Marker setting fee	IT. HOPE CEMETARY	0.0
Recording and filing fee	TY OF SAN DIEGO, CA 45.0	20
Sales taxes	Para 319	7
	Total Due	>
Paid	receipt number 12- 345 36 Balance due	-
hereby certify I am the	of the above named dec n of remains as above indicated. I certify and repr n and I agree to hold Mt. Hope Cemetery harmless and interment.	resen
hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Cod
	Telephone	
-	Invoice #	
Work Order # E 16653	Acct. #	

@ Frinted on recycled paper

This information is available in alternative formats upon request.

# E-16653 MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

-	Gi	TAVE DE	IIVD CIT	LOKIC	TAIVI	-
block ma existing	the name arked with marker's ir al space.	"X". Place the appre	e the nam opriate sp	ne's, lot # bace(s) th	and grave	# of all
Ber.	ge hum					
2894	2895 OTLEY	2896 BROWN	SPARG	UR.		
		<u>+ "</u>		01 1/F 0		
	nt space for:					
Lot: 28°	Grave	»:				oiv: <u>10</u>
	with Legal C		es	□ No	Lly	·m
1.72	with Map:			No-	G	me
Blind Ch	neck & Veri	fied By:	Kennoth	Callo	Date:	1/14/5

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE JOSEPH	IC. LAST (FAMILY)	ER	2. 0		TE OF DEATH	4, SEX
5.A	MONTROSE			58. COUNTY OF DEATH ENTER STATE CO	OLORADO		ATIONSHIP, FULL MAILING		PCODE
7.A	LAKESIDE	-SANTEE FUR	FUNERAL DIRECTOR OR PERSON PERAL CHAPEL LAKESIDE, CA 920		APPLICABLE	WINTE	RVILLE, NC 283	590	e ordien
1	ACKNOWLEDGMENT OF A	ne stant I fereby as	denoveledge an applicant that the proposed do 176 of the Health and Safety Code, and was suit	position stated herein is one of the	disposition authorized by	- October	un aggers		3/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT	ED IN ACCORDANCE WITH PROVI OFINIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED INDUIT OF DISPOSAL OUTLINE OF CALFORNIA	\$7.00	VICTORIA AZ		SIGNATURE OF LOCAL RE 2200547	GISTRAR ISSUIN	IG PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RWIT TO SHOW FRIAL DISPOSMICH.	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEAT O IN CAUFORNIA	P.O.	RESS OF REGISTRAR (SPOSITION IS TO OCCUP BOX 85222 DIEGO, CA	N ANOTHER	DISTRICT IN CALIFORNIA		
	A BURIAL (MOLL)			E TEMPORARY ENVAL  F. DISINTERMENT  G. SHIP IN TO CALIFOR  H. TRANSIT TO OUTSE	RNIA		FOR CORONER  1. DISPOSITION PENDS (Name and Address)	G-REMAINS LO	
	BURIAL	MOUNT HOPE 3751 MARKE	1/14 /0°	11C. SI	Honnell	CHARGE OF BU	URIAL		
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATE	ED 12C. SH	SNATURE OF PERSON IN	CHARGE OF CR	EMATION
ILL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			ED 19C. SH	GNATURE OF PERSON IN	CHARGE OF FA	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPE		DRESS AND SIGNATURE PLACING WITH THE CAR		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C NTIFY FINAL PLACE AND CA <u>DIST</u>		15B, DATE OF DISPOSITION		GNATURE OF PERSON IN HARGE OF DISPOSITION	13D, LICENSE OF CREA MAINS II —IF APP	ATED RE-

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

#### INTERMENT ORDER

City of San Diego

Date 10-2-01

of DARLENE D	Funeral, date, t	ime FRI	10-5	9:00
Church, Chapel, Graveside	*	GUADA	LUPANA	_ Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an e	xtra charge of \$	
will be applied and billed to undersigned	ed			
Lot 153 Grave 3 Ac	w Section	, 2	_ Division/Block	12
Grave space & Care Fund			<u>8</u>	95.00
				-
Additional spaces and care fund  Opening/Closing & Setup	PAID	)	3	15.00
Burial Container			3	50.00
Handling Fees	UCI (14 20)	)1	П	95.00
Flower vases - Marker setting fee	MT HOPE CEME	TARY		-
Recording and filing feeC				5.00
Sales taxes				8,10
			<u>I</u>	168.6
	Paid receipt number	K- 51	1191 1	768.7
X _	,,		Balance due	-0_
I hereby certify I am the and this is your authority to make dist that I have the right to make this author any liability on account of said authority of the later than th	prization and I agree to zation and interment.	above indic	the above name ated. I certify an ope Cemetery ha	d represent
hold under deed.	X 704	S N. 74	1 # #254	/
Signature of recorded holder of deed	Telephone	cerix,	AZ 8	7-5020 Zip Code
	Invoice i	y		
E 1CCE1				
Work Order # E 16654	Acct. #		200	

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#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 (	42	Y	2	6
	FosteR		<sup>53</sup> X <sup>3</sup>	1	MONT ES	
	wisdom	8	9	NUNEZ	, j	12
Interme	nt space for:	DARLEN	E DO:	SS		
	nt Date: FRi				,00	
Lot: 15	Grave:_	3_ R	Row:	Sect: _	Q Div	:15
Grave L	aid out by:				-	
Agrees	with Legal Card	l: 🗆 Yes		J No	Degon	·
Agrees	with Map:	Yes	ON	Vo		
Blind C	heck & Verifie		1 21		Date: _	

E-16654

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 2 DATE OF BIRTH 4. SEX VA. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) Y270471960 DARLENE DOSS 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. ARLA DOSS-DAUGHTER SANTED PAREO SAN DIEGO 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 7045 N.7th ST APT#254 -IF APPLICABLE GUADALUPANA MORTUARY, 2601 IMPERIAL AVE PHOENIX.AZ.85020 SAN DIEGO.CA.92102 FD-1425 8A. SIGNATURE OF APPLICANT-Person taking permit, 88. DATE SIGNED 10/05/200 I hereby adentivelyn as applicant that the proposed disposition stated become a one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDED BY AMOUNT OF FEE PAID BE DATE PERMIT ISSUED SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT BROWN OF THE CALFORNIA HEALTH AND SAFETY CODE JOSE CHAVIZ 2116521 PERMIT BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT. 10/05/2001 NOTE: THIS PERSON GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE TAL RECORDS, P.O. BOX 85222 # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA. 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON 11B DATE BURIED MOUNT HOPE CEMETERY, 3751 MARKET ST BURIAL SAN DIEGO, CA, 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O'DIER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MADES DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

DUSTIN CLARK

MONTROSE VALLEY

FUNERAL HOME

970 249-4400

E-16653

SANTEE LAKESIDE JUNEAU

40 MONTROSE VALLEY

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E 19653 STACY 257 DAILY TRANSPORT

#### INTERMENT ORDER

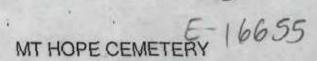
City of San Diego

10-2-01 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains middle KAU-Funeral, date, time Fri Church, Chapel, Graveside All Funeral cars must arrive before 350 p.m. of regular work day or an extra charge of \$ 15000 will be applied and billed to undersigned. X ot 1/03/0 Grave Row Section Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Handling Fees ..... Flower vases - Marker setting fee ..... Recording and filing fee Paid receipt number I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and lagree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Invoice # 16655 Work Order / Acct. #

O Printed an exceled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



# GRAVE BLIND CHECK FORM

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

	1634 BAKE	16350 Richard Mioolekan	1636 X	1637 Boldma	1638 Boldman	
Interment	Date: /C	15/0	11	rime:		
	Grave  d out by:				Div	:_10_
	th Legal C					
Agrees wi	th Map:	J Yes		No		
Blind Che	ck & Veri	fied By:			Date:	

E- 16655

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

12

A NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)	llekauff	2. DATE OF BIRTH MONTH, DAY, YEAR 01/10/1909	3. DATE OF DEATH MONTH, DAY, YEAR 10/01/2001	4. SEX
SA. CITY OF DEATH			5B. COUNTY OF DEAT	The second secon	NAME, RELATIONSHIP, FULL	Control State of Control of Contr	CODE
La Mesa			ENTER STATE	CHARLE STREET	OF INFORMANT	Control of the Contro	0000
	ODDESS OF CALIFORNI	A_FINERAL DIRECTOR	San Diego OR PERSON ACTING AS SUCH 78. CA	ART A SOPRESSOR ASSESSMENT !	Gerald Ogilvie	nephew .	
		6322 El Ca		FAPPLICABLE	3803 32nd Av.	20104	
		A DOST PT CH		ALLES AND DECEMBER 1	San Diego, CA	THE RESERVE AND ADDRESS OF THE PARTY OF THE	SIGNED
San Diego,	pourser I hently a		e proposed disposition stated herein is one of the is, and was authorized pursuant to Section 7100 of the	dispusitions authorized by	Sa Suele	L Wor	/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIO IN THIS PERMIT.	JED IN ACCORDANCE W FORMA HEALTH AND SAI TY FOR THE DISPOSITION D RIGHT OF DISPOSAL OUTSIDE	9A. AMOUNT OF FEE P			OCAL REGISTRAR ISSUING	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PRINT TO SHOW FINAL	9D. ADDRESS OF RE	EGISTRAR OF DISTRIC	T OF DEATH- 9E AD		OF DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALIF		
10. AUTHORIZED DISPO					FOR CO	RONER'S USE ONLY	
D. SCIENTIFIC US	11A. NAME AND AL	DORESS OF CALIFORN	F. DISINTERMENT  G. SHIP IN TO CALEGO  H. TRANSIT TO OUTS  A CEMETERY  51 Market St.		(Name and	REON IN CHARGE OF BUE	FIAL
BURIAL	San Diego,	THE RESIDENCE OF THE PARTY OF T	or market St.	10.5.01	1 / laney	tamber	•
CREMATION	12A, NAME AND AL	ODRESS OF CALIFORN	IA CREMATORY	128. DATE CREMATE	D 12C SIGNATURE PE	RSON IN CHARGE OF CREI	MATION
SCIENTIFIC	ISA. NAME AND AL	DDRESS OF CALIFORN	IA FACILITY RECEIVING REMAINS	13B DATE RECEIVE	13C. SIGNATURE OF PE	RSON IN CHARGE OF FAC	CILITY
TRANSIT	14A. NAME AND AL REMAINS OR	DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPEL	0 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN ( THE CARRIER	CHARGE
SCATTERING AT SEA							

COPY 2 IS RETAINED BY 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-Deed + Lot + Trust

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-2-01

	PPERS	
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	1\$
will be applied and billed to undersigned		
Lot 67 Grave 9 Row	Section	ck 12
Grave space & Care Fund		895.00
Additional spaces and care fund	4	
Opening/Closing & Setup	#375	750.00
		-
Flower vases - Marker setting fee	4	
	45	
		28.50
	Total Due	2463.5
	Paid receipt number 54185	2463.3
	Balance due	0
I hereby certify I am the	of the above n	amed decedent
and this is your authority to make dispo that I have the right to make this authoriza any liability on account of said authoriza I hereby authorize the interment in lot I	sition of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery ation and interment.	parmiess from
hold under deed.	+ 5718 La Fay W	1.
Signature of recorded holder of doed	+ Sen Vergo Cale + 619-3696124	Zip Code
E 400F0	Invoice #	

#### INTERMENT ORDER

City of San Diego

Date 10-3-01

ina LINER	Funeral, date, time	10-8 11:00
Church Chapet, Graveside	RAGSD	ALE Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an ex	tra charge of \$
will be applied and billed to undersigned	i	
Lot 109 Grave 6 Rov	Section 2	Division/Block 12
Grave space & Care Fund	PAID	
Opening/Closing & Setup	T 115 2001	375.00
		190.00
Handling Fees MT. I	IOPE CEMETAR	145.00
Flower vases – Marker setting fee	OF SAN DIEGE	
Recording and filing fee		45.00
Sales taxes		19.45
	Paid receipt number R - 51	1211 1661.25
I hereby certify I am the and this is your authority to make dispithat I have the right to make this authorizany liability on account of said authorizany.	of to sition of remains as above indication and I agree to hold Mt. Hop	the above named decedent ted. I certify and represent the Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.  Bignature of recorded holder of deed	X Fletch X Fletch Address 5/93 (	en Mongkins maninel way
and the same of the substitution of the same of the sa	City 5-A	CA 92/12pgoda
Work Order # <b>E</b> 16657	Invoice #	

O Privated on recycled paper

REA-104 (7-96)

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.

						1
3	Ч	5	109 X	TUA20	N	
9	wheeler	Wheeler	13			
					149	
Interment	space for: _	MINN	ie s	sykes		
Interment	Date: FR	1 10 -	<u>5</u> т	ime:	1.00	
	_ Grave					Div: 12
Grave Laid	d out by:	1.3	L. V.			
Agrees wi	th Legal Ca	ard: 🗖 Ye	s C	J No	* She	gion five
Agrees wi	th Map:	J Yes		10		
Blind Chec	ck & Verif	CONTRACTOR OF THE PARTY OF THE			- Date	
		745		1 1		

1600

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS	78	
A. NAME OF DECEDE	ENT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Minnie	Bell	Sykes		05/06/1923	10/01/2001	F
San DI	ego DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A Lagsdale Mort.; 5050 Federal	SB COUNTY OF DEATH ENTER STATE San Diego ACTING AS SUCH, 7B, CAL		NAME RELATIONSHIP FULL N OF INFORMANT Fletcher Tompki 5326 Caminito M	ns, Daughter	
Ander son-K	San Diego, CA 92102	DIVU- I	NO. CONTRACTOR	San Diego, CA 9		TE SIGNED
ACHOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disport Section 10376 of the Health and Safety Gods, and was authori		dispositions authorized by	Deblu Wel	can 1 10/0	3/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT GRES NO RIGHT OF EXPOSAL DUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE PA \$7.00	10/04/200	SUED 9C. SIGNATURE OF LO	CAL REGISTRAR ISSUIT	
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VItal Records; P.O. Box 8522; San Diego, CA 9218	2 # 0		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFO	RNIA	•
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONL	Y
B. CREMATION		E TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	RNIA	L DISPOSITION (Name and A	PENDING—REMAINS Lo	DOATED AT
BURIAL	Mt. Hope Cemetery; 3751 Mark San Diego, CA 92	et St.	10-8-01	11C SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	126. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEIVE	D 13C SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148, DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158 DATE OF DISPOSITION	15C SIGNATURE OF PER CHARGE OF DISPOS	SITION   OF CREA	MATED RE- DISPOSER

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

### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

Date\_ 10 - 3 - 0

The state of the s		I 1 1 7
In a Type of Bygol Seelpiner	, arrangi water time	1-6 10:0
Church, Chapel, Graveside	GUADALUPAN	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charg	ge of \$
will be applied and billed to undersigned.		
559	Section Division	9
Lot Grave Row	Section Division	1000000
Grave space & Care Fund		100.00
Grave space & Care Fund	URDAY OVERTIME	250.0
Opening/Closing & Setup	*	125.00
Burial Container	***************************************	
Handling Fees PAID		
Flower vases - Marker setting fee	.,,	
Recording and filing QCT U.5. 2001		45.00
Sales taxes	RY	
CITY OF SAN DIEGO	, CA Total Due	540.0
	aid receipt number R-54201	290.00
	Balance o	tue
I hereby certify I am the	of the abov	e named decedent
and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	tion and I agree to hold Mt. Hope Ceme	rtity and represent tery harmless from
	X	
I hereby authorize the interment in lot I hold under deed.	Signature	
Tions without source.	Address	· A
Signature of recorded holder of deed	X and the	Zie Code
	4	zip Gode.
	Telephone	
	20000000000	
Work Order # E 16658	Invoice #	

FROM : GUADALUPANA MORTUARY PHONE NO. : 619 544 9334

PORGOT to GET THE WARE

MT. HOPE GEMETERY

### INTERMENT ORDER

City of San Diago

Date 10 - 3 - 01

Church, Chapel (Preveside) All Funeral cars must arrive before 3.2	GUADALOP	240	
All Funeral cars must arrive before 3.2		Martiary.	
	A p.m. of regular work day or an anira	sharge of \$	
will be applied and billed to undersign	ed.		
La 559 STEVE PO	Section_1_ Dis	vis-ora@apek	
Grave space & Care Fund	nanat promonent conservation or promone	100.00	
Additional epages and cere tuna SA	TURDAY SVERTIAE	950.00	•
		1 5 0 000	
Burle/ Container		\$3500000	
Hereling Fees		ACTIONS -	
Flower vaces - Marker eating les	offermed (global manage), and a construction of the construction o		
Recorsing and filing rea	manum tanaman sa a a a a a a a a a a a a a a a a a	45.00	
Sales taxes		District Control	
	Total Due	520.0	)
	Paid receipt number		
A	CANADA CONTRACTOR OF CANADA CONTRACTOR	noe dun	
I horsely earlity I am the	of the control of the	above named decoders a serify and représent emetery namines from	
t hereby authorize the interment in lot hold under dead.	X Spiner	2	Guadalupana emorial Chapel & Mortu
Signature of researched holder or disease	- } 517	76 Code	2601 Imperial Avenue San Diego, Ca 92102 544-9333, Fax (619) 54

MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

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

Interment space for:  Interment Date: SAT 10-6  Time: 10.00  Lot: 559 Grave: Row: Sect: Div: 9  Grave Laid out by:  Agrees with Legal Card: Yes No  Agrees with Map: Yes No	the buri	ai space.				
Interment Date: SAT 10-6  Time: 10.00  Lot: 559 Grave: Row: Sect: Div: 9  Grave Laid out by: No No Survival No Section No	556	SST SSO FLORES NO	SS X			
Agrees with Legal Card: Yes No	Intermen	nt Date: SAT	0-6	Time:	0.00	9
	Grave I	aid out by:				
Blind Check & Verified By: Date:	Agrees	with Map:  Yes				

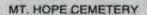
### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

MO.

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)	8-19-01	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
CIN	DY -	PABLO		09/19/2001 10/02/2001 F
SA. CITY OF DEATH		58. COUNTY OF DEATH	0	AME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE F INFORMANT
CHU	LA VISTA	SAN DIEGO	MIGUEL M	IGUEL PABLO-FATHER
7A. TYPED NAME AND AL	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER		F. LICENSE NUMBER 65	551 WONDERLAND AVENUE
GUA SAN	DALUPANA MORTUARY, 2601 IM DIEGO, CA, 92102	PERIAL AVE	S	AN DIEGO, CA. 92114 SIGNATURE OF APPLICANT—Parson taking print, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	I have been been as an investigated that the property			In Claured 10/05/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRISIONS OF THE CALIFORNIA HEALTH AND SAFETY CAND IS THE AUTHORITY FOR THE DISPOSITION SPECIAL IN THIS PERMIT.  ROTE THE FEBRIT CHES NO ROUT OF DEPOSAL OUTSEE OF CALFE	97.00 \$7.00	JOSE CHAVES 10/05/2001	2 2116594
TION REQUIRES A NEW PERMIT TO SHOW FINAL	90. ADDRESS OF REGISTRAR OF DISTRICT OF C IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 850 SAN DIEGO, CA, 92186-5222	1 11 0		DISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CALIFORNIA
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		E. TEMPORARY ENVA	RNIA	L DISPOSITION PENDING—REMAINS LOCALITY (Name and Address)
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEN MOUNT HOPE CEMERRY, 3751 SAN DIEGO, CA, 92102		118, DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION  CREMATION  SCIENTIFIC  USE	13A. NAME AND ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, O FICIENT TO IDENTIFY FINAL PLACE AND CA I		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



### INTERMENT ORDER

City of San Diego

Date 10-4-01

In a DOUBLE DEFT   Funeral, date, time TWES 19201   Mortuary.  Church, Chapel, Graveside   RAGSDALE   Mortuary.  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	ALBERT You are hereby authorized and instructed, su	bject to your gules and regulations, to	inter the remains
Church, Chapel, Graveside : RACSDALE Mortuary.  All Funeral cars 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 4 T Row Section Division/Block 3  Grave space & Care Fund Row Section Division/Block 3  Grave space & Care Fund Row Section Row Row Row Row Row Row Row Row Row Row	or CONTENT EARL WHI	TE PA 200 ac	0326 9:
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	IN a DOUBLE DEPTA	Funeral, date, time Tues 10/	2/01
Will be applied and billed to undersigned.  Lot 6 Grave 4 T Row Section Division/Block 3  Grave space & Care Fund R6 126 00  Additional spaces and care fund R7 3 00  Opening/Closing & Setup R7 3 00  Burial Container R6 13 02  Handling Fees R6 13 02  Flower vases – Marker setting fee Recording and filling fee Recording and filling fee Recording and filling fee Recording and filling fee Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signalure  Total Due 726 02  Total Due 726 0	Church, Chapel, Graveside	RAGSDAL	Mortuary.
Grave space & Care Fund 126.00  Additional spaces and care fund 126.00  Opening/Closing & Setup 123.00  Burial Container 123.00  Hankling Fees 13.02  Flower vases – Marker setting fee 1726.00  Recording and filling fee 1726.00  I hereby certify I am the 184 and this is your authority to make disposition of remains as above indicated. I cartify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed 190 code  Telephana 1853358	All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charg	ge of \$
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  A  Total Due  Total Due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed  Signature of recorded holder of deed  Telephone  Invoice # 353358	will be applied and bitled to undersigned		
Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee.  Sales taxes  A  Total Due  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Total Due  726.63  Address  Signature of recorded holder of deed  Total Due  726.63  Invoice # 353359	Lot 6 Grave 4 T Row_	Section Division	/Block 13
Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee.  Sales taxes  A  Total Due  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Total Due  726.63  Address  Signature of recorded holder of deed  Total Due  726.63  Invoice # 353359	Grave space & Care Fund		126.00
Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee.  A  Total Due  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  City  Zip Code  Telephana.  Invoice # 3 5 3 3 5 8			
Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  A  Total Due  Total Due  Total Due  Total Due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Total Due  Total			112200
Flower vases – Marker setting fee  Recording and filling fee  Sales taxes  A  Total Due  Total Due  Balance due  I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Total Due  Total Due  726.67  Total Due  726.67  Total Due  726.67  Total Due  Total Due  Total Due  Total Due  726.67  Total Due  1 hereby certify I am the  2 hereby certify I am the  3 5 3 3 5 8	Burial Container	)	133:0
Flower vases – Marker setting fee			
Sales taxes.  A BEAUPARLANT Paid receipt number  Balance due  of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Total Due  Total Due  Total Due  Total Due  Address  Signature  I hereby certify I am the  of the above named decedent and represent that I have the right to make this authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  Total Due  Total Du			
Sales taxes  A BEAUPARLANT Paid receipt number  Balance due  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  City Zip Code  Telephane  Invoice # 353358			116 017
Paid receipt number  Balance due  Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I signalure  Address  Signature of recorded holder of deed  City Zip Code  Telephana  Invoice # 353358			4 1
I hereby certify I am the	A - BEAUPARLANT PAID		726.67
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Gemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature  City Zip Code  Total phana.		Balance d	lue
hold under deed.  Address  Signature of recorded holder of deed  City Zip Code  Telephana  Invoice # 353358	and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indicated. I ce	rtify and represent
Signature of recorded holder of deed  City Zip Code  Teleophona  Invoice # 353358		Signature	
Invoice # 353358		Address	
Invoice #_ 353358	Signature of recorded holder of deed	Сну	Zip Code
- 10050		Telephana	9
Work Order # E 16659 Acct. # 000 9 5 2 10 16	- 40050	Invoice # 35335	8
	Work Order # E 15559	Acct. # 00095	5 10-16

€ 16659

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS Found IA NAME OF DECEDENT-FIRST (GIVEN) 3. DATE OF DEATH 4 SEY IC. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH 672001 White Albert Earl 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE San Dego OF INFORMANT San Diego Anne Maddox, Cousin 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 7B. CALIF. LICENSE NUMBER 7921 Valley View Circle #9 Anderson-Ragsdale Mort.; 5050 Federal Blvd. -IF APPLICABLE La Mesa, CA 91941 FD1329 San Diego, CA 92102 BA SIGNATURE OF APPLICANT-Person taking sering, 68. DATE SIGNED I hereby admendedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safets Code, and was purharged pursuant to Section 7100 of the Health and Safets Code. ACKNOWLEDGMENT OF APPLICANT 10/05/2001 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID LOCAL REGISTRAR ISSUING PERMIT 10/05/2001 PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 2116563 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AUTHORIZATION OF \$7.00 Owelliams NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE VITAL RECORDS; P.U. IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW Box 85222 FERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. ALITHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONL' A BURIAL (MCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURNED LIC. SIGNAPURE OF PERSON IN CHARGE OF BURIAL Mt. Mope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 **TEMS** 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 130. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRAMERT ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 16B. DATE OF SCATTERING AT SEA 150. LICENSE NUMBER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION

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

DISPOSITION OTHER

THAN IN A CEMETERY

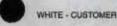
MAINS DISPCISER

-IF APPLICABLE



# CITY OF SAN DIEGO, CALIFORNIA

GOVERNMENT AGENCY INVOICE



EDI REF NO: C353358

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER. **RO.BOX 122289** SAN DIEGO, CALIFORNIA 92112 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR 5201 RUFFIN ROAD A SAN DIEGO CA 92123 ACCT NO 000952

TREASURERS USE ONLY-

PAYMENT DATE:

BY: CA (CK) IF ED PAYMENT EF NO 04 -492510

AMT PAID: 726.62

INVOICE DATE 10/16/01

PAYMENT DUE 11/15/01

PERIOD COVERED SEPTEMBER

SOE SHACKELTON DEPT: MT. HOPE CEMETERY

FOR SINFORMATEON CONCERNING YOUR BILLING CONTACT: RHF NO: E-16659 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

ALBERT EARL WHITE PA#20020326 LOT 6, GRAVE 4T, DIVISION 13 OPENING/CLOSING LINER TO AND THE STREET HOLD HOLD RECORDING FEE TAX ON LINER

126.00 423.00 123101 45.00

9.61

TOTAL DUE

(726.62 NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10. WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT AC-22 ABOVE - RETURN WITH PAYMENT INV NO.

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 10-4-01

) NED	: CI CI - ai 187
in a Sype of Bornel Container	Funeral, date, time FRI 10 19 12 1
Church Chapel Graveside	: 20 Memorial Mortuary.
All Funeral cars must arrive before 3:30 j	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 130 Grave 5 Pow	AID Section 3 Division/Stock 12
Grave space & Care Fund	11700 795.00
Opening/Closing & SetupMT. HOP. Burial ContainerCITY OF S	E CEMETAR) 375.00 AN DIEGO (90.00
Handling Fees	145.00
Flower vases - Marker setting fee	+ 125.00
Recording and filling fee	45,00
Sales taxes	14.63
BRING CHECK	raid receipt number R-51228 1689.25
X (50)	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from iton and interment.
I hereby authorize the interment in lot I hold under deed.	Signature BALBOA VISTA DR
Signature of recorded holder of deed	SAN DIEGO 92105 Or (619) 262 - 3749 Trelephore
	Invoice #

@ Printed un recycled paper

REA-104 (7-96)

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.

			1.0			
Ashes	3 Fulton	FYLL	2 X	B 4 06	EP	
			AShell	grue		
Interment	Date: FA	. 10-	12 1	ime:(3		
			ROW: _		3_	Div: 12
			res [			
	ith Map: [		Hon Car	No OD		10/111

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10	LAST (FAMILY)	Marine Street		DATE OF BIRT		TE OF		4. SEX
CLII	FFIE		-		EVANS			11/20/19	33 10/	02/2	001	F
SA. CITY O	F DEATH			58	COUNTY OF DEATH	OUTSIDE CALIF., 6	NAME, R	ELATIONSHIP, FU	AL MAILING A	ADDRESS	S AND ZIP	CODE
SAN	DIEGO			1		N DIEGO		EVANS-S	ON			
7A. TYPED N	AME AND AD	DORESS OF CALIFORN	IA-FUNERAL DIRECTO	R OR PERSON ACTIN		F. LICENSE NUMBER	2421	BALBOA	VISTA 1	DR		
SAN	DIEGO	MEMORIAL C	CHAPEL.				- AND THE REAL PROPERTY.	DIEGO CA	Paragraph of the Control of the Cont			-
2441	UNIV		SAN DIEGO			-1212	A. SIGNAT	URE OF APPLICA	MT—Person takin	permit.	BB. DATE	SIGNED
ACKNOWLE	DOMENT DE NE	PERCANT Section 10	376 of the Health and Salety (	ade, and was enthopyroof an	neurt to Section 7100 of the	Health and Salety Code	/	(034)	Herr	i	10/04	/2001
PERI	1	SIONS OF THE CALIF	JED IN ACCORDANCE FORNIA HEALTH AND S TY FOR THE DISPOSITE	AFETY CODE	AMOUNT OF FEE PA	10/04/29	CHEST COLORS	116495	F LOCAL RE	GISTRA	RIBSUNG	PERMIT
LOCAL RE			IO RIGHT OF DISPUSAL OUTSE	E OF CALIFORNIA.	\$7.00	ROSA NA	VA D					
ANY CHANGE THOM REQUIL PERMIT TO SI DISPOSI	BY DISPOSI BES A NEW HOW FINAL	P.O.BOX 8	35222			PRESS OF REGISTRAR OF INSPOSITION IS TO OCCUR						
10. AUTHOR	RIZED DISPO	SAN DIEGO OSITION(S) CHECK A	CA 92186-	5222			-	FOR (	CORONER'	S HSE	ONLY	
		IDES ENTOMBMENT)	1	De	TEMPORARY ENVA	ULTMENT	25		TION PENDIN			STORE OF THE PERSON NAMED IN
		man annual annua		1	THE PERSON NAMED IN COLUMN	- Carrier Carr	1			A Library	SAME FO	CATED AT
B. CR	EMATION			T.F.	DISINTERMENT		-	(Name a	nd Address)			CATED AT
C. DIS			AINS OTHER		DISINTERMENT SHIP IN TO CALIFO TRANSIT TO OUTS	RNIA DE OF CALIFORNIA		(Name a	ind Addresa)			CATED AT
C. DIS	SPOSITION O	METERY SE	AINS OTHER	i a	SHIP IN TO CALIFO		1110	SIGNATURE OF		CHARG	E OF BU	
C. DIS	SPOSITION O	METERY SE 11A. NAME AND A		i a	SHIP IN TO CALIFO	DE OF CALIFORNIA	j 110.	Name of the state		CHARG	E OF BU	
C. DIS	SPOSITION OF AN IN A CE	METERY SE  11A. NAME AND A  MT HOPE	DDRESS OF CALIFOR	I G.	SHIP IN TO CALIFO TRANSIT TO OUTS	DE OF CALIFORNIA	1	SIGNATURE OF	PERSON IN	1200		RIAL
C. DISC	SPOSITION OF AN IN A CE	HIA NAME AND AN MT HOPE 3751 MA	DDRESS OF CALIFOR	INIA CEMETERY	SHIP IN TO CALIFO TRANSIT TO OUTS	DE OF CALIFORNIA	1	Name of the state	PERSON IN	1200		RIAL
C. DISC. THE D. SC. BUILDING CREM	SPOSITION (AN IN A CE IN IN A CE IN IN A CE IN IN IN A CE IN IN  11A. NAME AND ALM THOPE 3751 MA	DDRESS OF CALIFOR CEMETERY ARKET ST SA	I G. I H. RNIA CEMETERY  N DIEGO CA RNIA CREMATORY	SHIP IN TO CALIFO TRANSIT TO OUTSI 92102	DE OF CALIFORNIA  118. DATE BURIED  1  10 12-01	D 12C.	SIGNATURE OF	PERSON IN	CHARGE	OF CRE	RIAL COMMATION	
C. DISC. THE D. SCIEN	SPOSITION ON IN A CE AN IN A CE HENTIFIC US	11A. NAME AND ALM THOPE 3751 MA	DDRESS OF CALIFORM CEMETERY ARKET ST SA	I G. I H. RNIA CEMETERY  N DIEGO CA RNIA CREMATORY	SHIP IN TO CALIFO TRANSIT TO OUTSI 92102	DE OF CALIFORNIA  118. DATE BURIED  1/0 /2-0/  128. DATE CREMATE	D 12C.	SIGNATURE OF	PERSON IN	CHARGE	OF CRE	RIAL COMMATION
C. DISC. THE D. SCIEN	SPOSITION OF AN IN A CE AN IN A CE INTERIOR US RIAL	TIA. NAME AND ALL TAA.	DORESS OF CALIFOR	M DIEGO CA INIA CREMATORY RNIA FACILITY REC	SHIP IN TO CALIFO TRANSIT TO OUTSI 92102 EIVING REMAINS	DE OF CALIFORNIA  118. DATE BURIED  1/0 /2-0/  128. DATE CREMATE	D 12C.	SIGNATURE OF	PERSON IN	CHARGE CHARG	OF CRE	MATION CILITY
C. DISC.  BUILD D. SCIENCE WITH VARIOUS SCIENCE VITA SCIE	SPOSITION OF AN IN A CE AN IN A CE INTERIOR US RIAL  MATION  MITIFIC  SE	TIA. NAME AND ALL TAA.	DORESS OF CALIFOR	M DIEGO CA INIA CREMATORY RNIA FACILITY REC	SHIP IN TO CALIFO TRANSIT TO OUTSI 92102 EIVING REMAINS	DE OF CALIFORNIA  118. DATE BURIED  10 12-01  128. DATE CREMATE  138. DATE RECEIVE	D 12C.	SIGNATURE OF	PERSON IN	CHARGE CHARG	OF CRE	MATION CILITY
C. DIST.  D. SC.  BUILDINGSHEE LEWS  CREM.  SCIENCE  SCIE	SPOSITION OF AN IN A CE AN IN A CE INTERIOR US RIAL  MATION  MITIFIC  SE	11A. NAME AND ALM THOPE 3751 MA.  12A. NAME AND AL  13A. NAME AND AL  14A. NAME AND AL  REMAINS OR	DORESS OF CALIFOR	RNIA CEMETERY  N DIEGO CA RNIA CREMATORY  RNIA FACILITY REC	SHIP IN TO CALIFO TRANSIT TO OUTSI 92102 EIVING REMAINS HTRY WHERE	DE OF CALIFORNIA  118. DATE BURIED  10 12-01  128. DATE CREMATE  138. DATE RECEIVE	D 12C.	SIGNATURE OF	PERSON IN PERSON IN SIGNATURE OF THE CAR	CHARGE CHAR CHARGE CHAR CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHAR CHAR CHAR CHAR CHAR CHAR CHAR CHAR	OF CRE	MATION CILITY.

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

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 10-4-01

	t to your rules and regulations, to inter the remains
or RICARDO PACH	1 1 1 1 1 1
ina LINER Fund	eral, date, time Mo N 10-8 10
Type of Build Container Church, Chapel, Graveside	FEATHER INGIL Mortuary.
All Funeral cars must arrive before 3:30 p.m. of re	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 193 Grave 9 Row	0-1
AND MAKE A CONTROL OF THE CONTROL OF	895.00
Opening/Closing & Setup OCT	315.00
	1911 (11)
Burial Container	145.00
	UE OD
Recording and filing fee	19 35
Sales taxes	Total Due 1664.25
	Balance due
I hereby certify I am the A D T to and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and N I L D A L V G 0	remains as above indicated, I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature 4455 Illinois 57 HPT B
Signature of recorded hobber of deed	X SANDIEGO, CA 92116 200 Code 200 Code
= 10001	Invoice #
Work Order # E 16661	Acct. #

O Printed on recycled paper

REA-104 (7-96)

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.

Interment space for:    Record   Pacheco			HEARN	HEARN	1		-
Interment Date: No. 10-8 Time: 10:00  Lot: 193 Grave: 9 Row: Sect: 2 Div: 19  Grave Laid out by: Sect: 2 Div: 19  Agrees with Legal Card: 9 Yes 9 No. 19  Agrees with Map: 9 Yes 9 No. 19		LEE 7	8	M3X d	10	"	13.
Interment Date: No. 10-8 Time: 10:00  Lot: 193 Grave: 9 Row: Sect: 2 Div: 19  Grave Laid out by: Sect: 2 Div: 19  Agrees with Legal Card: 9 Yes 9 No. 19  Agrees with Map: 9 Yes 9 No. 19							
Interment Date: No. 10-8 Time: 10:00  Lot: 193 Grave: 9 Row: Sect: 2 Div: 19  Grave Laid out by: Sect: 2 Div: 19  Agrees with Legal Card: 9 Yes 9 No. 19  Agrees with Map: 9 Yes 9 No. 19	Interment	space fo	r: R	win	Pache	co	100
Lot: 193 Grave: 9 Row: Sect: 2 Div: 10  Grave Laid out by: No Agrees with Legal Card: Yes No No Agrees with Map: Yes No							
Agrees with Legal Card: Yes No Agrees with Map: Yes No							: 73
Agrees with Map:  Yes  No							
Agrees with Map:  Yes  No	Agrees w	ith Legal	Card:	Yes [	J No	thy	2
Blind Check & Verified By: Date:			100000			G	
	Blind Che	eck & Ve	rified By:_			_ Date:_	

16661

- 16661

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 5-22 + 5 5

46

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF DEATH	
	Ricardo		O.#	Pacheco			5/22/19 X	1070372001	M
	San Diego			SB. COUNTY OF DEAT	igo	OF INFO	ELATIONSHIP, FULL M FIMANT Lugo, moth		ZIP CODE
73	Feathering	DORESS OF CALFORN Bill Mortus , CA 92115	TY 6322 E1 C		F APPLICABLE	4455 San D	Illinois Si iego, CA 9:	E. B 2116	ATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 16	cknowledge as applicant that the pro 376 of the Health and Safety Code, an	opened disposition stated herein is one of the d was authorized pursuant to Section 7100 of the	dispositions authorized by the Health and Selety Code:	10	Mul	10/0	5/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP DIRECT OF DISPOSAL OUTSIDE OF CL	V CODE ECIFIED	10/05/200	1	C. SIGNATURE OF LO 2116579	CAL REGISTRAR ISSI	JING PERMIT
A	Y CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SNOW FINAL	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT O	F DEATH   9E AD	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			RNIA	•
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		390		FOR COR	ONER'S USE ON	LY
	B. CREMATION	SE		E. TEMPORARY ENVI	DRNIA		(Name and A	PENDING—REMAINS ddress)	EUGATED AT
	BURIAL.	Mt. Hope C San Diego,	emetery 3751 CA 92102	Hilltop Dr.	10-8-01		SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
ICABLE TTEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA (	CREMATORY	128, DATE CREMATI	ED   12C.	SIGNATURE OF PERS	BOWN CHARGE OF C	RON
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	DORESS OF CALIFORNIA I	FACILITY RECEIVING REMAINS	138. DATE RECEIV	/ED 13C.	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ALL REMAINS OR (	DRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH T		IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER	15A ADDRESS, NEAL FICIENT TO IDE	REST POINT ON SHORELINE INTIFY FINAL PLACE AND C	OR OTHER DESCRIPTION SUF-	158 DATE OF DISPOSITION		SKINATURE OF PERS	ITION   OF CE	SE NUMBEE EMATED RE- DISPOSER

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

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 10-4-01

na ASh VAULT .	uneral, date, time	Fri	10/12/01	1000
Church, Chapet Graveside	-			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extr	a charge of \$	ME - A
will be applied and billed to undersigned		10/11		
Lot <u>156</u> Grave 3 Row_				11_
Grave space & Care Fund				0
Additional spaces and care fund				
Opening/Closing & Setup			1	05.00
Burial Container				55.00
Handling Fees				60.00
Flower vases - Marker setting fee				
Recording and filing fee	***************************************			45.00
Sales taxes				4.13
	To	otal Due	2	69.13
Paid	ecelpt number	Visa	<u> </u>	69.13
		Ва	lance due	0
I hereby certify I am the Caucha and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization s	and lagree to hot	ve indicate	e above name ed. I certify and Cemetery har	d represent
I hereby authorize the interment in lot I hold under deed.	Signature 50	r CA	MINO PLAY	4
Signature of recorded holder of deed	X SAN X Telephone	DIEG 8 - 49	0, CA 9 75-3268	7 Zip Code
Work Option # E 16662	Invoice #			

E-16662 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.

	156	156	156 X 3	156 Truongr PHUNG 4		
Intermen	t space for	: Ke	in or	ai l	do	
Intermen	t Space for	10/12/0	5/T	ime:	1000	
						iv:_//_
	aid out by:_					M 1
Agrees w	vith Legal (	Card:	Yes [	J No	gla gos	and the second
Agrees v	vith Map: [	J Yes		No	1 W	and 1
Blind Ch	eck & Ver	ified By:_			Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BI		0F DEATH 4. SI
San Diego		San Daego		NAME, RELATIONSHIP,	FULL MAILING AD	ORESS AND ZIP COOL
SB22 Camin	objess of California—funeral director or Person Playa Portofino; San Dieso	ACTING AS SUCH 7B. CAL	-	dan Diego, Ca	92124	
ACKNOWLEDGMENT OF A	PLICANT I terety acknowledge as applicant that the proposed disp Section 10376 of the Health and Safety Gode, and was author	emilion stated herein is one of the street pursuant to Section 7100 of th	dispositions authorized by le Health and Satety Code.	· hin o	NI	10/04/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT WITS NO NIGHT OF DISPOSAL OUTSIDE OF CILIFORNIA.	9A. AMOUNT OF FEE P. \$7.00	10/04/2001		OF LOCAL REGIS	STRAR ISSUING PER
TION REQUIRES A NEW	POF BUX 0892221 CAUFORNIA San Diego, CA 92186-5222			OF DISTRICT OF DISPOSE I IN ANOTHER DISTRICT IN		
XX A BURIAL UNCLU	IDES ENTOMISMENT)	TE TEMPORARY ENVA	ULTMENT	TT L DISPOS	SITION PENDING	REMAINS LOCATED
D. SCIENTIFIC US	OF CREWATED REMAINS OTHER	E TEMPORARY ENVA	DRNIA DIDE OF CALIFORNIA 11B. DATE BURIED	(Name	and Address)	HARGE OF BURIAL
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA	DRNIA DIDE OF CALIFORNIA	11C. SIGNATURE O	F PERSON IN C	L + - +
B. CREMATION  C. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US  BURIAL	OF CREMATED REMAINS OTHER  EMETERY SE  INCOME THE PROPERTY OF	E. TEMPORARY ENVA	DRNIA DIDE OF CALIFORNIA 118. DATE BURIED 10-12-01 128. DATE CHEMATE	11C. SIGNATURE O	F PERSON IN O	HARGE OF BURIAL
BURIAL  CREMATION  CREMATION  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REMAINS OTHER  CHETERY SE  LICATOR OF CALIFORNIA CEMETER  SET DIESO, CA 92002  12A NAME AND ADDRESS OF CALIFORNIA CREMAT	E. TEMPORARY ENVA	DRNIA DIDE OF CALIFORNIA 118. DATE BURIED 10-12-01 128. DATE CHEMATE	I 1C. SIGNATURE O	F PERSON IN CH	HARGE OF BURIAL

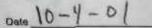
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego



Pre- med wat

REA-104 (7-96)

n 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 234 Grave 6 Row _	Section 2 Division/Block 12
Grave space & Care Fund	013.0
Additional spaces and care fund AT	D 375,0
	100 00
Burial Container APR 0 2 20	002 145,0
Flower vases - Marker SMTHOPE CEM	ETARY
Handling Fees Flower vases – Marker setting HOPE CEM CITY OF SAN DIE	EGO, CA 45.00
Sales taxes	11-75
	Total Due166 9.20
Paid	receipt number R-54195 416.01
	Balance due 1248.2
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named deceder n of remains as above indicated. I certify and represer n and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	Signature April Ragents Rd &
Signature of recorded holder of dead	(258) 67749813 Tech
	Invoice #
Work Order # <b>L</b> 16663	Acct. #

This information is available in alternative formats upon request.

O Printed on recycled paper

CREDIT

416.00

52.00

52.00

52,00 52.00

52.00

AFSHAR, FIROOZ 8324 Regents Rd #1P, San Diego 92122 858 677-9813 DEBIT Opened pre-need lot & trust.

10-04-01 Lot 224, Grave 6, Sec 2, Div 12 895.00 Trust includes opening/closing, liner, 769.25 handling fee, recording fee, tax on liner. 10-04-01 Receipt 54195 10/22/01 Receipt 54255 Receipt 54391 11/28/01 Coupon #2

39.00

BALANCE

895.00

1664.25

1248.25

1196.25

1144.25

R-54519 1-8-02 1-34-03 3-6-02 4-2-03

E-16663

AFSHAR, FIROOZ

# Mt. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 1
Payment Due Date November-01
Payment Amount Due 52.00
Balance Due 1,196.00

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

# Mt. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 2
Payment Due Date December-01
Payment Amount Due 52.00
Balance Due 1,144.00

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

# Mt. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 3
Payment Due Date January-02
Payment Amount Due 52.00
Balance Due 1,092.00

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

E16663

# Mt. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 4
Payment Due Date February-02
Payment Amount Due 52.00
Balance Due 1,040.00

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

€ 16663

# Mit. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 5
Payment Due Date March-02
Payment Amount Due 52.00
Balance Due + 988.00

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

# Mt. Hope Cemetery Prepayment Plan Record

Firooz Afshar 8324 Regents Rd #1P San Diego, CA 92122 858 677-9813 E-16663

Maria Missghi

Lot 224, Grave 6, Sec 2, Div 12

Payment NO. 6
Payment Due Date April-02
Payment Amount Due 52.00
Balance Due 936.00

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

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

54255

From: Firouz Afshar	Date:  Address: ON R-COVO		2	, 20 _	01
Tiply- Two and 00,	-need lot i trust	Do	ollars (\$ _	52.	00,
Lot 224 Grave	(O RowSe	ection 2		Division /	2
Invoice No	PAID  OCT 22 7001  MT. HOPE CEMETARY	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	52	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY HAWLETTE LEWIS	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	52	00

#### OFFICIAL RECEIPT



WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

54391

From Fironz Afshar	Address: The received Pater	Nov.	28	, 20	01_
Fifty-Jwo and	re-need lot Arust	D	ollars (\$	52.00	)
Lot 284 Grave	6 RowS	ection	_	Division Block	12
No. E - 16663  BALANCE DUE 1,144.25	PAID  NOV 28 2001	CREDIT 29% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	58	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 5-94)	MT. HOPE CEMETARY CITY OF SAN DIEGO WAY	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 — 63033 9022 — 60101 78390 —	5%	00

### CITY OF SAN DIEGO, CALIFORNIA

54519

### MOUNT HOPE CEMETERY (619) 527-3400

1.10111		0 0	Date: 1-0		20 0 4
Siffy Ino	Address	t x t		Follars (\$ 52,0	0 ,
In Payment of 1	6	Row	Section 2	Division — Block	17
Invoice No.  Acct. No.  W.O. E - 16663  BALANCE DUE 1092125  Pre-Need Lot At Need On Acct Pre-need Trust A Cash Check	NOT VALID FOR PURPE "PAID" IN THIS SPACE	OSE STATED LINLESS		67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 83033 9022	2 00
10-12 (But 400) 23-26	ISSUED BY	Milleletter	TOTAL PAID	60101 78390 \$	200

# MOUNT HOPE CEMETERY

(619) 527-3400

From: M. Officer  July Sur —  In part Payment of —	Address: 8324 Regent	1-27- 1 RL #1	P Jun Dies Hars (\$ 52,00	/o 9 )
Lot 224 Grave	lo Row Se	ection_3	Division Block	17
NO. E- 16663 BALANCE DUE 1040.25	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 5 2 100 77181 100 77182 100 77185	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check C	Albert L ve gaussi	Trust	7100 7100 7002 80122 80101 78390 5 \$ \$ \$	00

#### CITY OF SAN DIEGO, CALIFORNIA

54721-13

### MOUNT HOPE CEMETERY (619) 527-3400

From Mahrotch apohar	Address:	On Date	eens		52-00	
In Payment of	Pre- Need	to the	mel	ollars (\$	34.00	
Lot 224 Grave	6	_ RowS	ection_ 2		Division (	2.
Acct. No.  W.O. F - 16663  BALANCE DUE 988 (25)  Pre-Need Lot At Need On Acct	NOT VALID FOR PURPOSE ST	TATEDUNLESSSTAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Hendling Fee Recording & Misc. Fees Pre-Need Trust	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 63033 9022 —	52	00
Pre-need Trust A Cash Check A  AC-212 (Rev. 5-94)	ISSUED BY 1	ullli	Sales Tex TOTAL PAID	60101 78390 — \$	52	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

### MOUNT HOPE CEMETERY (619) 527-3400

From Tirong Ofsher Titly Tuby In Payment of P	Manuel 324 Regarder	1 By #1	P Jan Du	
Lot 224 Grave	lo Row s	ection 2	Division \	2
Acct. No.  W.O. F 16663  BALANCE DUE 936-25  Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	80% Sales of Lots Opening/ Closing 71 Burial Containers 77 Handling Fee 77 Recording & Misc. Fees 77 Pre-Need 57 Trust Sales Tax 60	7007	<u> </u>
AC 212 / 24 24	ISSUED BY DU	TOTAL PAID	s 52 (	00

### MT. HOPE CEMETERY

## INTERMENT ORDER

PRE- NEED LOT & TRUST

City of San Diego

Date 10-4-01

na LiNER Type of Burist Container	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 cha	rge of \$
will be applied and billed to undersigned.		
ot 58 Grave 9 Row_	Section 2 Division	n/Bleck 12
Grave space & Care Fund		
Additional spaces and care fund	AID	
Opening/Closing & Setup		375.00
Opening/Closing & Setup	1   2001	190.00
landling Fees	DE CELIETADA	145.00
Flower vases - Marker setting QHY. OF.		
Recording and filing fee		שול חח
Sales taxes		111 75
		1664.2
Pa	id receipt number R-5 1227	1664.93
	Balance	due
hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization liability on account of said authorization	ion of remains as above indicated. I c tion and I agree to hold Mt. Hope Cem	ve named decedent entify and represent etery harmless from
hereby authorize the interment in lot I hold under deed.	X Signature Sel	
Signature of recorded holder of deed	× alla	Dip Code
F 40004	Invoice #	
Work Order # <b>E</b> 16664	Acct. #	

# Jun Fetoch, orgin + refurm with check to Mt. Hope CEM

10/04/2001

15:56 SD MT. HOPE CEMENTERY + 92817587

NO. 224 00 50

MT. HOPE CEMETERY

### INTERMENT ORDER

City of Ban Diego

Onto 10-4-01

THEODORE C	Funeral, date, time	OCTRE
hurch, Chapel, Gravasida	MAYER	Mortuary. 3 2001
Il Funeral cars must errive before 3:30 p.		rge of \$
of 58 Grave 9 How	The state of the s	992 00
rave epass & Care Fund		
dditional spaces and care lund		מת פרי
ivrisi Container		tite an
lower veess - Marker setting lee	and the second particles of the second	
lecording and filling too		45.00
ales laxes	Tolai Due	11113
	aid receipt number	
	Belance	du4
hereby certify I am the and this is your authority to make disposite the this authority to make this authority to the thing authority the thing the thing authority th	ition of remains as shows indicated, I co stion and I agree to hold Mt. Hope Com	etery hermiose from
hereby authorise the interment in lot I lold under good.	X COLA Pu	L Deputy Public Guan
Specializa of secondary finisher of design	1858-694	-3522
	Invoice #	

### MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 10-4-01

_ Funeral, date, ti	me _///OK	10/01	
	0		Salar Salar
	Creek	mood	_ Mortuary.
n. of regular work	day or an ext	ra charge of \$	
			10
E-181	9		0
			-
,		3	75,00
,			10.00
)1	***************************************	1	45.00
	***************************************		_
TAR)	****************		5.00
			4-42
	Total Due	<u> 1</u>	6/19
id receipt number	R-543	11	169.2
			0
HTER			d danadant
on of remains as	above indicat hold Mt. Hope	ted. I certify an e Cemetery has	d represent
X			
1	4020 U	tah st	# 19
X Address 5	AN DIE	60 ,C	A 9210
X 619 Telephone	29468	38	. Ly 0300
The same of the sa	Section  E - 181  TAR)  Id receipt number  H TER  on of remains as ion and I agree to	Section	Section

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY 4665

# GRAVE BLIND CHECK FORM

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

509 6 Kaminuaa	5097 JAMASAKI	BON'E	509°)	3100	
Interment	space fo	or: FAN	Wie	BowiE	
Interment	Date: A	01 NO	-8	Time; ) . (	00
Lot: 50%	Grav	e:	Row:	Sect:	Div: \
Grave La	id out by:				
Agrees w	vith Legal	Card:	Yes	O No	ndern
Agrees w	ith Map:	☐ Yes		No	Ignari
Blind Che	eck & Ve	rified By:_			. Date:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

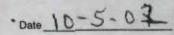
68

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF		4. SEX
FARRIE		LOUISE	BOWIE			09/10/1933	10/03	/2001	F
5A CITY OF DEATH			5B. COUNTY OF DEATH			RELATIONSHIP, FULL M		SS AND ZI	P COD€
SAN DIE	90		ENTER STATE SA	N DIEGO	THE RESERVE TO SERVE THE PARTY OF THE PARTY	MILES: DAU			
The second secon	MORTUARY:	I-805 & IMPERIAL A SAN DIEGO, CA 9210	AVENUE -F	F LICENSE NUMBER APPLICABLE	SAN 1	UTAH STREET DIEGO, CA 9 RTURE OF APPLICANT—P	2104	&B. DAT	E SIGNED.
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed disposed 576 of the Health and Safety Gode, and was author			*UL	close as	3020	00/05	5/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MORT OF EXPOSAL OUTSING OF CALFERNIA.	\$7.00	VICTORIA A	ZARO	9C SIGNATURE OF CO 1/ 2116634	CAL REGISTR	AR ISSUIN	6 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	EGISTRAR OF DISTRICT OF DEATH 15222 CA 92186-5222				HCT OF DISPOSITION— THER DISTRICT IN CALIFOR	ENIA.		
10. AUTHORIZED DISP	OSITION(5) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S US	SE ONLY	
B CREMATION	SE .		E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFOL H. TRANSIT TO OUTSI	RNIA DE OF CALIFORNIA		I. DISPOSITION (Name and A	ddress)		
BURIAL	HOURT HOP	DDRESS OF CALIFORNIA CEMETER R CEMETERY ET STREET, SAN DIE		10-8-0	1	SIGNATURE OF PERI	SON IN CHAR	IGE OF BU	
SCIENTIFIC SCIENTIFIC	12A, NAME AND A	DORESS OF CALIFORNIA CREMATI	ORY	129 DATE CREMA	TED 120	SIGNATURE OF PERS	SON AS CHARG	GE OF CRI	MOITAME
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	VED 130	SIGNATURE OF PERI	SON IN CHAR	GE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH TO		ERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		D. LICENSE OF CREM MAINS D —IF APP	NATED RE-

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

#### INTERMENT ORDER

City of San Diego



na L. NER	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
ot 121 Grave 8 Row	Section 2 Division/Block
Grave space & Care Fund	795.00
Additional spaces and care fund	
	375.00
Burial Container PAI	D 190.00
Handling Fees	145.00
Flower vases - Marker setting fee .5	2001
	METARY Y5.00
	IEGO, CA 14 . 25
	Total Due
	Paid receipt number R-54207 1000.0
	Balance due 564-2
hereby certify I am the	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from atlon and interment.
hereby authorize the interment in lot I old under deed.	y Signature 1 88 G" St
lignature of recorded holder of drad	San Diego CA 921 +619 263-3298 Zer Codo

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

## Mt. Hope Cemetery Prepayment Plan Record

Margaret Davis 4488 G Street San Diego, CA 92102 263-3298 E-16666

Preneed for:

Lot 124 Grave 8 Sec 2 Div 11

Payment NO. 1
Payment Due Date November-01
Payment Amount Due 24.00
Balance Due 540.25

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

## Mt. Hope Cemetery Prepayment Plan Record

Margaret Davis 4488 G Street San Diego, CA 92102 263-3298 E-16666

Preneed for:

Lot 124 Grave 8 Sec 2 Div 11

Payment NO. Payment Due Date Payment Amount Due 100 2000 Balance Due

December-01 516.25

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

## Mt. Hope Cemetery Prepayment Plan Record

Margaret Davis 4488 G Street San Diego, CA 92102 263-3298 E-16666

Preneed for:

Lot 124 Grave 8 Sec 2 Div 11

Payment NO. 3
Payment Due Date January-02
Payment Amount Due 24.00
Balance Due 492.25

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

## Mt. Hope Cemetery Prepayment Plan Record

Margaret Davis 4488 G Street San Diego, CA 92102 263-3298 E-16666

Preneed for:

Lot 124 Grave 8 Sec 2 Div 11

Payment NO. 4
Payment Due Date February-02
Payment Amount Due 24.00
Balance Due 468.25

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

## Mt. Hope Cemetery Prepayment Plan Record

Margaret Davis 4488 G Street San Diego, CA 92102 263-3298 E-16666

Preneed for:

Lot 124 Grave 8 Sec 2 Div 11

Payment NO. 5
Payment Due Date March-02
Payment Amount Due 24.00
Balance Due 444.25

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

Paid wheel

DAVIS, MARGARET	4488 G Street, San Die	go 92102 263-32	298	147 856	
	re-need lot & trust.	159 20% 636 80%	DEBIT C1	REDIT	BALANCE 795.00
	ncludes opening/closing ng fee, recording fee, tax	on liner.	769.25		1564,25
10-05-01 Receipt 11-8-01 R-5		REM TO	TRUST	1000.00	364 25
1-11-02 R-	54543 compon + 54609 compon -	±344 # 5		100.00	264 25
	120	ro-Balan	ee Paid		0
•					
DAVIS, M	ARGARET E-16666				

## Mt Hope Cemetery Agreement Confirmation E - | 6666

Agreement Number: E-1666-F

Agreement Date:

10/05/2001

Purchaser:

Davis, Margaret

4488 G Street

Purchaser Number: 58 /

Phone: 619-263-3298

Child Protection: N

San Diego ,CA 92102

Beneficiary:

Counselors:

SUE SHACKELTON

Description of Co	ntract Items	Price		Tax	Allowance
Division 11-2		795.00		0.00	
Single Grave		375.00		0.00	
5 Bell Liner		190.00		14.73	
Bell Liner Handeling	g Fee	145.00		0.00	
Recording Fee		45.00		0.00	
	ALL THE SEA				State Carlo and Carlo and Carlo
	k / Row	Lot	Grave	Depth/Lvl	
2		124	8	A	
1,550.00					
14.73					
1,564.73					
1,000.00-					
0.00 -					
0.00-					
0.00					
564.73					
1,564.73					
24					
MONTHLY					
	Division 11-2 Single Grave #5 Bell Liner Bell Liner Handeling Recording Fee  Section Bl 2 1,550.00 14.73 1,564.73 1,000.00- 0.00- 0.00- 0.00- 564.73 1,564.73 24 23.53 23.54 11/05/2001	Single Grave #5 Bell Liner Bell Liner Handeling Fee Recording Fee  Section Blk / Row 2  1,550.00 14.73 1,564.73  1,000.00- 0.00- 0.00- 0.00 564.73  1,564.73  24 23.53 23.54 11/05/2001	Division 11-2 795.00 Single Grave 375.00 F5 Bell Liner 190.00 Bell Liner Handeling Fee 145.00 Recording Fee 45.00  Section Blk / Row Lot 2 124  1,550.00 14.73 1,564.73  1,000.00 - 0.00 - 0.00 - 0.00 - 564.73  1,564.73  24 23.53 23.54 11/05/2001	Division 11-2 795.00 Single Grave 375.00 #5 Bell Liner 190.00 Bell Liner Handeling Fee 145.00  Section Blk / Row Lot Grave 124 8  1,550.00 14.73 1,564.73  1,000.00- 0.00- 0.00- 564.73 1,564.73  24 23.53 23.54 11/05/2001	Division 11-2 795.00 0.00 Single Grave 375.00 0.00 F5 Bell Liner 190.00 14.73 Bell Liner Handeling Fee 145.00 0.00 Recording Fee 45.00 0.00  Section Blk / Row Lot Grave Depth/Lvl 2 124 8 A  1,550.00 14.73 1,564.73  1,000.00- 0.00- 0.00- 564.73 1,564.73 24 23.53 23.54 11/05/2001

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 Contract Entry Verification &- 16666 05/04/2002

Contract Number: E-1666-F

Contract Date: 10/05/2001

Purchaser: Davis, Margaret

4488 G Street

Purchaser Number: 58 /

Phone: 619-263-3298

Child Prot: N

San Diego ,CA 92102

Beneficiary:

SUE SHACKELTON Counselors: 3

BASE PRICE	1,550.00	NUMBER OF	INSTALLMENTS	24
SALES TAX	14.73	REGULAR PA	YMENT OF	23.53
TOTAL CASH PRICE	1,564.73	ODD PAYMEN	NT OF	23.54
TOTAL DOWNPAYMENT	1,000.00-	DATE FIRST I	PAYMENT DUE	11/05/2001
TRANSFER ALLOWANCE	0.00 -	PAYMENT PL	AN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-			
		SOURCE:	Walk-in	
FINANCE CHARGE	0.00@	0.000% AMORTIZE		
TOTAL OF PAYMENTS	564.73			
DEFERRED PAYMENT PRICE	1,564.73			
ACCOUNT CONTRIBUTIONS	AMOUNT I	FRACTION		
R L Perp. Care	159.00			
I V P/N Trust	755.00	1.0000		
R S Equity	564.00			
A Interest	0.00			
R S Tax Recovery	14.73			
R S Cost of Goods	72.00			
R V Late Charge	0.00			

#### INTERMENT ORDER

City of San Diego

Date 10-5-01

	_ Funeral, date, time WED 10	-10 11:0
Church Chapel Graveside (14A DE		L Mortuary.
All Funeral cars must arrive before 3:00 p		ge of \$
will be applied and billed to undersigned.		
Lot 59 Grave 11 Row	Section 2 Division	Block 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	T n <b>Q</b> 2004	190.00
Handling Fees	PE CEMETARY	145.00
Flower vases – Marker setting (BPY-OP) Recording and filing fee	SAN DIEGO	W- 00
Sales taxes		14.25
of crantor	Total Due	1664.25
may one x	Balance d	ue -0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorized any liability on account of said authorization	tion of remains as above indicated. I ce	e named decedent rtify and represent tery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Address	
Signature of recorded holder of deed	×	Zip Code
	Telephone	
-	Invoice #	
Work Order # E 16667	Acct. W	

## MESSAGE CONFIRMATION

10/08/2001 10:04 ID=SD MT. HOPE CEMENTERY

DATE S.R-TIME DISTANT STATION ID MODE PAGES RESULT 10/08 00'36" 619 286 2674 CALLING 01 DK. 0000

10/08/2001

10:03 SD MT. HOPE CEMENTERY → 92862674

NO.228

001

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-5-0]

Rollings dun

side)	- C- 1970	al, date, tim			
			CA B	ORIAL	Mortuary.
rive before 300	p.m. at regi	ular work de	y or an ex	tra charge of	\$
d to undersigned					
// Row		Section_	2	Division/Bloc	
nd	*************	************			895.00
are fund		***************************************			
p					375.00
			************		190.00
					145.00
setting fee					
					45.00
					14.25
	// Row	r to undersigned.  // Row  nd  are fund  sotting fee	I to undersigned.  // Row Section	I to undersigned.  // Row Section 2 (  nd	I to undersigned.  // Row Section 2 Division/Block are fund

#### 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.

					Jan Jan G	
	9	CANT	PENIK 59.00	PENKK		
SIMAS	LOFTIN	LOFTIN	INXII	POWELS		
Interment	space for	: mel	lonce	D, g	ones	lapel
Lot: <u>59</u>	_ Grave	:_//_	Row:	Sect:		oiv: 12
Grave Lai	id out by:	NF	Chuck		E-	16667
Agrees w				J No	lago	laced

Blind Check & Verified By: Ken Collins Date: 16/9/8

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

37

.

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST	(FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	MELONEE		D'NEED	JOH	S			12/17/1963	10/02	7200TAR	F
5/	SAN DIEGO		X	( T. 1777 ( T. 1	DIEGO	OUTSIDE CALIF.	OF INE	RELATIONSHIP, FULL ORMANT	Marie Marie	TO THE OWNER OF THE OWNER OW	IP CODE
7.8	CALIFORNIA	CREMATION	SAN DIEGO, C	PEL		PPLICABLE	SAN	HAMILTON S DIEGO, CA S ATURE OF APPLICANT-	2004	erest, 88. DAT	TE SIGNED
i	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the 176 of the Health and Solety Gode,	proposed disposition stated here and was authorized pursuant to 5	et is one of the dispection 7100 of the He	alth and Safety Code.	M	OR OTHER DESIGNATION OF THE PERSON OF THE PE	,	10/0	9/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE Y FOR THE DISPOSITION S D MONT OF DISPOSAL OUTSIDE OF	TY CODE PECIFIED		98. DATE PERMIT 10/09/200 J. BENYARI	01	9C. SIGNATURE OF LI 2116687	OCAL REGI	STRAR ISSUM	IG PERMIT
1	ON REQUIRES A NEW ERMIT TO SHOW PINAL	VITAL RECOR	GISTRAR OF DISTRICT D IN CAUFORNIA DS-P.O. BOX CA 92186-522	85222				OCT OF DISPOSITION— THER DISTRICT IN CAUS-			_
And the Party of Street, or other Party of the Party of t	A. BURIAL (INCLU			F. DISINTE	TO CALIFORN	100000 P	*	A vertical and	PENDING	USE ONL	Common Co
	BURIAL		DRESS OF CALIFORNIA CEMETERY 3751 CA 92102			10-10-01	No.	SIGNATURE OF PER	RSON IN C	HARGE OF B	URIA
ABLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY		128. DATE CREMAT	ED 120	SIGNATURE OF PER	SOUT IN CH	ADDE OF CR	EMATION
ALL APPLIC	SQIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING	REMAINS	13B. DATE RECEN	/ED 130	SIGNATURE OF PE	RSON IN C	HARGE OF F	ACILITY.
COMPLETE	TRANSIT		DRESS IN RECEIVING S CREMATED REMAINS AR		HERE	148. DATE SHIPPE	D 140	ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELI NTIFY FINAL PLACE AND			ISB. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO		15D. LICENSE OF CREA MASHS I —IF APP	HATED RE- DISPOSEN

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

# PRE- NEED INTERMENT ORDER

REA-104 (7-96)

Date 10-5-01

	Funeral, date, time	
n a I Type of Buriar Container Church, Chapel, Graveside	MAYER	Mortuary.
	70 No. 10	1000
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra char	ge or \$
vill be applied and billed to undersigned.	Maria Control of the	
ot 47 Grave 5 Row	Section 3 Division	/Bleck 12
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	AID	145 08
fandling Fees		
Flower vases - Marker setting fee OCT	3 + 7001	11200
Recording and filing fee	PE CEMETARY	45.00
Sales taxes	SAN DIEGO CA	14125
	Total Due	1001 ~
Paid	receipt number R-54277	
	Balance o	
hereby certify I am the X	of the abov	e named decedent
and this is your authority to make disposition that I have the right to make this authorization and liability on account of said authorization a	of remains as above indicated. I ce and I agree to hold Mt. Hope Ceme	entity and represent
hereby authorize the interment in lot I	X	
hold under deed.	X Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Velephone	-
	Invoice #	
Work Order # <b>E</b> 16668	The second secon	

O Printed on recycled paper

This Information is available in alternative formats upon request.

#### INTERMENT ORDER

City of San Diego

Date 10-8-01

	ted, subject to your rules and regulations, to inter the rem	nains
or Clyde F. K	EESE SR'	~
	Funeral, date, time WEW 1/0/01 /	00
Church Chapel Graveside Chapel	PEL : RAGSDATE Morte	uary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigne	d	
Lot	w Section/ Division Block/ &	-
Grave space & Care Fund	<u> </u>	00
Additional spaces and care fund		
Opening/Closing & Setup	325	:00
Burial Container	250	.00
	185	
Flower vases - Marker setting fee		
Recording and filing fee		10
		73
stuary chick	Total Due	8.
query car	Paid receipt number 542/5 176	8,7
to down	Balance due	
and this is your authority to make disp	of the above named dece position of remains as above indicated. I certify and repre- rization and I agree to hold Mt. Hope Cemetery harmless and interment.	esent
I hereby authorize the interment in lot hold under deed.	X Signature X Address	
Signature of recorded holder of deed	- x	ip Code
	Invoice #	
Work Order # E 16669	Acct. #	
REA-104 (7-96) This i	information is available in alternative formats upon requ	uest.

& Printed on recycled paper

10/08/2001

MT. HOPE DEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-8-01

TOP SEAL	Funeral, data, time WED 19/10/01 100
huren Chapel Graveside Chapel	RAGISCHALE Mortuery.
	. of regular work day or an extra charge of \$
to applied and biffed to undersigned.	
	1000
	Section/ (Division)Black _/2
rave space & Care Fund	898-00
dditional apaces and care fund	
pening/Closing & Setup	30S:00
	250.00
endling Feet	185.00
lower vases - Marker setting fee	
ocording and filing fee	45.0
eles lexas	18:75
	Total Out 1768.
Pal	d receipt number
4 .	Belance dus
hereby certily I am the Y Wife	of the above nemed decedent
technolities with eviern at thoir and event their	on of rameins as above indicated. I carilly and represent ion and I agree to hold sit. Hope Curretery hermiess from
my liability on account of said authorization	n and presentant.
nereby authorize the interment in lot /	X Francie Bles
ole trider desc.	V 5671 Luber St.
different of the second projects of garden	X San Diego, CA 92114
	X 619 264-8547 Xxxxxxx
North Order # <b>E</b> 16669	Invoice #

## E-16669 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	JACOBS 3	#09UE 4
	78 X 7	Chuck 8	Dwight 9	
Interment space for: Clyd  Interment Date: 10/10/0  Lot: 78 Grave: 7  Grave Laid out by: N F C	Row:	Sect: _		v: 12
Agrees with Legal Card: Ye		J No	-1666 Han	ed ed
Agrees with Map:  Yes	01	No	- o br	
Blind Check & Verified By:	Ken Col	Pens	_ Date: _	10/9/01

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3 DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GOVEN) 1B. MIDDLE TC. LAST (FAMILY) 2. DATE OF BIRTH MONTH DAY YEAR 09/03/1936 10/06/2001 Clyde Floyd Reese. Sr. 6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE Frankie Reese, Wife National City San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 5671 Luber St. Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA 92114 San Diego, CA 92102 FD1329 BA. SIGNATURE OF APPLICANT—Person tuking perint, 8B. DATE SIGNED became acknowledge as applicant that the proposed dispusition stated hersin is one of the dispusitions sufferiend by William 10/08/2001 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized coronant to Section 7100 of the Health and Safety Gode. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE
10/10/2001
2116818 PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7,00 AUTHORIZATION OF IN THIS PEDMIT MOTE: THE PERSET GIVES NO BIGHT OF DOLPRISAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE VItal Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCAL (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURSED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN DRARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 138, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED ES-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERS COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

#### INTERMENT ORDER

City of San Diego

Reverse Burial

Date 10-8-01

of Thelma Pa	Funeral, date, time	THUR	10-18 12
Type of Burtal Captainer			TA/ Mortuary.
Church Chapel, Graveside	;_	CH BUT	TAL_Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day	y or an extra cha	rge of \$
will be applied and billed to undersigned.			
Lot <u>68</u> Grave / Row	2200.00	2	1 12
Lot 6 Grave Row	Section	Divisio	on/Block
Grave space & Care Fund		***************************************	875.00
Additional spaces and care fund			
Opening/Closing & Setup		******************	315.00
Burial Container	PAID		The state of the s
			1115.11
Handling Fees	T 17 2001		770.00
Flower vases - Marker setting fee	***************************************		- / - 8
Recording and filing fee	OPE CEMETAR		45.00
Recording and filing feeCITY OF			
+			16642
in Councies	0	C V C V C	TICK 2 C
mung cherin p	aid receipt number	-2141	[661.4]
		Balance	due
I hereby certify I am the		of the abo	ove named decedent
and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizat	ation and I agree to hol	ove Indicated, I o	certify and represent letery harmless from
I hereby authorize the Interment in lot I	Signature	W. 2-12	64 No. 19 19 19 19 19 19 19 19 19 19 19 19 19
hold under deed.	*		1000
	Address	2001	v 1
Signature of recorded holder of deed	City	ATTE	Zio Code
	X Telephone	(0.000)	
	Invoice #		
E 16670	100000000000		THE EXPLOSION
Work Order #	Acct. #		

collect 10:40 when materia gots
in include bring
alich & shick

E3:25 Tocime.

Requested by January CA Bruial 10/8/01/10/6670

E-16670 RECEIVED TO HOME THE BATTO PRODUCTION A DESIRED THAT PRODUCTION of The love ine HINER Church Cray Grand St As Futeral task must store periors 3:30 p.m. of regulat work day of an excitation in \$ will be applied and billion to wedness about en 608 com / non seco 2 Common Riscoid Ad and the less and the 12 years of the party of the that I have the command the management and larger to have the proper Laboury. lande Bell 1630 LANWOOD ROAD LEMON GrOVE, CA 619.667.5267 Work Drass # E 16570 REALISA (7.08) This intermitted is assistant in attenue of the court section request.

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

770

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

THELMA		NT-FIRST (GIVEN)	1B. MIDDLE MARIA	IC. LAST (F.				DATE OF DEATH 4. SEX
SAN DI	COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE SERVICE STATE SERVIC	1		The state of the s	OF DEATH-OUTSIDE CALIF	. OF INFORMAN	rt .	NG ADDRESS AND ZIP CODE
CALIFO	PRNIA	CREMATION	A FUNERAL DIRECTOR BURIAL CH SAN DIEGO,		7B. CALIF LICENSE NUMBER —IF APPLICABLE  F-1357	LEMON (	RWOOD ROAL ROVE, CA S OF APPLICANT—PERSON	
ACKNOWLEDG	DMENT OF A			he proposed disposition stated herein in de, and was authorized pursuant to Sacto		LOCUAR	at ran	10/16/2001
PERMI AUTHORIZATI LOCAL REGI	ION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE V ORNIA HEALTH AND SA Y FOR THE DISPOSITION D BRIEF OF DISPOSAL OUTSIE	N SPECIFIED	10/16/20	211	NATURE OF LOCAL	REGISTRAR ISSUING PERMIT
ANY CHANGE IN TION REQUIRES PERMIT TO SHO DISPOSITIO	A NEW W FINAL	VITAL RECO	RDS-P.O. BO CA 92186-5	X 85222	BE ADDRESS OF REGISTRA IF DISPOSITION IS TO OC			
B. CREATHAN THAN	MATION POSITION IN A CE ENTIFIC US	SE .	ODRESS OF CALIFORN	F, DISINTERA G. SHIP IN TO	RY ENVAULTMENT  MENT D CALIFORNIA TO OUTSIDE OF CALIFORNI  1 11B DATE BUR	and the second second	Otame and Addre	IN CHARGE OF BURIAL
BURN	AL	STATE OF THE PARTY	DESCRIPTION OF THE PARTY OF THE	DIEGO, CA 92102	2 10-18-0	1.00	IN F	Jemps
CREMAT	TION	12A. NAME AND AC	ODRESS OF CALIFORN	NIA CREMATORY	128. DATE CREM	ATED 19C SIGN	ATURE OF PERSON	H CHARGE OF CREMATION
SCIENTI USE	mar-	13A. NAME AND AD	DRESS OF CALIFORN	NIA FACILITY RECEIVING RE	MAINS 138. DATE REC	EIVED 19C SIGN	ATURE OF PERSON	IN CHARGE OF FACILITY
TRANS	SIT		DORESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WIE	RE 148. DATE SHIP		RESS AND SIGNATU LACING WITH THE	RE OF PERSON IN CHARGE CARRIER
SCATTERIN OF DISPOSITIO THAN IN A C	R ON OTHER			ELINE OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSIT			ATURE OF PERSON RGE OF DISPOSITIO	

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

#### INTERMENT ORDER

City of San Diego

Date 10 -8 -0

ina LINER	Funeral, date, time FR 10-12 1
Church Chapel Graveside	GREENWOOD Mortuary
All Funeral cars must arrive before 3.90 p.	m. of regular work day or an extra charge of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
will be applied and billed to undersigned.	× W.5.
Lot 177 Grave 1 Row_	Section 3 Division/Block 13
Grave space & Care Fund	895.01
Additional spaces and care fund	
Opening/Closing & Setupp	3 75.00
Rurial Container	(10.00
Handling Fees007 0-8-200	]1143.00
Flower vases - Marker setting fee	<b>4</b> ×50
Recording and filling No. OF SAN DIE	30, 6, 45.00
Sales taxes	VI-LU 39
	aid receipt number 15 A 1664-2
Pa	
XE	Balance due
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	of the above named deceden ition of remains as above indicated. I certify and represen ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I	X Wille South
hold under deed.	X 3041 ANALIESE WAY
hold under deed. Signature of recorded todder of deed	X 3041 ANALIESE W4 4  Address  SAN DIEGO CO 92139  Zip Cod  Thephone
	X 3041 ANALIESE WAY Address  SAN DIEGO (A 72139 zip Cool Therphone  Invoice #

O Printed on recycled paper

## É-16671 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.

MiRAMOR	3	amneo4	5	Ь	
8	LA MARRE	10	177 <sub>X</sub> 11	15	

Interment space for: _	VINNIE	SOUTHER	N	
Interment Date: FRi				
Lot: 177 Grave		The same of the sa	_ <b></b> D	iv: 12
Grave Laid out by:	NF chuc	k	ELA6	oN.
Agrees with Legal Ca	urd: 🛘 Yes	□ No	GA	Ave
Agrees with Map: L	Yes	□ No		
Blind Check & Veril	ied By: Ken	Collins	Date:	10/10/01

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) IB. MIDDLE ,	IC. LAST (FA	THE STATE OF THE S	2. DATE OF BIRTH 3. DATE OF DEATH 4 SER 05/27/1917 10/06/2001 F
SA. CITY OF DEATH	NATIONAL CITY	58. COUNTY O ENTER STA	F DEATH—OUTSIDE CALIF  TE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIF CODE OF INFORMANT LITLIAN EDWARDS - DANGETTER
	DRESS OF CALIFORNIA—FUNERAL DIRECTO MORTUARY: I-805 & IN SAN DIEGO,	PERIAL AVENUE	7B CALIF LICENSE NUMBER —IF APPLICABLE FD—843	
ACKHOWLEDGMENT OF A	PLECANT I hereby administrating as applicant that Section 10376 of the Health and Safety	the proposed disposition stated herein is Code, and was authorized pursuant to Section	ore of the dispositions authorized by 7100 of the Health and Safety Code.	► Octorie azzaro 10/09/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THES PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND I AND IS THE AUTHORITY FOR THE DISPOSITI NOTE: THE PERMIT WITH SHEET SINES NO SERIE OF DEPOSAL OUTSE	ON SPECIFIED \$7.0	VICIORIA A	2110727
ANT CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	BO. ADDRESS OF REGISTRAFI OF DISTR IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO. CA 92186			R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
IO. AUTHORIZED DISPI	DISTION(S) CHECK APPLICABLE ITEMS		1 300	FOR CORONER'S USE ONLY
THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND ADDRESS OF CALIFORMOUNT HOPE CENETERY 3751 MARKET STREET,	SAN DIEGO, CA 92	O OUTSIDE OF CALIFORNIA	ED 110. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFOL	RNIA CREMATORY	128 DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFO	RNIA FACILITY RECEIVING REM	AINS 138. DATE RECE	EVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVE REMAINS OR CREMATED REMAINS		E 148. DATE SHIPI	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAREST POINT ON SHO FICIENT TO ELENTIFY FINAL PLACE			N CHARGE OF DISPOSITION IS LICENSE NUMBER OF CIEMATED REMAINS DISPOSER — IF APPLICABLE

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

#### INTERMENT ORDER

Bre-tech

City of San Diego

Date\_10 ~ 8 - 01

n a Type of Burial Containor	Funeral, date, the	me	STATE A	
	, <u> </u>			Mortuary
All Funeral cars must arrive before 3	:30 p.m. of regular work	day or an ex	ktra charge o	f\$
will be applied and billed to undersig	ned			
ot 177 Grave 10 F	Row Section	2	Divisio <del>n/Blo</del>	ck 12
Grave space & Care Fund				895.0
Additional spaces and care fund	A I D			
	CONTRACTOR AND AND AND AND AND AND AND AND AND AND			
Flower vases – Marker sming+@PI Recording and filing teCITY OF S	AN DIEGO U			
	AN DIEGO U			
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Recording and filing teCITY OF S	AN DIEGO U	Total Due		
Recording and filing teCITY OF S Sales taxes	Paid receipt number	Total Due	Balance due	895.0
Recording and filing teCITY OF S	Paid receipt number sposition of remains as horization and I agree to	Total Due. V \ S A	Balance due the above na ated. I certify pe Cemetery	895.0 895.0 armed decedent and represent harmless from
Recording and filing teCITY OF S Sales taxes  I hereby certify I am the and this is your authority to make dithat I have the right to make this authority.	Paid receipt number sposition of remains as horization and I agree to prization and interment.	Total Due  V \ S A  of above indicated hold Mt. Ho	Balance due the above na ated. I certify pe Cemetery	895.0 895.0 armed decedent and represent harmless from
Recording and filing teCITY OF S Sales taxes  I hereby certify I am the and this is your authority to make dithat I have the right to make this authory liability on account of said authory liability on account of said authory liability authorize the interment in le	Paid receipt number sposition of remains as horization and I agree to prization and interment.	Total Due  V \ S A  of above indicated hold Mt. Ho	Balance due the above na ated. I certify pe Cemetery	895.0 895.0 armed decedent and represent harmless from
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## INTERMENT ORDER

City of San Diego	0 11
CHAIRS City of San Diego Date 10-	8-01
crave of & Jamuels	
You are hereby authorized and instructed, subject to your rules and regulations, to i	nter the remains
of James Samuels Jr. 2010	100
In a Vash waulf Funeral, date, time Fri	CONTRACTOR OF THE PARTY OF THE
Church, Chapel, Graveside WHOESS ONLY : RA9SJALE	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.	
	10
Lot 5157 Grave Row Section Division B	lock /
Grave space & Care Fund E-7317- Rosa Samuels	
Additional spaces and care fund	
Opening/Closing & Setup PAID	105,00
Burial Container	
Handling Fees QCT 1.7.2001	60.00
Flower vases - Marker setting fee	
Recording and filing fey OF SAN DIFIGE	45.00
Sales taxes	11 12
Total Due	269-13
Pald receipt number R-51239	269,13
_ Balance du	-0
	named decedent
and this is your authority to make disposition of remains as above indicated. I certithat I have the right to make this authorization and I agree to hold Mt. Hope Cemete.	ty and represent ry harmless from
any liability on account of said authorization and interment.	n ni
I hereby authorize the interment in lot I + Beweley 4 1	um
hold under deed. \(\psi\) \(\frac{903619had0}{}\)	w Hill Dr
Signature of recorded holder of deed + La mesa, C	a 91941
x "619-697+31	414 ZIP COSE
Telephone	
Invoice #	
Work Order # E 16673 Acct. #	
This information is a small to be all on the state of the	

C-16673

#### GRAVE BLIND CHECK FORM

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

			FFT	SID	6	
SISY	3155	8/26	SIST.	2138	इरइष	5/60
Intermen	at space for	. JA	MES SI	AMUEL	5	*
Intermer	n Date: F	R1 10	-19	Time:	2',00	Div: 10
Grave L	aid out by:	<u> </u>	chuck	<u> </u>		
Agrees v	with Legal	Card: 🗖	Yes	□ No	Sh	hou
	vith Map:		DAKRE	No Syl	Date	

# E-16673 01/25322 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 82

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

IA NAME OF DECED	ENT-FIRST (GIVEN)	18, MIDDLE	Samuels,	Jr.			OF DEATH 4. SEX
5A. CITY OF DEATH La Me:	sa		58. COUNTY OF DEA	OTH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING AS	
7A. TYPED NAME AND	III you are not a second and the sec	rt.; 5050 Federa Dlego, CA 92102	The second secon	ALIF, LICENSE NUMBER -IF APPLICABLE 01329	La Me	Shadow Hill Dr. sa, CA 91941	
ACKNOWLEDGMENT OF	same or say? I hereby a	ecknowledge as applicant that the prosecued 3/6 of the Health and Safety Gode, and was a			BA. SIGNAT	TURE OF APPLICANT—Person taking	99/26/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PRO- CHIMA HEALTH AND SAFETY CO- ITY FOR THE EXPOSITION SPECIFI NO MIGHT OF DISPOSAL DUTING OF CILLFOR	\$7.00	PAID 98 DATE PERMIT		C SIGNATURE OF LOCAL REGI	STRAF ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VIESTH RECUES	egistran of district of de Pur Callery Box 85 an Diego, CA 921	222	DORESS OF REGISTRAF F DISPOSITION IS TO OCC		OT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
A. BURIAL (NO			E. TEMPORARY ENG. F. DISINTERMENT G. SHEP IN TO CALI			FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)	
BURIAL	HA NAME AND A	San Diego, CA 9		118. DATE BURIE	D 110.	SIGNATURE OF PERSON IN C	HARGE OF BURIA
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREATERS OF Lake Elsinore,		128. DATE CREMA	TED   12C.	SIGNATURE OF PERSON IN O	ARGE OF CREMATION
SOIENTIFIC USE	13A. NAME AND AL	DOMESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	138. DATE RECEI	VED 13C.	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHEPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>		ISB. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

#### INTERMENT ORDER

3:38

REA-104 (7-96)

City of San Diego

Date 10-9-0

of	ALTE	4 L	EWIS	ROBIN	SOW		
ln a	LINE	R_		Funeral, date, tin	MoM en	10-1	5 11.30
Church C	hape Graves	ide			RAGSDI	4LE	Mortuary.
All Funera	cars must ar	rive befo	re 3:30 p.n	n. of regular work o	lay or an ext	ra charge of	\$
will be app	lied and billed	to unde	rsigned				
Lot 148	,	8		Section	a .	N	. 12
						- 1	894.00
							0 13.00
Additional	spaces and c	are fund	********	PAID	)		27200
	losing & Setu						3/3/00
Burial Con	tainer			OCT 1 1 200	)4		
Handling F	ees		8.000	HOPE CEME			145.00
Flower vas	ses – Marker s	setting fe	אדונים פּי	OF SAN DIE	TARY		-
Recording	and filling fee		0111	OF SAN DIEC			45.00
Sales taxe	9						14.25
					Total Due		1664.2
			Pai	d receipt number _	R-543	30	1661.25
		x			Ba	lance due	-0
I hereby o	ertify I am the	"	Wyle		of th	e above nar	ned decedent
and this is that I have	your authorit	y to mak	authorizati	on of remains as a on and I agree to h n and interment.	bove indicat	ed. I certify	and represent
any naomi	y on account (	or salu e	utilonzatio	and interment.	1 1	UD	1.
I hereby a	uthorize the in	nterment	in lot I	Signature	lancia	ALCOC	emilen
hold under	deed.			X1951	4720	st.	IF of
Signature of rec	corded holder of dee	d	-	X Bar	Dies	o ca	92107
				1 619	263	-537	2 Zip Code
				Reseptions			
	The same of			Invoice #	191		
Work Orde	. E '	1667	74	Acct. #	THE STATE OF		

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This information is available in alternative formats upon request.

listens plumpt west at hypote for after 100! E with sof 728 43 - 5172 F 30 109 12 92103 AND ALTER THE AN 192,00 EVERDYTE. MON 10-12 7/70 Thisk Walled Livis Regiment 10-6-6

#### GRAVE BLIND CHECK FORM

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

				The same		-
	BRETTEL	2	3	Levings	ah.	5
	7	W X	9	10		11
		1				
Interment space fo	thew :	in Ri	busin			
Interment Date: M	0 N 10	-15 T	ime:	1:30		
Lot: 148 Grav					v: 12	
Grave Laid out by:	NF	chuck	<u></u>			
Agrees with Legal			J No	My	en	
Agrees with Map:	☐ Yes	01	No	J.		
Blind Check & Ve	rified By:_	Ken Noi	The Cortin	Date:	11/11/1	01
		- 166	450			

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

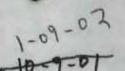
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

A NAME OF DECEDE Walter	NT—FIRST (GIVEN)	18. MIDDLE Lewis	Robinso		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 10/06/2001 M		
San Diego		San DI	ego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CONSTRUCTOR G. RODINSON			
Anderson-F	Ragsdale Mo	rt.; 5050 Feder Diego, CA 9210	al Blvd.	CALIF, LICENSE NIMBER —# APPLICABLE FD1329	1951 47th St. #2 San Diego, CA 92102 MA. SIGNATURE OF APPLICANT—Ferson taking permit, 88. DATE SIGNED		
TICKNOWLEDGMENT OF A		canowiether as applicant that the propos 37G of the Health and Safety Code, and wa			Stable Whelen 10/09/200		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPORTION NEALTH AND SAFETY OF POR THE DISPOSITION SPECIAL BURNET OF CALFE	FIED #7 00	10/09/20 Aukelles	TISSUED BC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2116732		
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITENT RECE	Fas, P.O. Box 8	15222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUPORNIA		
UTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS	-		FOR CORONER'S USE ONLY		
B. CREMATION	11A. NAME AND A	coness of california cer Cemetery; 3751	METERY Market St.	T ALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIE			
San Diego, CA 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATORY  CREMATION				10/15/01 129, DATE CREMA	1 W V V V V V V V V V V V V V V V V V V		
SCIENTIFIC - USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			NS 13B. DATE RECEI	ED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY		
- TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15G, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE		

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

#### INTERMENT ORDER

City of San Diego



PRE- NEEP LOT & TRUST

Work Order # E 16675

REA-104 (7-96)

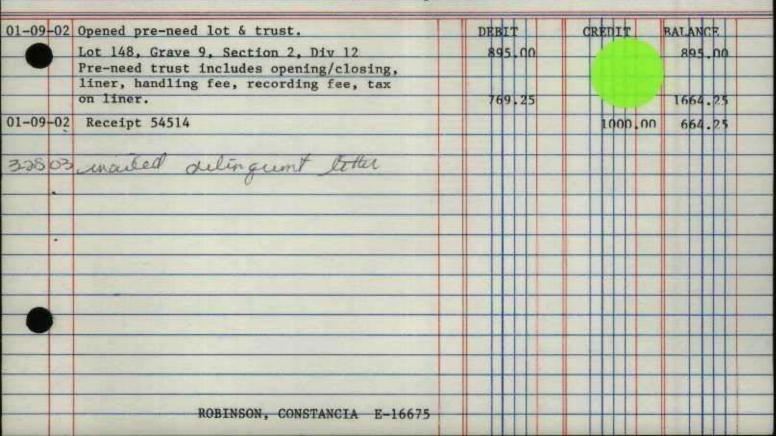
a Livek	Funeral, date, time		1 1 1 1 1 1
hurch, Chapel, Graveside			Mortuary.
Il Funeral cars must arrive before 3:30 p.	m. of regular work day or an ex	dra charge	of \$
ill be applied and billed to undersigned.		Will Calling and	
ot 148 Grave 9 Row_	Section 2	Division	lock 13
rave space & Care Fund	- (71)	(-)	895.0
dditional spaces and care fund	A -		
		<b>2</b> A	375.00
pening/Closing & Setup	1)	N.	190.00
urial Container			145.00
landling Fees		Municipa	113.00
Tower vases - Marker letting fee	A 10/2	KE	44.00
Recording and filing fee			1475
ales taxes	undels	2/-	717.23
	Total Due.	7.11	1664.4
Pa	aid receipt number 17 - 51	514	100010
		Balance due	66412
hereby certify I am the	of	the above	named decedent
nd this is your authority to make disposit nat I have the right to make this authorizat	tion and I agree to hold Mt. Hor	ted. I certi pe Cemeter	ry and represent ry harmless from
ny liability on account of said authorization		61	n 1.
hereby authorize the interment in lot I	X Constance	o A H	pomsen
old under deed.	×1951 47+	1 St	#2
Ignature of recorded holder of deed	> San Diego	, CA	9210
	2" (C19)	2/3-	5372 Dp Code

Acct. #

O Printed an recycled paper

This information is available in alternative formats upon request.

ROBINSON, CONSTANCIA 1951 47th Street #2, San Diego 92102 263-5372



april Porta No. 103 (To be accomplished in quadruplicate) (Revised January 1993) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH (Fill out completely, accurately and legibly. Use Ink or typowritor.
Place X before the appropriate enswer in Items 2, 9, 13, 15, 16, 16, 19, 21 and 23.) Samar Provinco Registry No. Calbayog City 2003 - 237 City/Municipality \_ 1. NAME (Fkst) (Middle) (Lost) Population Reference No. CONSTANCIA GUARDARAMA ROBINSON 2. SEX 3. RELIGION B. 1 YEAR OR ABOVE | b. UNDER 1 YEAR 6. UNDER I DAY 4. AGE \_\_ 1 MALE Completed years Days Hrs/Min/Sec Roman TO BE FILLED UP AT THE X 2FEMALE Catholic OFFICE OF THE CIVIL (Name of Hospital/Clinic/Institution/ House No., Shoot, Barangay) 5. PLACE OF REGISTRAR (City/Municipality) (Province) DEATH 41 Bray. Roxas II Calbayog City Semar 8. DATE OF DEATH (day) 7. CITIZENSHIP (month) 11 May 2003 Filipino 8. RESIDENCE House No., Street, Barangay Calbayor City
10. OCCUPATION LERGIFIED PHOTO CO Brgy. Roxan II Samar May 27 2003 9. CIVIL STATUS 5 Unknown \_\_\_ 1 Single \_\_\_ 2 Married \_\_ 4 Others None D TOUEROL JIEC DIAN REGISTRAT MEDICAL CERTIFICATE (For agos 0 to 7 days, accomplish items 11-17 at the back) 17. CAUSES OF DEATH Interval Between Onset and Death Oremia L. brunadata causa : a. Chrenic glomerelunephritis 54 Antocedent cause: b. \_ Nephretic syndreme It. Other significant conditions contributing to death: 18. DEATH BY NON-NATURAL CAUSES D.RINE GO SE GOL a. Manner of Death 1 Homickia 2 Sulcido 3 Accident 4 Others (Specify) b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.) 3. ATTENDANT HISUED ON: If attended, state duration: \_\_t Private Physician X 4 None 2 Public Hordin Officer 5 Others (Specify) \_ 3 Hospital Authority ). CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as some can be ascertained and I further certify that I 50.5 - OFF I have not attended the deceased I have attended the deceased find that death occurred at 11:00 amform on the day indicated above. 74 Caras ... REVIEWED BY: 1 Cawa ... mature MARIO S. CASERA M.D. M.P. B. 82 me in Print MARIO S. CASERAM ND. M.P.R. 08 Cit le or Position City Health Office health Officer II May 13, 2003 Calbayes City Date V May 13, 2005 22. BURIAL/CREMATION DEPMIT CORPSE DISPOSAL 23. AUTOPSY X 1 Burlat 2 Others (Specify) 2 Cremation Number Nay 13, 2005 05 NAME AND ADDRESS OF CEMETERY OR CREMATORY INFORMANT Hundry se Hundry se I JIMMY S. GUARDARAMA 35 Brgy. Roxas II. Address Calbayog City 13 May 2003 27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTIONS PREPARED BY gG. Muladyon re b officialico City Civil Registrar Signature \_\_\_ in Pant RIBERT M. RICHARDSON a Pastessa Bookbinder IV 7 May 2003 Name in Print Title or Position Date

	SES 0 TO 7, DAYS
11. DATE OF BIRTH (right) (year) 12. AGE OF	THE MOTHER 1 / 13. METHOD OF DELIVERY  1 Normal; spontaneous vortex 2 Citiers (Specify)
14. LENGTH OF PREGNANCY:	completed weeks
The same of the sa	IF MULTIPLE BIRTH, CHILD WAS  1 First 2 Second 3 Others (Specify)
	_1 First2 Second3 Others (Specily) AL CERTIFICATE
11, CAUSES OF DEATH	AL CERTIFICATE
b. Other diseases/conditions of Infant c. Main maternal diseases/condition affecting Infant d. Other maternal diseases/condition affecting Infant e. Other relevant circumstances	
CONTINUE	E TO FILL UP ITEM 18
	day of,
Signature	Title/Designation
I HEREBY CERTIFY that I have embalmed	Title/Designation LK. EMBALMEN License No. Issued on [M-VL at KON MAA. Expiry Date
Republic of the Philippines Province of City/Municipality of	} s.s.
Province ofCity/Municipality of	YED REGISTRATION OF DEATH
Province of	YED REGISTRATION OF DEATH  , of legal age, single/married, after bei
Province of	YED REGISTRATION OF DEATH  , of legal age, single/married, after bei
Province of	YED REGISTRATION OF DEATH  , of legal age, single/married, after being and say:  died on
Province of  City/Municipality of  AFFIDAVIT FOR DELA  I, duly sworn to in accordance with law, do hereby depose	YED REGISTRATION OF DEATH
Province of  City/Municipality of  AFFIDAVIT FOR DELA  I,  duly sworn to in accordance with law, do hereby depose	YED REGISTRATION OF DEATH
Province of  City/Municipality of  AFFIDAVIT FOR DELA  I,  duly sworn to in accordance with law, do hereby depose  1. That  2. That the deceased was/was not attended	YED REGISTRATION OF DEATH
Province of  City/Municipality of  AFFIDAVIT FOR DELA  I,  duly sworn to in accordance with law, do hereby depose  1. That  2. That the deceased was/was not attended	YED REGISTRATION OF DEATH
City/Municipality of  AFFIDAVIT FOR DELA  duly sworn to in accordance with law, do hereby depose at the control of the control	YED REGISTRATION OF DEATH
City/Municipality of  AFFIDAVIT FOR DELA  I, duly sworn to in accordance with law, do hereby depose  1. That  2. That the deceased was/was not attended 3. That the reason for the delay in registering	YED REGISTRATION OF DEATH

#### GENERAL POWER OF ATTORNEY

RINUW ALL MEN BY THESE PRESENTS:

WE, HMMY STA. ANA CUARDARAMA, ALBERTO N. GUARDARAMA and of legal age, Filiphia citizens and resident of Purok 1, Nagbunga, San Marcelino, Zambales, Philippines, do hereby NAME, CONSTITUTE, and APPOINT our Aunt FRANCISCA G. CASTRO, likewise of legal age, U.S. citizen, married and a resident of 18223 Boranow Drive, San Diego, CA., 921128, in be our true and lawful atterney-in-fact, for us and in our name, place, and stead, to do and perform the following acts and things, to with

- 1. To manage, administer and to exercise general supervision over the real and personal properties of our mother, CONSTANCIA GUANDARAMA ROBINSON who died on May 11, 2003 at Calbayog, Samar, Philippines, located at 1951 47th Street, #2, San Diego, CA., 92102;
- 2. To sell, dispose and transfer the above-mentioned real and personal properties of our mother found at 1951 47th Street, 42, San Diego, CA., 92102 in our behalf to any banking institutions or private individuals and to demand, receive and collect the proceeds thereof.
- 3. To make, sign, execute, receive and deliver contracts, documents, agreements and other writings of whatever nature of kind, with any and all third persons, concerns, or entities, upon terms and conditions acceptable to our said attorney in connection with the above-mentioned property;
- 4. To transact any and all business, operations and affairs with any and all national and local government agencies in the United States Government as may deemed necessary, proper and convenient;
- 5. To prosecute and defend any and all suits, actions, and other proceedings in the courts, tribunals, departments and offices of the United State of America and to terminate, compromise, settle and adjust the same and the subject matter thereof in relation thereto;
- 6. To sign any and all papers in our behalf relative to the above-mentioned powers.

HEREBY GIVING AND GRANTING unto our said attorney in-fact full power of authority whatsoever requisite or necessary or proper to be done in and about the promises as fully to all intents and purposes as we might or could lawfully do if personally present, with power of substitution and revocation, and hereby, ratifying and confirming all that our said attorney shall lawfully do or cause to be done under and by wirther of those presents.

IN WITNESS WHEREOF, we have hereunto set my hands this 30th day of July, 2003 at Olongapo City, Philippines.

. Girmy A. Hundrema

C-16675

GUARUARAMA Grantor

ALBERTO N GUARDARAMA Granton

ON GUARDARAMA

SIGNED IN THE PRESENCE

REPUBLIC OF THE PILIPINES) S.S. OLONGAPO CITY

BEFORE ME, this 30th day of July, 2003 at Olongapo City, personally appeared JIMMY STA. ANA GUARDARAMA, ALBERTO N, GUARDARAMA and ROBERTO N, GUARDARAMA who exhibited to me their Community Tax Cert. Nos, 04526329, 05/73/42 and 4/8/2063 issued on July 11, Nos, 04526329, 05/73/42 2003, and at Olongapo City and know to me to be the same person who executed the foregoing instrument and who acknowledged to me that same is their free and voluntary act and deed.

The foregoing instrument relates to a GENERAL POWER OF ATTORNEY Consisting of two (2) pages duly signed by the parties and their instrument witnesses On each and every page here of and sealed with my notarial seal.

WITNESS MY HAND AND NOTARIAL SEAL

Doc. No. 100; Page No. 020; Book No. CIX; Series of 2003.

MUNIANG-ORTIZ Notary Public ntil December 31, 2003 PTR: 1619824 Issued on Jan. 02, 2003 Issued at Olongapo City TIN: 148-577-898





#### MT, HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-9-01

ina LiNE	UL L.		Funeral, date,	time	FR:	10 -	13	9:0
Тура	of Burtal Container			10000	AGSD	AND DESCRIPTION OF THE PARTY OF	100	
Church, Chapel		oracida dimensi				In carrie		ortuary.
All Funeral cars m		20102072501110	of regular wor	k day	or an ext	ra charge	of \$	-
will be applied and	d billed to under	signed		-		-		-
4377	rave	-	Conti			District on 100	1	0
							90	3.00
Grave space & Ca			AID					
Additional spaces								200
Opening/Closing &	& Setup	OCT	1 + 200	ļ			196	0.00
Burial Container		NAT HO	DE CEMET	ARY	,		170	1,00
Burial Container Handling Fees		CITY OF	SAN DIEG	0.0	<i>;;</i>		14:	5.00
Flower vases - M	arker setting fee						-	
Recording and filli	ng tee	***************************************					45	00
Sales taxes							14.	45
DRTUARY	+0				otal Due	5 Q	176	24.4
RING ch	eck	Paid	receipt numbe	r_1	-5/2	K1	1169	by.
					В	alance due		V
I hereby certify I a	m the					ne above i		
and this is your at that I have the righ	nt to make this a	uthorization	and I agree t	o hol				
any liability on acc	count of said aut	norization a	and interment.					
I hereby authorize	the interment in	lot I	Signature					-
hold under deed.			Address					
Signature of recorded hold	er of deed		X					
			Telephone					Zip Code
	4007	C	Invoice	#_				
Work Order #	1667	0	Acct. #	_				
REA-104 (7-96)		This inform	ation is availa	ble ii	alternati	ve formal	s unon n	enuest

@ Printed on recorded paper

### GRAVE BLIND CHECK FORM

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

the buria	I space.					T
			LATHAM			
4574 BHAUG	Barrier and Marillan	4376 Steel	XXX	ч378	4379	4380 BLACK
			KANE			
Interment	space for: _ Date: FR	PAUL 10-	M001	RE	9:00	
Lot: 43	Grave		Row:	Sect	:	Div: 10
	ith Legal Ca				* De	y on
Agrees w	ith Map:	] Yes		No	G	nut
Blind Che	eck & Veril		KEN C		Date	10/11/2

E-16676

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

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

1A. NAME OF DE	CEDENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	4. SEX
Paul		Lee	Moore,	Jr.	03	and the second second second	0/07/2001	M
SA. CITY OF DEA	ТН	3	58. COUNTY OF DEAT		NAME, REI	LATIONSHIP, FULL MAILIN	G ADDRESS AND Z	P CODE
	Diego		San Diego	P		pore, 111, S	on	
	n-Ragsdale Mo	na—Funeral Director or Pi rtuary; 5050 Fe Diego, CA 9210:	unatel pivo-i	F APPLICABLE S	an Di	6th St. ego, CA 9211 RE OF APPLICANT—HOSSI	in the permit 88. DAT	E SIGNED
ACUNOWLEDGMENT			oned disposition stated herein is one of the was multiplicad pursuant to Section 7100 of the		Delt	cellbellian	1 10/0	09/200
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH F FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEI	CODE	10/11/200		SIGNATURE OF LOCAL	REGISTRAR ISSUIT	G PERMIT
AUTHORIZATION LOCAL REGISTR		IO RIGHT OF DISPOSAL OUTSIDE OF CALL	\$7.00 FORMA	Millean	mid			
ANY CHANGE IN DISP TION REQUIRES A NE PERMIT TO SHOW FIT DISPOSITION.	EW VITAL RECO	EGISTRAR OF DISTRICT OF FO IN CAUSONIA. BOX I TOS; P.O. BOX I IN Diego, CA 92	85222	DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR				•
10. AUTHORIZED	DISPOSITION(5) CHECK A	PPLICABLE ITEMS				FOR CORONE	ER'S USE ONL	Y
	NON OF CREMATED REM A CEMETERY RC USE	DDRESS OF CALIFORNIA CE	G. SHIP IN TO CALE	IDE OF CALIFORNIA		→ Chame and Addres		
BURIAL		Cemetery; 3751 San Diego, CA	Market St.	10-12-01	1	CULL F.	IN CHARGE OF B	UHIAL
CREMATION	Theres Allegan (Allegan)	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMATED	12G. S	CHATURE OF PERSON	IN SHARGE OF CR	EM#
SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. S	IGNATURE OF PERSON	IN CHARGE OF F	ACILITY.
TRANSIT		DDRESS IN RECEIVING STAY CREMATED REMAINS ARE 1		14B. DATE SHIPPED		DDRESS AND SIGNATUR F PLACING WITH THE C		CHARGE
SCATTERING AT OR DISPOSITION OF THAN IN A CEME	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY PINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B DATE OF DISPOSITION		IGNATURE OF PERSON HARGE OF DISPOSITION		AATED RE-

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

#### INTERMENT ORDER

City of San Diego

10-9-01 Date

You are hereby authorized and instructed, and John Doe PA# 20	nubject to your rules and regulations, to i	nter the remains
ina Double Depth	Funeral, date, time Mon 10/15/	01 1100
in a Double Depth Type of Burial Container  Church, Chapel, Graveside DELIVE	ey ONLY : S.D. MEMOR	AL Mortuary.
All Funeral cars must arrive before 3:30 p.m		
will be applied and billed to undersigned		-
LOI 7 Grave 3B ROW_	Section Division B	lock_/3
Grave space & Care Fund		126.00
Additional spaces and care fund		Thank
Opening/Closing & Setup	<del>                                      </del>	103 01
Burial Container	`	120,01
Handling Fees	3 0 1	
Flower vases - Marker setting fee		
Recording and filling fee		45.00
Sales taxes		011
AA DARNEY	Total Due	1-1-12
L. Pal-	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certi on and I agree to hold Mt. Hope Cemeter	named decedent fy and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	H TOX
Signature of recorded holder of deed	Address	
Squazer () 18-cities tipidar or osses	City	Zip Code
	Teleptions	-
	Invoice # 353614	
Work Order # E 16677	00005	
Work Order # <u><b>L</b></u> 166//	Acct. # UVV J J of	
REA-104 (7-96) This inform	nation is available in alternative format	s upon request.

@ Frinted on racycled paper

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

JOHN	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			O1/1945		OF DEATH	4. SEX
			DOE	1	-	The second liverage and the second	the same of the same of	Control of the last of	M
SA. CITY OF DEATH			SH. COUNTY OF DEA	ATH-OUTSIDE CALIF., 6		TIONSHP, FULL I		RESS AND ZIP	CODE
SANTEE			S	SAN DIEGO	DARNEL	L PRICE-	DPA	3	
7A. TYPED NAME AND A	DDRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR PET		CALIF. LICENSE HUMBER	52011-	A RUFFIN	ROAD	11	1
SAN DIEGO	MEMORIAL C	HAPEL		TAPPENAPEE	SAN DI	EGO CA 9	2123	*	
2441 UNIV	ERSITY AVE	SAN DIEGO CA 97	2104	D-1575 8	A. SIGNATURE	OF APPLICANT-	Person being per	MI BB. DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	acumelodge as applicant that the propos 1176 of the Health and Safety Code, and wo	and disposition stated herein is one of a as nother 1985 pursuant to Section 7100 of	On dispositions authorized by I the Health and Safety Code	716	-1, Mr.	in	10/09	/2001
PERMIT	THIS PERMIT IS ISSU	LIED IN ACCORDANCE WITH PE	BA. AMOUNT OF FEE	PAID DE PATE PERMIT	SSUED 9C S	IGNATURE OF LE	DCAL REGIS	TRAR ISSUING	PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPEC	FIED	10/09/2	001,211	10/10			
LOCAL REGISTRAR		IO HIGHT OF DESPOSAL OUTSIDE OF CALLET	ORNA: \$7.00	ROSA NA	VA >				
ANY CHANGE IN DISPOSI		EGISTRAR OF DISTRICT OF I		ADDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR					
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O.BOX 8	5222	E I	w concention is to occom	IN ANUTHER	DISTRICT IN CAUTE	OKTONIA.		
DISPOSITION.	SAN DIEGO	CA 92186-5222							
10. AUTHORIZED DISP	OSITION(S) CHECK AS	PPLICABLE ITEMS				FOR COR	RONER'S	USE ONLY	
THE BURIAL (INCL.	JOES ENTOMBMENT)		E. TEMPORARY EN	VAULTMENT	10	L DISPOSITION	PENDING	REMAINS LO	CATED AT
B. CREMATION			F. DISINTERMENT	MANAGEMENT AND A STATE OF THE S		(Name and		TILIMANTO LO	Anies ai
	OF CREMATED REMA	AINS OTHER	G. SHIP IN TO CALIF	FORNIA					
D SCIENTIFIC US				TSIDE OF CALIFORNIA					
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							- 4-		
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T N		DORESS OF CALIFORNIA CRE		12B. DATE CREMATE	18/1	NATURE OF PER	SON IN CHA	RGE OF CREE	MATION
CREMATION				1,000	18/1	NATURE OF PER	SOR IN CHA	PIGE OF CREI	MATION
CREMATION				1,	18/1	NATURE OF PER	SOM IN CHA	RGE OF CREE	MATION
	12A. NAME AND AD		EMATORY:	1,	0 12G SIG		7 /		
SCIENTIFIC	12A. NAME AND AD	ODRESS OF CALIFORNIA CRE	EMATORY:	12B. DATE CREMATE	0 12G SIG		7 /		
	12A. NAME AND AD	ODRESS OF CALIFORNIA CRE	EMATORY:	12B. DATE CREMATE	0 12G SIG		7 /		
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA FAC	E OR COUNTRY WHERE	12B. DATE CREMATE	0 126. SIGN	NATURE OF PER	ISON IN CH	ARGE OF FAC	CILITY
SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA CRE	E OR COUNTRY WHERE	128. DATE CREMATE	D 12C SIG		ISON IN CH	ARGE OF FAC	CILITY
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA FAC	E OR COUNTRY WHERE	128. DATE CREMATE	D 12C SIG	NATURE OF PER	ISON IN CH	ARGE OF FAC	CILITY
SCIENTIFIC USE TRANSIT	13A. NAME AND AD	DDRESS OF CALIFORNIA FAC DDRESS OF CALIFORNIA FAC DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO	EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE  D BE SHIPPED	128. DATE CREMATE  138. DATE RECEIVE  148. DATE SHIPPED	D 12C SIG	NATURE OF PER PRESS AND SIGN PLACING WITH 1	ISON IN CH	PERSON IN C	CHARGE
SCATTERING AT SEA	13A. NAME AND AD  13A. NAME AND AD  14A. NAME AND AD  REMAINS OR (	ODRESS OF CALIFORNIA FAC	EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE  O BE SHIPPED  OR OTHER DESCRIPTION SHIP	128. DATE CREMATE  138. DATE RECEIVE  148. DATE SHIPPED	D 12C SIGN	NATURE OF PER	MATURE OF THE CARRIES	PERSON IN C	CHARGE NAMER
SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA	13A. NAME AND AD  13A. NAME AND AD  14A. NAME AND AD  REMAINS OR (	DDRESS OF CALIFORNIA CRE DDRESS OF CALIFORNIA FAC	EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE  O BE SHIPPED  OR OTHER DESCRIPTION SHIP	138. DATE RECEIVE	D 12C SIGN	NATURE OF PER	MATURE OF THE CARRIES	PERSON IN C	CHARGE NAMER NOTES RE- SPOSES

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



# CITY OF SAN DIEGO, CALIFORNIA

GOVERNMENT AGENCY INVOICE

EDI REE NO: 0353514

WHITE - CUSTOMER

A Server

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER. PO BOX 122289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

F-16677

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

ACCT NO 000352

---- TREASURERS, USE ONLY-

PAYMENT 4-3-07 DATE:

BY: CA CK IF ED

PAYMENT REF NO 04 -492510

PAID:

726.62

INVOICE DATE 10/19/01

PAYMENT DUE 11/19/01

PERIOD COVERED SEPTEMBER

FOR INFORMATION CONCERNING YOUR BELLIAT CONTACT: SUE SHACKELTON DEPT: MT. HOPE CEMETERY

RIVE NO: E-16677 400 501 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA#20020401 LOT 7, GRAVE 3T, DIVISION 13 OPENING/CLOSING LINER -RECORDING FEE TAX ON LINER

126 - 00 423 -00 1-24-01 45.00

726 46

7.67

TOTAL DUE

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVDID ADDITIONAL CHARGES. UNPAID DILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR WHICHEVER IS GREATER, INTEREST OF 12 PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. INV NO. 353614 RETURN WITH PAYMENT AC-22 (REV - 10/00)

#### INTERMENT ORDER

City of San Diego

Date 10-9-0]

na Liner	Funeral, date, time THUR 10	10:11 10:
Church, Chape Graveside	RAGSPALE	Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Lot 66 Grave 7 Row_	Section Division/B	lock 13
		895.00
Grave space & Care Fund	ID	
Opening/Closing & Setup	7001	22200
Burial Container	XH01	190.00
Handling Fees MT. HOPE CE	METAR	145.00
Flower vases – Marker setting fee	DIEGO C	
Recording and filing fee		45.00
Sales taxes		14.52
	Total Due	1664.25
PE	aid receipt number R-51220	1664.25
+	Balance du	-6
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization I have the right to make this authorization.	tion of remains as above indicated. I certi- tion and I agree to hold Mt. Hope Cemeter	named decedent fy and represent ry harmless from
	XV. John Go	wheel
I hereby authorize the interment in lot I hold under deed.	X 1213 E AVE #C	9
Signature of recorded holder of deed	X NATIONAL CITY	91950 Zio Codo
	Y 619 474-3134/	
	Invoice #	-
Work Order # <b>E</b> 16678	Acct. #	

O Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Sher By	3	4
	Koorie oct	65 11 RODRIGIC	66 X 1	Shelby	Shelby	10
		_	. 10	0000	- D -	
Interme	nt space for: .	DNY	NR	ONKIG	, ひじこ	
Interme	nt Date: TH	R 10-	11 .	Time: 10	.00	
Lot:	Grave	1	Row:	Sect:	2 0	iv: <u>1</u> 2
Grave L	aid out by: _	NFO	chuck			
	with Legal C				thy on	ive
Agrees	with Map:	J Yes		No		
Blind C	heck & Veri	fied By:	Ken Co	- 1667	B Date: -	10/10/0
			-	100	The same of the sa	

E-16678

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DATE OF		SEX
Juan		Antonio	Rodriguez			07/1951 1	0/07/2	001	M
A. CITY OF DEATH Tijuan	ia		SB. COUNTY OF DEAT ENTER STATE Baie Calif		NAME, RELAT	onship, full MAIL odriguez,	WIFe	S AND ZIP CO	Œ
Anderson-R	agsdale Mor	t.; 5050 Feder		LIF. LICENSE NUMBER F APPLICABLE	TO STATE WHILE STATE	go, CA 921	AND DESCRIPTION	ace #1	
			1	-	BA, SIGNATURE	OF APPLICANT—Perso	in taking permit		
ACKNOWLEDGMENT OF A			used disposition stated herein is one of the was authorized pursuant to Section 7100 of the	to Health and Safety Code	Multre	Weller	-	10/11/2	_
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH I CORMA HEALTH AND SAFETY I'V FOR THE DISPOSITION SPE D INSIT OF BISMISAL OUTSIDE OF CAL	CODE ST.00	18 914 7286	1	MATURE OF LOCA	L REGISTRA	16867 PER	RMIT
TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	9D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF ID IN CAUFORNIA	1 #	oness of Registran observation is to occur. al Records;	P.O. BO	STRICT IN CAUFORNI			
IO. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO		E ONLY	
D SCIENTIFIC U	SE 11A, NAME AND A	DORESS OF CALIFORNIA C CEMETERY; 3751 San Diego,	Market St.		111C SIGN	ATURE OF PERSO		E OF BURNN	).
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMATE	ED 12C SIGN	ATURE OF PERSON	N IN CHARGE	E OF CREMATI	TON
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGN	ATURE OF PERSO	N IN CHARG	E OF FACILIT	ry
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPPE		ESS AND SIGNAT LACING WITH THE		RSON IN CHAP	AGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION		ATURE OF PERSO RGE OF DISPOSITI		OF CREMATED MAINS DISPOSE —IF APPLICABLE	AE SER

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



#### INTERMENT ORDER

Bre- neck

City of San Diego

Date (0 - 10 - 0)

You are hereby auth	ELLE	O. STE	VENS		
ina LINY	ER	Funeral, dat	e, time		
Church, Chapel, Gra			1	Barrier I	Mortuary.
All Funeral cars mus	st arrive before 3:	30 p.m. of regular w	rork day or ar	extra charge o	of \$
will be applied and b	illed to undersign	ned			
Lot 30 Gra	ve IA A	ow Sec	tion 19	Division/Bio	xck_7
Grave space & Care	Fund	PRE- N	RED	E-6384	
Additional spaces ar					
Opening/Closing & S	Setup				375 00
Burial Container					190.00
Handling Fees					145.00
Flower vases - Mark	ker setting fee				-
Recording and filling	too				45.00
Sales taxes					14.25
				ue	169.25
		Paid receipt num	ber <u>54</u>	357	1167.20
				Balance due	10
I hereby certify I am and this is your auth that I have the right any liability on accor-	nority to make dis to make this auth	sposition of remains orization and I agre- rization and interme	e to hold Mt.	Hope Cemetery	amed decedent and represent harmless from
I hereby authorize the hold under deed.	ne interment in lo	t 1 Stringto	568 Q	ean Vie	in Blow
Signature of recorded holder of	of deed	Congress of Telegric	9)234	-6914	7/13-/629 29 Code
	40070	Invoi	ce #		
Work Order # E	16679	Acct.	"		
REA-104 (7-96)	This	information is ava	ilable in alter	rnative formats	upon request.

@ Printed on recycled paper

#### INTERMENT ORDER

Pre- rech

City of San Diego

Date\_10-10-01

ou are hereby authorized and instruct  VELNA 4				
n a Type of Burial Container	Funeral, c	iate, time _		
Church, Chapel, Graveside		-;		Mortuary.
All Funeral cars must arrive before 3:30				
yill be applied and billed to undersigne	d,			
122 10 211				11
ot 133 Grave Roy	w s	ection	Division/	/Block 11
ot 133 Grave Roy	g of.	795.0	0	1590.00
Additional spaces and care fund				
Opening/Closing & Setup				
Opening/Closing & Setup Burial Container	PA	ID		
Handling Fees				****
Handling Fees	MAR 2	5 711113		****
tocolonia and ming loo	COLUMN TO SERVICE STREET, STRE	E-I POPULES IN COL	Palescanes and accessors and access	
Palar tayan	- AFCA	NINEGO	Destination	
	OII.	Tota	Due	1390.0
	Paid receipt nu	mber R-	24351	100010
	I amended	*********	Balance d	J90.00
hereby certify I am the		-		
hereby certify I am the and this is your authority to make dispond that I have the right to make this author	osition of remai	ns as above	indicated. I cer	rtify and represent
any liability on account of said authoriz	ation and Intern	nent.		A
hereby authorize the interment in lot I	X	1eh	10 U/E	AX
nold under deed.	× Sig)	1004	N 39	HL .
	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unus .	DIESO C	Ch 50,00
lignature of recorded holder of deed	City	JERIC L	31630	Zip Code
	Tete	phone		
	In	oice #		
	1117	WILDS III		

E+16680

WEST, LEROY & VELMA Pre-need Lot



#### INTERMENT ORDER

City of San Diego

20	#			7
111	- 2	0	41	1
20	0	13	2	

Date 10-11-0

00	
You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the remains
of VIOLA CLYDE	on claudio 7
	Funeral, date, time MON 10-15 11
Church, Chapel, Graveside DELIVER	Y BAYVIEW - Wortuary.
All Funeral cars must arrive before 3:30 p.m.	
will be applied and billed to undersigned	
Lot 7 Grave 3 B Row	Section Division/Block 13
Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423,00
burial Container	12
Handling Fees	1 2 0 3
Flower vases - Marker setting fee	
Recording and filing fee	VE 0.0
Sales taxes	9 , 1
	Total Due726+63
ANCY HOBBS -	receipt number
1.17	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	or of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	Invoice # 353587
Work Order # E 16681	
Motic Order # TOOOT	Acct. # 00075



#### CITY OF SAN DIEGO, CALIFORNIA GOVERNMENT AGENCY INVO

EDI REF NO: C353587

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

E-16681

SAN DIEGO, CALIFORNIA 92112
SAN DIEGO, CALIFORNIA 92112
SAN DIEGO, CALIFORNIA 92112
SAN DIEGO, CALIFORNIA 92112

COUNTY OF SAN DIEGO
PUBLIC ARMINISTRATOR
52012 ROPFIN ROAD TALL
SAN DIEGO

ACCT NO

CIESO CA 92123

--- TREASURERS USE ONLY-

PAYMENT 4-3-02 DATE: 4-3-02

BY: CA CH IF ED 04 -492510

AMT PAID: 726.62

INVOICE DATE

PAYMENT DUE

SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: 0-16681
BEPT: MT. HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES F-16681 AMOUNT

VIOLA CLYDE PA#20020407 LOT 7 GR 3B DIV 13 OPENING/CLOSING LINER RECORDING FEE

125.00 423.00

45.00

TOTAL DUE

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BYLLS WILL BE SUBJECT TO A COLLECTION FEE UP 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 10 PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT 144 MT. 35358

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68

8

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

TA. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE	VIOLA	MILY)		DATE OF BIRTH S. DAT	E OF DEATH 4. SEX
SAN DIE	30			F DEATH-OUTSIDE CALIF.	UCSD.	MEDICAL CENTE	R
BAYVIEW	CREMATION &			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1713	200	A JOLLY- DECEM- WEST ABSOR DE. JRE OF APPLICANT PRINT THEM	SD, CA 92103
ACKNOWLEDGMENT OF	APPLICANT Section 10	schnowledge as applicant that the prop 376 of the Health and Safety Code, and	was authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	-	acres of	10/12/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCOMPANCE WITH ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE 0 MEET OF DISPOSAL OUTSIDE OF CAL	CODE CIFIED 87 00	FEE PAID 98. DATE PERMIT 10/15/20 ED DOUGI	01	SIGNATURE OF LOCAL REC 2117013	SISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PAYAL RE	EGISTRAR OF DISTRICT OF CORDES P.O. BOX CA 92186-522	85222	GE. ADDRESS OF REGISTRAR # DISPOSITION IS TO OCC			9
10. AUTHORIZED DISE	POSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERMI			I. DISPOSITION PENDING (Name and Address)	FIEMAINS LOCATED A
BURIAL	MOUNT HO!	DEFESS OF CALIFORNIA C PE CEMETERY KET STREET SAN		118. DATE BURE 2102 10-15-0		SIGNATURE OF PERSON IN	CHARGE OF BURIA
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	TED   120, 8	RIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REM	IAINS 13B. DATE RECEI	VED 13C. 8	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND AT REMAINS OR	DORESS IN RECEIVING STA CREMATED REMAINS ARE	TE OR COUNTRY WHER	E 148. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MARIS DISPOSER —IF APPLICABLE

COPY 2

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

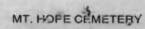
#### INTERMENT ORDER

City of San Diego

Date 10-11-0

Irms.						
You are hereby authori	, 0 0	ted, subject to	your rules	and regula	ations, to int	er the remains
DAV	1		1)	01 11-	1	103/
na Double W	Comme	Funeral	date, time	9	•	
Church, Chapel, Grave	side			The		Mortuary.
All Funeral cars must a	rrive before 3:3	0 p.m. of regul	lar work da	y or an ext	ra charge o	1\$
will be applied and bille	d to undersigne	ed	4 3 4		B.F.	
Lot 62 Grave	A RO	w	Section _	2	Division/Blo	rek_ 1 ?
Grave space & Care Fu	und					895.00
Additional spaces and						
Opening/Closing & Set	un F3 A 1	<b>A</b>				375.00
Burial Container	PAI	ש	***************************************			380.00
Handling Fees	OCT 110	2004	***********		***************************************	320.00
Flower vases — Macket M Recording and filling to	BOTALLON					The second secon
Sales taxes	OI SAIR DI	EGO, C/				28.50
				Fotal Due	9	रे वे अंदर
		Paid receipt	number_	VIST		2043,5
					alance due	-0
hereby certify I am the						amed decedent
and this is your author that I have the right to any liability on account	ity to make disp make this autho	rization and I a	agree to ho rment.	ove indica old Mt. Hop	ted. I certify e Cemetery	and represent harmless from
hereby authorize the hold under deed.	interment in lot	×	5316	Nutn	Gens ug st	
Signature of recorded holder of de	ed .	- ×;	Sen (49) 2 elephonia	Dieg 263-5	0 495	92/05 Zip Code
NOB	10000		nvoice #_			
Work Order #	16682	_ /	Acct. #			
REA-104 (7-96)	This	information is	available	in alternat	ive formats	upon request.

O Printed on exceeded paper



#### INTERMENT ORDER

City of San Diego

Date 10/15/01

in a //Ner	Funeral, date, time Mon . DCT 22 /
	CTY: MATER Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	The second second second
Lot   K   Grave   Row _	Section 2 Olvision Black 12
Grave space & Care Fund	
Additional spaces and care fundP	A1D 375.
Burial Container	17.7001 190.
Handling Fees	145.
Flower vases - Marker setting (MT. HOPE	CEMETAR)
The state of the s	45.
Sales taxes	14.
ohn Edwards Paid	Total Due
×	Balance due
I hereby certify I am the \( \) and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Signature X
Signature of recorded holder of deed	X City When Zip Cod
	Invoice #



# MT. HOPE CEMETERY INTERMENT, ORDER



City of San Diego

	101		./
Date	101	15	101

You are hereby authorized and instructed, and Rich and St	ubject to your rules and regulations, to inter the remains
no liner	Funeral, date, time
Church, Chapel, Graveside Delive	LTY : MAYER Monuary.
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot H Grave Row	Section 2 Olvision Block 12
Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	375.0
Burial Container	190.0
Hundling Fees	145.0
Flower vases - Marker setting fee	
Recording and filling fee	45.0
Sales taxes	, 14.3
Tohn Edwards Paid	Total Due
and this is your authority to make disposition	of the above named decedent on of remains as above indicated, I certify and represent on and I agree to hold Mt. Hope Cernetery harmless from and interment.
I hereby authorize the interment in lot I hald under deed.	Dlund Show D-Deput
Signature of recorded holder at dead	X Str. Org. 92123 X (858) 694 3520 Tribations
Work Order # E 16683	Invalce #
Troik Glosi #	mation is available in alternative formats upon request.





# MT HOPE CEMETERY E-16683

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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
	M X	3	Reep 3	WILLIAMS
	7	8	9	BATES
Interment space for: R	CHARD	STRU	NK	
Interment Date:		ime:		
Lot: N Grave:	Row:	_ Sect:	3 D	iv: 12
Grave Laid out by: NE	chuck			
Agrees with Legal Card:	Tyes [	J No	gult	m
Agrees with Map: D Yes		No		
Blind Check & Verified By	Kenne	the Cale	Date:	10/22/01

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Found USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 097817Y945 Strunk Richard David SA CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego OF INFORMANT San Diego John Edwards, PA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 5201-A Ruffin Rd. Mayer Mortuary San Diego, CA FD1424 2859 Adams Avenue, San Diego, CA 92116 GNATURE OF APPLICANT - Person taking permit, 88. DATE SIGNED 10/18/2001 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICAND ction 10376 of the Health and Safety Code, and was authorized pursuant to Soction 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 2117362 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 7,00 AUTHORIZATION OF IN THIS PERMIT. LOCAL REGISTRAR MITTE: THE PERMET GIVES NO RIGHT OF DESPOSAL DUTSING OF CALIFORNIA 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUPOINGS TION REQUIRES A NEW P.O. Bo 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITIONIS) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVALIDMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cametery BURIAL 3751 Market Street, San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN TSD. LICENSE NUMBER SCATTERING AT SEA

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

DISPOSITION

CHARGE OF DISPOSITION

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

OR

DISPOSITION OTHER

THAN IN A CEMETERY

OF CREMATED RE-

MAINS DISPOSER

OF APPLICABLE

## MT. HOPE CEMETERY INTERMENT ORDER

MT. HO INTERM	PE CEMETERY	
INTERM	IENT ORDER	
City	of San Diego	
flo X	Date_ 10/	15/01
7		
You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
or Lucille Strunk		
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	e of \$
will be applied and billed to undersigned		
1		
V Lot 141 Grave 2 Row	Section Olvision	Block 12
Grave space & Care Fund		895.01
Additional spaces and care fund	ALD	
Opening/Closing & Setup	719	375.0
Burial Container	1.8.2001	190.0
Handling Fees MT. HOPE Flower vases - Marker setting (PPY OF SA	CEMETAR)	
Recording and filing fee		4150
		111 5
Odios Mass	Total Due	1664.2
John Edwards Paid	receipt number R-54214	1664.35
Paid	receipt number	- 100 T
×	Balance d	
I hereby certify I am the and this is your authority to make disposition	of remains as above indicated. I ce	e named decedent rtify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemet and interment.	ery harmless from
	STATE OF THE STATE	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	City At 1	Zip Code
	X alluce	<b>♥</b>
	Telephone	
	Telephone	
Work Order # <b>E</b> 16684	Invoice #	

6 Printed on recycled paper

Or Xay big

MT. HOPE CEMETERY

Lucille Strunk	bject to your rules and regulations, to inter the remains
	Funeral, date, lime
hurch, Chapel, Graveside	, Mortusry.
Il Funeral care must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned	
	Section 2 Studen/Block 12
	895.0
ddiional spaces and care fund	27.5
pening/Closing & Setup	3 15.0
	190.0
landling Fees	
lower vases - Marker setting lee	***
ecording and filling fee	months and a second sec
ales taxes	11.1.11
on Edwards Pald	Total Oue
in Edwards Paldi	receipt number
** .	Balance due
nd this is your authority to make disposition	of the above named decodent of remains as above indicated. I certify and represent a and I agree to note Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot ) lold under doed.	X S201-1 Rothe Rd
Igradure of recorded kolder of Seat	Sew Bug & CA 92423
	X(858) 694-3500 Be Code Verlagamente
	Invoice #
Nork Order # E 16684	

10-17-01

Petin Ck to

Tohn E.

#### INTERMENT ORDER

City of San Diego

Date\_ \ 0 - 16 - 01

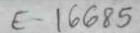
ina DOUBLE DEPTH	Funeral, date, time FR 10-19 110
Type of Buriel Container Church, Chapel, Graveside	RAGSDALE Mortuary
	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	
And the application and office to andology.	
Lot 104 Grave 4 Ro	w Section Division/Block
	00 -
Grave space & Care Fund	
Additional spaces and care fund	AID
Opening/Closing & Setup	375.0
Burial Container	16 2001 (4 3 30 , 60
Handling Fees	16 2001 \$20.00
Flower vases - Marker setting HC	DECEMETARY Y / U
Recording and filing fee CITY OF	SAN DIEGO, CV YS. 0 C
Sales taxes	16000 28.50
53879 616	Total Due 2043, S
£4646 77	Paid receipt number 770 · 6
39177 77	Balance due 12 73 .
XIDT	W- 214 35 193315
I hereby certify I am the and this is your authority to make disp	of the above named deceden
that I have the right to make this author any liability on account of said authorize	rization and I agree to hold Mt. Hope Cemetery harmless for zation and interment.
	Molandam Children
I hereby authorize the interment in lot I hold under deed.	Standure
	Address Midronil Pl
Signature of recorded holder of doed	- X San Diego Ca 92-110
	Velephone 262-5132
	Invoice #
Work Order # E 16685	Acct. #
	information is available in alternative formats upon request

& Printed en recycled paper

#### GRAVE BLIND CHECK FORM

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

1	them o N	3	WX 4	5	6	
- 5		9			12	- 0
1	8	1	10	ALB	17	
				11-0		
Interment Lot: 10 4 Grave Lake	Grave	4	Row:	Sect:	',00 \ \ Di	v: 12
Agrees wit	h Legal C	ard: 🗖	Yes [	J No		
Agrees wit				3045.02		
Blind Ched	ck & Verif	ied By:	Ken O	allis	Date:_	10/16/01



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TO THIRD WIT SECURE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DA	ATE OF DEATH 4 SEX
James		Edward	Childre	ss, Sr.	10/26/1923 10/	15/2001 M
Natio	nal City		ENTER STATE San Dies		NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Yolanda M. Childres	
Anderson-R		t.; 3050 Federa San Diego, CA 92	A STATE OF THE PARTY OF THE PAR	CALIF. LICENSE NUMBER  —IF APPLICABLE  D1329	7351 Marmil Place San Diego, CA 9211 A SIGNATURE OF APPLICANT—FINSON SAI	14
ACKNOWLEDGMENT OF AF		chrowledge as applicant that the propose 376 of the Health and Salety Code, and was			Debbee Wellian	10/16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	ED IN ACCORDANCE WITH PRICORNIA HEALTH AND BAFETY CO TY FOR THE DISPOSITION SPECIF O MUNIT OF DISPOSAL OUTSIDE OF CALIFOR	9ED \$7.00	10/19/200	BSUED 9C. SIGNATURE OF LOCAL RE	EGISTRAR ISSUING PERMIT 2117322
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		San Diego, CA 9	5222	A STATE OF THE PARTY OF THE PAR	OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
UTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATION  G. DISPOSITION  THAN IN A CE  D. SCIENTIFIC US  BURIAL	SE	poness of California CEN emetery; 3/51 M San Diego, CA 9	erket St.	IFORNIA ITSIDE OF CALIFORNIA 11B DATE BURIED	11/	
COEMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERSON	
II GREMMINE.	-				. /	CRARGE OF CREMATION
CREMATION  SCIENTIFIC  USE	13A. NAME AND AI	DDRESS OF CALIFORNIA FAC	LITY RECEIVING REMAINS	13B. DATE RECEIV	ED 19C. SIGNATURE OF PERSON IN	
SCIENTIFIC	14A. NAME AND AI	DDRESS OF CALIFORNIA FACI DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO	OR COUNTRY WHERE	13B. DATE RECEIVE		CHARGE OF FACILITY  OF PERSON IN CHARGE

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

#### INTERMENT ORDER

City of San Diego

Date 10-16-0

ELLA MCKE		FR: 10-19	101
na Liver Type of Sund Comments Church, Chapel, Graveside DELIVE	RY ONLY :	MAYER	Mortuary.
All Funeral cars must arrive before 3:30 p.			
will be applied and billed to undersigned.			
ot 90 Grave 2 Row	Section	1 Division/Blask	19
Grave space & Care Fund	PRE -NEED	E-16350	4
Additional spaces and care fund  Opening/Closing & Setup	,,	1	0
Burial Container	14	, –	40
landling Fees			0
Flower vases - Marker setting fee			
Recording and filling fee	**		to
Recording and filing fee	1,	••	
3003 10.005		otal Due	-0
Pa	id receipt number		
		Balance due	
hereby certify I am the		of the above name	ed deceden
and this is your authority to make dispositi hat I have the right to make this authorizat any liability on account of said authorizatio	ion and I agree to ho	ove indicated. I certify an	d represen
hereby authorize the interment in lot I	b		
nold under deed.	Signature		
Signature of recorded holder of dead	Ackdreus	THE BETT	
	Telephone	4.6	Zip Cod
	Invoice #		
Nork Order # E 16686	Acct. #	S. P. P. L. S. L.	

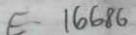
O Printed on recycled paper

E-166 86 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	% X %	Hawans 3	4	Williams
	7	8	A	10	Ti.
		*			
Interment space for:					
Lot: 90 Grave	3	Row:	Sect:_		iv: 12
Grave Laid out by:_	NF	chyc	<u>k</u> _		
Agrees with Legal C	ard:	Yes [	J No	Sold	ro Vera
Agrees with Map:	J Yes	01	No		
Blind Check & Verit	fied By:_	Kund	Callin	≥ Date:	10/17/01



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 10		- IO, LAST (FAMIL	oKeown	MONTH, DAY, YEAR MON	ATE OF DEATH 4. SEX TH. DAY, YEAR 16/2001 F	
SA CITY OF DEATH National	City	58. COUNTY OF I	San Diego	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT GREG Brown, PA	ADDRESS AND ZIP CODE	
Mayer M	DORESS OF CALIFORNIA—FUNERAL DIRECT OCCUPACY NESS AVENUE, San Diego		CALIF. LICENSE NUMBER —IF APPLICABLE  FD1424	5201-A Ruffin Rd. San Diego, CA 921 BA SENATURE OF APPLICANT— Discontal		
ACKNOWLEDGMENT OF		that the proposed disposition stated herein is one by Code, and was authorized pursuant to Section 710		Lacour & Ma	40/19/2001	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANG SIONS OF THE CALIFORNIA HEALTH AND AND IS THE AUTHORITY FOR THE DISPOSIT THE DISPOSIT THE DISPOSIT OF DISPOSIT OF DISPOSIT OF DISPOSIT OF DISPOSIT OF DISPOSIT OF DISPOSIT OF DISPOSIT OF	SAFETY CODE ITION SPECIFIED 7.00	98. DATE PERMIT 10/22/20 B.E. Mayo		EGISTRAR ISSUING PERMIT	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 San Diego, CA 9218			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA		
The second second second	POSITION(S) CHECK APPLICABLE ITEMS .UCES ENTOMBMENT)	E. TEMPORARY	ENVAULTMENT		NG-REMAINS LOCATED	
B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC		G. SHIP IN TO CA		(Name and Address		
BURIAL	Mt. Hope Cemetery 3751 Market St., S		118. DATE BURIE	11/	CHARGE OF BURIAL	
CREMATION	12A NAME AND ADDRESS OF CALIF	ORNIA CREMATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSONAN	CHARME OF CREMATION	
SCIENTIFIC			IS ISB. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPP	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FIGENT TO IDENTIFY FINAL PLACE	HORELINE, OR OTHER DESCRIPTION SI E AND CA <u>DISTRICT</u> OF DISPOSITION	IF 158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

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



#### INTERMENT ORDER

City of San Diego

Date 10-16-0

ina LINER	Funeral, date, time FR1 10-19 11
Church, Chapel, Graveside The Church Chapel, Graveside The Chapel Graveside The Chapel	TWESS ; S. D. MEMOR: AL Mortu
will be applied and billed to undersi	signed,
Lot 106 Grave 8	Row Section 2 Division/Block 12
Grave space & Care Fund	895.
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.
Burial Container	196,
Handling Fees	OCT 177000 145.
	HOPE CEMETARY
	OF SAN DIEGO 45.
Sales taxes	14.5
	Total Due 166 4
RING CHECK	Paid receipt number R-54237 1664-
BING SHECK	Balance due
Kill a Collection	
I hereby certify I am the and this is your authority to make	of the above named dece disposition of remains as above indicated. I certify and repre- uthorization and I agree to hold Mt. Hope Cemetery harmless
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authorize the interment in	of the above named dece disposition of remains as above indicated. I certify and repre uthorization and I agree to hold Mt. Hope Cemetery harmless thorization and interment.
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said auth	of the above named dece disposition of remains as above indicated. I certify and repre- suthorization and I agree to hold Mt. Hope Cemetery harmless shorization and interment.  The lot I  Separative Address
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authorize the interment in hold under deed.	of the above named dece disposition of remains as above indicated. I certify and represent the disposition and I agree to hold Mt. Hope Cemetery harmless the disposition and interment.
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authorize the interment in hold under deed.	of the above named dece disposition of remains as above indicated. I certify and repre uthorization and I agree to hold Mt. Hope Cemetery harmless thorization and interment.

#### GRAVE BLIND CHECK FORM

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

E	VANS	2	3	41		5
		X δ	96	1 LLAR	0	11
				40		
Interment space for: Interment Date: FR				HILL COLUMN		
Lot: 10 6 Grave:	8	Row:	_ Sect: 5		n: 75	
Grave Laid out by:	MF	Chue	K	in the second		_
Agrees with Legal C	ard: 🗇 🗅	Yes 🗆	No No	Grane Grane	n	
Agrees with Map:						
Blind Check & Verif				_ Date:_	10/17	10

1660/

#### 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 IC. LAST (FAMILY) 3 DATE OF DEATH 2. DATE OF BIRTH 4. SEX 6970271953F 871472001 RICHARD LUECKE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SANDRA M LUECKE-WIFE SAW DIEGO SAN DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 5281 REYNOLDS ST SAN DIEGO MEMORIAL CHAPEL -IF APPLICABLE SAN DIEGO CA 92114 2441 UNIVERSITY AVE SAN DIEGO CA 92104 PD-1575 BA. SIGNATURE OF APPLICANT—Person Inting point, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 10/17/2001 oction 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE 9A. AMOUNT OF FEE PAID 8B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 10/17/2001 2117207 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$7.00 ROSA NAVA LOCAL REGISTRAR HOTEF THE PERMIT GIVES INC RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-AMY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA MT HOPE CEMETERY BURIAL 3751 MARKET ST SAN DIEGO CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED, 190. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER'S

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

# Drond myster many lar

REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-18-01

Who was	
	subject to your rules and regulations, to inter the remains
of Leoma O'K	eefe & PIN# 190575
ina Cash Doubt	Funeral, date, time Wed. Oct 24 2:34
Church, Chapel Graveside	Mesonwood Mortuary.
All Funeral cars must arrive before 3:80 p.	m. Tregular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
/	
Lot Grave Row_	3 Section 7 Division/Block 7
Grave space & Care Fund Pre-M	ped B-4493 D
Opening/Closing & Setup	105,00
Burial Container	55.00
Handling Fees	PAID 60.00
Flower vases - Marker setting fee	
Recording and filing fee	OCT 19 7001 45.00
Sales taxesM	HOPE CEMETARY 4.13
CIT	Y OF SAN DIEGONDUE 269.13
Pa	aid receipt number 54250 269.13
7.	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorize any liability on account of said authorization.	of the above named decedent lier of remains as above indicated. I certify and represent ation and Lagree to hold Mt. Appe Cemetery harmless from on and intermed.
I hereby authorize the interment in lot I hold under deed.	Sommer Hail 893
Signature of recorded hinter of deed	X 619-656-1841 24 Cude
	Invoice #
Work Order # E 16688	And #

& Printed on recycled paper

This information is available in alternative formats upon request.

#### E-16688 MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the

existing	marker's i	n the app	ropriate s	#50000 07 mm (Co.)	211-02-2014	acent to
	* massey	le la	\$	68 mun	69	
	Way and	Baker H	S X	Ser 169 TO CAROLINA	as you	
Intermed	nt space for:	Leo	ma	O'Hee!	Fe X	\$
Lot: 6	nt Date: 10	e:	Row: _			Div: 7
	aid out by: .			□ No		Flagor
	with Map: (			THE STATE OF THE S		

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72

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

	ENT-FIRST (GIVEN)	18. MIDDLE	IC LAST (FAM	MLV)		2 DATE OF BIRTH	MONTH D		4 SEX
LEOMA		JUNE		)'KEEFE	- 2	02/23/1929	10/18	/2001	F
SAN DIEC	0		58. COUNTY OF ENTER STA	TE SAN DIEGO	OF INFI	RELATIONSHIP, FULL MI DRMANT A KRAY: DAU		ESS AND ZIP	ODE
			PERSON ACTING AS SUCH		593	VIA ARMADO			
GREENWOOD		I-805 & IMPER SAN DIEGO, CA		FD-843		A VISTA, CA		8B DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT   Section	acknowledge as applicant that the p 1375 of the Health and Safety Code, a	rupmed disposition stated herein is or and was authorized pursuant to Section 7	ne of the dispositions authorized by 7100 of the Health and Safory Code	·UL	lovi as	3000	10/19/	200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SI NO BERT OF DISPUSAL DUTSER OF I	\$7.0	VICTORIA A		C. SIGNATURE OF COL 2117405	EAL REGISTI	RAR ISSUING I	ERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF IN CAUFORNIA 85222  CA 92186-52		9E. ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU			RMIA		
IO AUTHORIZED DISP					-	FOR CORE	ONER'S U	SE ONLY	
B CREMATION			F. DISINTERMEN	NT		(Name and Ad			
	TIA NAME AND AI	DDRESS OF CALIFORNIA	G. SHIP IN TO C	CALIFORNIA OUTSIDE OF CALIFORNIA 119 DATE BURIES	1	SIGNATURE OF PERS	SON IN CHAI	RGE OF BURI	
C. DISPOSITION THAN IN A C D. SCIENTIFIC U	I 1A NAME AND AI MOUNT HOP 3751 MARK 12A NAME AND AI GREENWOOD	DDRESS OF CALIFORNIA E CEMETERY ET STREET, SA DDRESS OF CALIFORNIA CREMATORY	G. SHIP IN TO COMETERY  N DIEGO, CA 92	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIEF	11	SIGNATURE OF PERS	- lo	236	
C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION	11A NAME AND AI MOUNT HOP 3751 MARK 12A NAME AND AI GREENWOOD & IMPERIA	DDRESS OF CALIFORNIA E CEMETERY ET STREET, SA DDRESS OF CALIFORNIA CREMATORY L AVENUE, SAN	G. SHIP IN TO COMETERY  IN DIEGO, CA 92  CREMATORY  I-8	102 10-24-0, 128 DATE CREMAT  102 10-23 10	ED 120	Kin F	OHAN CHAR	OF CREM	ATION
C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	MOUNT HOP 3751 MARK 12A NAME AND AI GREENWOOD & IMPERIA 13A NAME AND AI	DDRESS OF CALIFORNIA E CEMETERY ET STREET, SA DDRESS OF CALIFORNIA CREMATORY L AVENUE, SAN DDRESS OF CALIFORNIA	G. SHIP IN TO COMETERY  N DIEGO, CA 92  CREMATORY  I-8  DIEGO, CA 921  FACILITY RECEIVING REMA	CALIFORNIA  OUTSIDE OF CALIFORNIA  118 DATE BURIER  128 DATE CHEMAT  138 DATE RECEIV	ED 120	SOTH LINE OF PORS	ON IN CHAP	OF CREM	ATION

COPY 1

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

VS 9 (REV. 6/91)

#### INTERMENT ORDER

City of San Diego

Date 10-19-01

You are hereby authorized and instructed, sul	bject to your rules and regulations, to inter the remains $\mathcal{R} \ \ \mathcal{V} \ \ \mathcal{T} \ \mathcal{H}$
- C 1/2 1117	Funeral, date, time FAI 10 - 26 T.C
All Funeral cars must arrive before 3.20 p.m. will be applied and billed to undersigned,	120 01
Lot 133 Grave 17 Row_	Section 2 Division/Block 11
Grave space & Care Fund	PAID
Additional spaces and care fund  Opening/Closing & Setup	- 24 20UI 375.00
Burial Container	MT HOPE CENETARY 250,00
Handling Fees	MT HOP SAN DEGE 105.00
Flower vases - Marker setting fee	VOUR 12 - 10.00
Recording and filing fee	45.00
Sales taxes	10.15
MORT UMAY TO	Total Due
Chacket 1298 Paid	Balance due
t hereby certify t arn the and this is your authority to make disposition that I have the right to make this authorization any liability on account of sald authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Stella Harrington  Signame + 4422 F & N
Signature of recorded holder of deed	7 So Wigo (A 99109) Chy 1926 43574 Telephone 2643574
Work Order # <b>E</b> 16689	Invoice #

10-25 R. 51261 for temporary marker 300 work order for menting 6689 U20 # 1546

#### GRAVE BLIND CHECK FORM

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

The burnar of					-	-
EST RAPA GIBS S	10	11 183	X 13			
		0045	9 15	+14-		
Interment sp	ato: FR!	10-36	_ Time:	1		
Lot: 133						
Agrees with				10	-LAG GRÁ	NE
Agrees with Blind Check		~				-250
Blind Check	& verified	ву:	The state of the s		Date: 60	~

€-16689

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST OFA	MILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH,	OF DEATH 4. SEX
ROME A CITY OF DEATH		REYNARD	RUTH	E DEATH OUTSIDE CALE	0.314495	01/03/1969 RELATIONSHIP, FULL N	AND DESCRIPTION OF REAL PROPERTY.	717/2001 M
A CONTRACTOR OF THE PARTY OF TH			ENTER ST			ORMANT		
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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.

#### INTERMENT ORDER

REA-104 (7-96)

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This information is available in alternative formats upon request.

#### DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

(California Probate Code Sections 4600-4753)

#### WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may

state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal, (2) acts contrary to your known desires or (3) where your desires are not known, does anything that is clearly contrary to your best interests.

This power will exist for an indefinite period of time unless you limit its duration in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

#### 1. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me as allowed by Sections 4600 to 4753, inclusive, of the California Probate Code. This power of attorney shall not be affected by my subsequent incapacity. I hereby revoke any prior durable power of attorney for health care. I am a California resident who is at least 18 years old, of sound mind, and acting of my own free will.

#### 2. APPOINTMENT OF HEALTH CARE AGENT

(Optional) This power of attorney shall expire on the following date:

(Fill in below the name, address and telephone number of the person you wish to make health care decisions for you if you become incapacitated. You should make sure that this person agrees to accept this responsibility. The following may not serve as your agent: (1) your treating health care provider; (2) an operator of a community care facility or residential care facility for the elderly; or (3) an employee of your treating health care provider, a community care facility, or a residential care facility for the elderly, unless that employee is related to you by blood, marriage or adoption, or unless you are also an employee of the same treating provider or facility. If you are a conservatee under the Lanterman-Petris-Short Act (the law governing involuntary commitment to a mental health facility) and you wish to appoint your conservator as your agent, you must consult a lawyer, who must sign and attach a special declaration for this document to be valid.)

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Address 162 7	5, 1	MERIDIAI	1 Ave	ALHI	AMBR4	CA	91803
Work Telephone (	)		Home Telephone	ACCORDING TO STATE OF THE PARTY.	289	707	9.
as my agent (attorney-in- attorney will be effective f	fact) to make or an indefini	health care decisions for te period of time unless I n	me as authorized in	this documer	nt. I understand	that this	Power of

California Medical Association 1996 (revised)

#### 3. AUTHORITY OF AGENT

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if I become incapable of giving informed consent to health care decisions, I grant my agent full power and authority to make those decisions for me, subject to any statements of desires or limitations set forth below. Unless I have limited my agent's authority in this document, that authority shall include the right to consent, refuse consent, or withdraw consent to any medical care, treatment, service, or procedure; to receive and to consent to the release of medical information; to authorize an autopsy to determine the cause of my death; to make a gift of all part of my body; and to direct the disposition of my remains, subject to any instructions I have given in a written contract for funeral lices, my will or by some other method. I understand that, by law, my agent may not consent to any of the following: commitment to a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion.

#### 4. MEDICAL TREATMENT DESIRES AND LIMITATIONS (OPTIONAL)

(Your agent must make health care decisions that are consistent with your known desires. You may, but are not required to, state your desires about the kinds of medical care you do or do not want to receive, including your desires concerning life support if you are seriously ill. If you do not want your agent to have the authority to make certain decisions, you must write a statement to that effect in the space provided below; otherwise, your agent will have the broad powers to make health care decisions for you that are outlined in paragraph 3 above. In either case, it is important that you discuss your health care desires with the person you appoint as your agent and with your doctor(s).

(Following is a general statement about withholding and removal of life-sustaining treatment. If the statement accurately reflects your desires, you may initial it. If you wish to add to it or to write your own statement instead, you may do so in the space provided.)

I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible come or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances where the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and the quality of my life, as well as the extent of the possible prolongation of my life.

If this statement reflects your desires, initial here: £ X

Other or additional statements of medical treatment desires and limitations:

(You may attach additional pages if you need ma signed at the same time you date and sign this doc	ore space to complete your statements. Each additional page must be dated and ument.)
. APPOINTMENT OF ALTERNATE A	AGENTS (OPTIONAL)
(You may appoint alternate agents to make health or unwilling to do so.)	care decisions for you in case the person you appointed in Paragraph 2 is unable
If the person named as my agent in Paragraph 2 is document, I appoint the following persons to do so,  First Alternate Agent: Name CARME	
Address 1627 8 Me	vidian ave alhambrata 91803
Work Telephone ()	Home Telephone ( 626 ) 2827071
Second Alternate Agent: Name Charle	- Hopeing
Address 1627 & Merio	liandoe Alkampra Ca 9 1803
Work Telephone ()	Home Telephone (426) 28 ± 7071
6. USE OF COPIES	

I hereby authorize that photocopies of this document can be relied upon by my agent and others as though they were originals.

		(You m	ust date and sign	this power of	attorney)	7 1	0 11 -
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DATE AND SIGNATURE OF PRINCIPAL

E-16690

Signature:\_

<sup>\*</sup>The law allows one or more of the following forms of identification as convincing evidence of identity: a California driver's license or identification card or U.S. passport that is current or has been issued within five years, or any of the following if the document is current or has been issued within five years, contains photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number: a foreign passport that has been stamped by the U.S. Immigration and Naturalization Service, a driver's license issued by another state or by an authorized Canadian or Mexican agency; or an identification card issued by another state or by any branch of the U.S. armed forces. If the principal is a patient in a skilled nursing facility, a patient advocate or ombudsman may rely on the representations of family members or the administrator or staff of the facility as convincing evidence of identity if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the principal.

E-16690

#### SPECIAL REQUIREMENT: STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

(If you are a patient in a skilled nursing facility, a patient advocate or ombudsman must sign the Statement of Witnesses above and must also sign the following declaration.)

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by subdivision (e) of Probate Code Section 4701.

Signature:	Address:
Print Name:	
Date:	THE RESERVE AND ADDRESS OF THE PARTY OF THE

#### CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(Acknowledgment before a notary public is <u>not</u> required if you have elected to have two qualified witnesses sign above. If you are a patient in a skilled nursing facility, you <u>must</u> have a patient advocate or ombudsman sign the Statement of Witnesses on page 3 <u>and</u> the Statement of Patient Advocate or Ombudsman above)

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#### COPIES

YOUR AGENT MAY NEED THIS DOCUMENT IMMEDIATELY IN CASE OF AN EMERGENCY. YOU SHOULD KEEP THE COMPLETED ORIGINAL AND GIVE PHOTOCOPIES OF THE COMPLETED ORIGINAL TO (1) YOUR AGENT AND ALTERNATE AGENTS, (2) YOUR PERSONAL PHYSICIAN, AND (3) MEMBERS OF YOUR FAMILY AND ANY OTHER PERSONS WHO MIGHT BE CALLED IN THE EVENT OF A MEDICAL EMERGENCY. THE LAW PERMITS THAT PHOTOCOPIES OF THE COMPLETED DOCUMENT CAN BE RELIED UPON AS THOUGH THEY WERE ORIGINALS.

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#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

# 5528 C

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EMMA	CATHERINE COX	KETCHER		03/16/1924	10/20/2001 F
SA CITY OF DEATH		SB COUNTY OF DEATH		NAME, RELATIONSHIP, FULL M	HOPPING - D.P.O.A
SAN GABRI		LOS ANGELE	3	OSCIONAL MARKET	ERIDIAN
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550 E. MA	IN ST., ALHAMBRA, CA 91801	1	FD-17 BA		erson being permit, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT   Thereth accreasings as applicant that the proposed dope Section 10375 of the Health and Safety Code, and was author	ostion status because on one of the fixed pursuant to Section 7100 at the	dispositions, authorized by Health and Safety Code.	Jun P. Chia	10/29/2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND 19 THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE THE PURMIT BYES NO RIGHT OF DISPOSAL QUITER OF CALFORNIA	\$7.00	10/29/200	FAN 447-4	1077
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	313 N. FIGUEROA ST. LOS ANGELES, CA 90012	P.	RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION	RNIA *
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS				ONER'S USE ONLY
X A. BURIAL (INCL)	UDES ENTOMBMENT)	] E. TEMPORARY ENVAI ] F. DISINTERMENT	JLTMENT	i. Disposition (Name and A	PENDING—REMAINS LOCATED AT ddress)
		G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI			
C. DISPOSITION	SE TIAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY	H. TRANSIT TO OUTSI	DE OF CALIFORNIA	11C SIGNATURE OF PERI	SON IN CHARGE OF BURIAL
G. DISPOSITION THAN IN A C	ITA NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO	H TRANSIT TO OUTSI	118. DATE BURIED	· Kus F.	house
G. DISPOSITION THAN IN A C	SE TIAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY	H TRANSIT TO OUTSI TY O, CA ORY	DE OF CALIFORNIA	· Kus F.	SON IN CHARGE OF BURIAL
G. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL	ITAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY  3751 MARKET ST., SAN DIEGO  12A NAME AND ADDRESS OF CALIFORNIA CREMATO LIVE OAK CREMATORY	H TRANSIT TO OUTSI	118. DATE BURIED  128. DATE CREMATED  NOV 7 - 700	12C. SIGNATURE OF PERS	house
G. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO 12A. NAME AND ADDRESS OF CALIFORNIA CREMATO LIVE OAK CREMATORY 200 E. DUARTE RD., MONROV 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	H. TRANSIT TO OUTSI TY O, CA ORY TA, CA 91016 RECEIVING REMAINS	118. DATE BURIED  128. DATE CREMATED  NOV 7 - 700	12C SIGNATURE OF PERS	SON IN CHARGE OF FACILITY ATURE OF PERSON IN CHARGE

### MT. HOPE CEMETERY INTERMENT ORDER

Oity of San Diego

Date 10-22-01

ina LINER	Fune	ral, date, time	FRI	10	-26	11,0
Church Chapel Graveside			KEEL			Mortuary.
All Funeral cars must arrive before will be applied and billed to undersi	STATE OF THE SECOND	gular work da	ay or an ex		ge of \$ _	
Lot 2703 Grave	Row	_ Section _		Division	n/Block _	0
Grave space & Care Fund	PRE-N	EEP C	69	92		0
Additional spaces and care fund	11					
Additional spaces and care fund  Opening/Closing & Setup	1,	ح	728	1	9	t
Burial Container						0
Handling Fees						9
Flower vases - Marker setting fee .						
Recording and filing fee						0
Sales taxes						0
		-4	Total Due.			0
	Paid recei	pt number				
~				lalance	due	
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	thorization and	I agree to ho	ove indica	ted. I ce	ve named entify and a stery harm	represent
I hereby authorize the interment in hold under deed.	lot I	Signature	De	e,	N	
Signature of recorded holder of dead	- >	City K	t			Zip Code
		Invoice #_			5.73	

10/23/2001 10:52 SD MT, HOPE CEMENTERY + 92643433

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

10-22-01

a LINER	Funeral, date. time FR1 10 - 36 1	1.0
nurch Chaper Graveside	GREEN MOOD MONI	
Funeral cars must brrive before 5:50 p.	m. of regular work day or an extra charge of \$	8
Il be applied and blied to undersigned.		
4703 Grava: Row	Section Division/Block _10	
rave space & Care Fund	E-NEED C-699A +	
dditional spaces and core fund		
pening/Closing & Selup	". E- 7281 - 0	
	<u>-9</u>	
andling Fees		
ower vases - Marker selling fee		
scording and filing fee		-
elos taxes		
	Total Due	_
P	ald receipt number	
· -	Balance due	
haraby cartify I am the had been also authorized in this is your authority to make disposite I have the right to make this authorized by liability on account of said authorization.	of the above named doce stan of remains as above indicated, I cartify and represtion and I agroe to bold Mt. Hope Camplery harmless for and informent.	dent sent from
hereby authorize the interment in lot I old under deed	× 1491 Smithres C	<u></u>
graduus of racordest feature of easier	X 5.0 CA 97/26 X (959) 579 3332 "	F C 600
	Invoice #	

E-16691 MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

the bullar	space.			_		
#1:1818W	H: FB N N 5301	MON F. h	e702X	6754	270 5	HUNDTEL 27.0%
		A 15	E P	PORT	C R	
Interment	space for:					)
Interment	Date: FRI  Grave		Row:		11', 00	
Grave Lai	d out by: _	NF	chuck			
Agrees wi	th Legal C	ard: 🗆 Y	es	□ No	* Day	on coul
Agrees wi	th Map:	] Yes		No		
Dlind Cha	ale Pr Varie	Tool Day	JARK	FAL	Data	10-25-0

E-16691

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

1/4	Autery	NT-FIRST (GIVEN)	1B. MIDDLE	ic. LAST (FAMILY) Porter	, Sr.		OF DEATH 4. SEX
5A	Poway			58. COUNTY OF DEAT ENTER STATE San Diego		6 NAME, RELATIONSHP, FULL MAILING ADDR OF INFORMANT Autery Porter, Jr., S	
7A	Anderson-	Ragsdale Mo	San Diego, CA	10 miles	F APPLICABLE	11491 Smithers Ct. San Diego, CA 92126 BA. SIGNATURE OF APPLICANT—FULLY ISANG PAIR	nt 8B. DATE SIGNED
ı	ACKNOWLEDGMENT OF A			pased disposition stated herein is one of the 1 was authorized parsuant to Section 71(0) of the	he Health and Safety Code	Allte Welliam	10/25/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY OF FOR THE DISPOSITION SPI O BIGHT OF DISPOSAL OUTSING OF CA	\$7.00	10/25/200	ISSUED 9C SIGNATURE OF LOCAL REGIST	RAR ISSUMS PERMIT
1	IT CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW PINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DIN CALIFORNIA Prds; P.O. Box 1 Diego, CA 92	85222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S L	JSE ONLY
	B. CREMATION		AINS OTHER	E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIFO	DRNIA	I. DISPOSITION PENDING— (Name and Address)	REMAINS LOCATED AT
	BURIAL	Mt. Hope	Cemetery; 375 in Diego, CA 9	1 Market St.	10 -26-0	11/2 17	ARGE OF BURIA
BLE ITEMS	CREMATION	12A NAME AND AD	ODRESS OF CALIFORNIA C	CREMATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF FERSON IN CHA	RGE OF CREMATION
ALL APPLICABL	SCIENTIFIC USE	19A. NAME AND AC	DDRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	/ED 19C. SIGNATURE OF PERSON IN CH	ARGE OF FACILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148 DATE SHIPPE	D 14C, ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRIED	
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150, LICENSE MAMBER OF CREMATIDE RE- MARIES DISPOSER —IF APPLICABLE

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

#### INTERMENT ORDER

City of San Diego

Date 10 /22 / 01

1a LINER	Funeral, date, filme 10/23 7,00
Type of Buttal Container Church, Chaper, Graveside	: CA BURIAL Mortuary.
Il Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$ 150.00
vill be applied and billed to undersigned.	
ot 15   Grave   Row _	Section 2 Division/Block 12
Grave space & Care Fund	895.00
additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	170.00
landling FeesOCT 2	2 2001
lower vases - Marker setting fee	
Recording and filing fee MT. HOPE CITY OF SA	CEMETARY 45.00
Sales taxesCITY OF 37	17.25
	Total Due 1661-2
Paid	receipt number N= 27 27 1667
X & CL	Balance due
hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
hat I have the right to make this authorization iny liability on account of sald authorization is	and I agree to hold Mt. Hope Cemetery harmless from
	xx Augusta
hereby authorize the interment in lot I old under deed.	x 339 28 This T
	Address Discoo Magazin
ignature of recorded holder of deed	City (16) 721 - 107 2p Code
	X 107/201-15 FO

E-16692

#### 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.

						-
			ISI X 1	2	CARRON	FOFis,
			7	8	9	10
Interment	space for:	ELIAS	MARY 23 T	DEZ -	PEREZ (O)	2
			Row:			iv: <u>7</u> 2
Grave Lai	d out by: _	ME	chnel	<u>c</u>		,
Agrees wi	ith Legal C	ard: 🗖 Y	es [	J No	FLAG	ive ive
Blind Che	ck & Ver	ified By: _	Kennett	Collins	Date:	10/23/0

E- 16692

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50

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

1,8	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. D	ATE OF BIRTH	3 DATE OF DO	
	ELIAS			MARQUEZ-PE		08	708/1951	Married Married Married	The Real Property lies
5A	CITY OF DEATH			58. COUNTY OF DEATH	H-OUTSIDE CALIF.,	COST MANNESS A	ATIONSHIP, FULL M		
	SAN DIEGO		The state of the	SAN DIEGO		ORALIA	HERNANDE	Z-MARQUE	Z-MIRE
TA	CALIFORNIA	BURIAL CH		C1 01050	FAPPLICABLE	SAN DI	EGO, CA 9		
_	ZAOO HAGHA		and the second s			BA NGNATUR	E OF APPLICANT-		
	ACKNOWLEDGMENT OF A	PELICIPATE Section 10	376 of the Health and Selety Code, and	proof disposition stated learns in one of the I was authorized purposent to Section 7100 of the		> year	The form	71 1	0/23/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPI 0 BIGHT OF DISPOSAL OUTSIDE OF CA	CODE ECIFIED 67 00	10/23/20 J.BENYAR	01	2117471	ICAL REGISTRAR	ISSUING PERMIT
- 4	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF D IN CALIFORNIA RDS-P.O. BOX & CA 92186-5222	35222	ORESS OF REGISTRAN DISPOSITION IS TO OCCU			enia	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			19	FOR COR	ONER'S USE	ONLY
The state of the s	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	JANIA		(Name and A		MNS LOCATED A
	BURIAL	MT. HOPE	CEMETERY 3751 CA 92102	Control of the Contro	10-23-0		SNATURE OF PER	SON IN CHARGE	OF BURIAL
BLE TEMS	CREMATION	12A NAME AND AS	DORESS OF CALIFORNIA C	CREMATORY	12B DATE CREMAT	ED 12C. SIG	INATURE OF PERI	SON IN CHARGE	OF CHEMATIC
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AC	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138 DATE RECEN	ED 130. SK	SNATURE OF PER	SON IN CHARGE	OF FACILITY
OMPLETE A	TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPE		DRESS AND SIGN PLACING WITH T		SON IN CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		NATURE OF PER ARGE OF DISPOS	ITION ! C	LICENSE NUMBER OF CHEMATED RE- MAINS DESPOSER —OF APPLICABLE

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



15-20 chavs



#### INTERMENT ORDER

City of San Diego

Date 10-22-01

Funeral, date, time Mon 29 OCH Ner Kley Mit Mo All Funeral cars must arrive before 3:80 p.m. of regular work day or an extra charge of \$ will/be applied and billed to undersigned.  Lot 12 Grave H Row Section MAS Division/Block J Grave space & Care Fund Madditional spaces and care fund Opening/Closing & Setup  Burial Container Handling Fees Flower vases – Marker settling fee Recording and filling fee Sales taxes  Lot VITCIAI Due H2  Paid receipt number  Balance due  I hereby certify I am the Dawaher and this is your authority to make disposition of remains as above indicated. I certify and rethart I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability on account of said authorization and interment.  I hereby authority the make this authorization and interment.  I hereby authority the make this authorization and interment.  I hereby authority the make this authorization and interment.  Signature of recorded holder of deed  Signature of recorded holder of deed  Signature of recorded holder of deed  Freephone  Invoice #	- 11
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	10.1
Lot 12 Grave 4 Row Section MAS Division/Block J Grave space & Care Fund 373  Grave space & Care Fund 373  Additional spaces and care fund 373  Burial Container Handling Fees Flower vases - Marker setting fee 42  Recording and filing fee 42  Faid receipt number 5 of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any itability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed 5 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or conded holder of deed 6 or co	xtuary.
Grave space & Care Fund	- 1
Additional spaces and care fund  Opening/Cloeing & Setup.  Burial Container  Handling Fees  Flower vases – Marker setting fee  Pecording and filing fee  Paid receipt number  Balance due  of the above named de and this is your authority to make disposition of remains as above indicated. I certify and rethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any flability 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 of recorded holder of deed  Signature of recorded holder of deed  Tetephone	- 12
Additional spaces and care fund  Opening/Closing & Setup	-
Additional spaces and care fund  Opening/Closing & Setup	
Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Paid receipt number  Balance due  I hereby certify I am the  Daughter  of the above named de and this is your authority to make dispusition of remains as above indicated. I certify and reptaet I have the right to make this authorization and I agree to hold Mr. Hope Cemetery harmler any liability 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 of recorded holder of deed  Signature of recorded holder of deed	
Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Paid receipt number  Balance due  I hereby certify I am the  I hereby certify I am the  I hereby certify I am the  I hereby cour authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability 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 of recorded holder of deed  Telephone	
Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Paid receipt number  Balance due  of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repetit i have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability 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 of recorded holder of deed  Tetephone	<u>5.00</u>
Recording and filing fee	
Sales taxes.  Paid receipt number  Balance due  Balance due  I hereby certify I am the  I have the right to make disposition of remains as above indicated. I certify and repethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability 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 of recorded holder of deed  City  Tetephone	
Paid receipt number    Paid receipt number	
Paid receipt number  Balance due  Balance due  Of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability 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 of recorded holder of deed  Tetephone	<u>5. 00</u>
I hereby certify I am the Daughter of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability 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 of recorded holder of deed  Tetephone  Balance due  Of the above named de remains as above indicated. I certify and repthat I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  Address  Signature of recorded holder of deed  Tetephone	
I hereby certify I am the Daughter of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability 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 of recorded holder of deed  Tetephone  Balance due  Of the above named de remains as above indicated. I certify and repthat I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  Address  Signature of recorded holder of deed  Tetephone	2,00
I hereby certify I am the Doughter of the above named de and this is your authority to make disposition of remains as above indicated. I certify and repetual I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmlest any liability 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 of recorded holder of deed  Telephone	0.0
and this is your authority to make disposition of remains as above indicated. I certify and repthat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability 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 of recorded holder of deed  City  Telephone	2
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmler any liability 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 of recorded holder of deed  Signature of recorded holder of deed  Telephone	ecedeni
I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Signature of recorded holder of deed  Telephone	present
hold under deed.  Signature of recorded holder of deed  Signature of recorded holder of deed  Address	89
Signature of recorded holder of deed  Address  A	ay
paid by visa 7 Grant Despress 2251	St.
and by visco 7 Gesphone 7 Desphone	21/2
	Zip Code
Invoice #	×1
	- 00
Work Order # E 16693 Acct. #	
REA-104 (7-96) This information is available in alternative formats upon re	equest

@ Printed on recycled paper

Barnar Ann Nelin

€-16693

#### 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.

			V. D.	-	12500
		*			
Interment sp	pace for: Bay	chara	Ann	Delin	
	ate: Mon 29				
			5,000		
Lot: 18	Grave: 4	Row:	_ Sec	t: MAS	Div:
Grave Laid	out by: NF S	huck			
Agrees with	Legal Card:	Tyes C	J No	<	clas on grave
Agrees with	Map: 🗭 Yes	01			
Blind Check	& Verified B	Kenne	Mall	uns Dat	10/29/01

E- 16693

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST O'AMIL	n		2. DATE OF BIRTH	3. DATE OF		SEX
BARBARA		ANN	NET	IN.	0	7/13/1921	10/20		F
SAN I	MEGQ		ENTER STATE	N DIEGO	OF INFO	RELATIONSHIP, FULL MORMANT			ODE
	HELL MORTU	ARY, 3655 FI	FTH AVENUE,	CALIF. LICENSE NUMBER  -IF APPLICABLE  FD-119	2611 SAN		ST. 2110		, AGNED
ACKHOWLEDGMENT OF A			proposed disposition stated herein is one and was authorized pursuout to Section 710		D 10	- (M	e Con	10/24/2	2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WITOGRINA HEALTH AND SAFITY FOR THE DISPOSITION OF DISPOSAL OUTSIDE OF	ETY CODE SPECIFIED	10/24/20	101	2117601	CAL REGISTE	RAR ISSUING P	ERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT D IN CAUPOINIA 5222, SAN DI		ADDRESS OF REGISTRAF			D-IIA	1	
10. AUTHORIZED DISPO	DSITION(S) CHECK AF	PLICABLE ITEMS				FOR COR	ONER'S U	SE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERIMENT G. SHIP IN TO CA			I DISPOSITION I		EMAINS LOCA	TED AT
BURIAL			751 MARKET STREE	T, 118. DATE BURIE		SIGNATURE OF PERS	SON IN CHAP	FIGE OF BURIA	0
CREMATION	12A. NAME AND AC	ODRESS OF CALIFORNIA	A CREMATORY	12B. DATE CREMA	TED 12C.	SIGNATURE OF PERS	ON IN CHAR	GE OF CHEMA	TION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA	A FACILITY RECEIVING REMAIN	S ISB. DATE RECE	IVED 13C.	SIGNATURE OF PERS	SON IN CHAP	IGE OF FACIL	πy.
TRANSIT		DRESS IN RECEIVING E CREMATED REMAINS AF	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPF	ED 14C.	ADDRESS AND SIGNA OF PLACING WITH TH		ERSON IN CH	ARGE-
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SE CA <u>DISTRICT</u> OF DISPOSITION	F- 15B, DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREMATER MAINS DISPO	D RE-

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

#### INTERMENT ORDER

City of San Diego

Date 10/23/01

Total Control of the	eult	F	uneral, date	, time IU	S.OCT.	314100
Church, Chapel, Grav	eside)			: Ra	gsdale	Mortuary.
II Funeral cars must	arrive before	3: <b>6</b> 0 p.m.	of regular wo	ork day or a	n extra charge of	\$ 150.00
will be applied and bil	led to unders	igned				
ot 2012 Grave		Row	Sect	ion	Division/Bleck	10
Grave space & Care I	Fund Pre-	Need	C- 86	93		0
Additional spaces and	d care fund					
Opening/Closing & Se	etup					375.00
Burial Container	************					250.00
landling Fees						185.0
lower vases - Marke	er setting fee					100
Recording and filing f	ee					45.0
Sales taxes	***************************************					18.7
wary to 16	N. FULL			Total D	ye	7379
hord their	N. 10	Paid r	eceipt numb	er R-5	14267	-
Swo.	V				Balance due _	0
hereby certify I am ti	he				of the above nam	ned decedent
and this is your author hat I have the right to	make this au	thorization	and I agree	to hold Mt.		
any liability on accour	nt of said auth	orization a	nd interment			
hereby authorize the	interment in	lot I	Signature			
old under deed.			Address	2	Nex 4	
Signature of recorded holder of	deed		X	-3	Spr.	
			City	•	3	Zip Gode
		53	Involo	e #		3/19
Work Order #	16694	4	Acct.	v		

#### MY. HOPE DEMETERY INTERMENT ORDER

City of San Diego

Date\_10/23/01

thurch Chapet Graveside	Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data, ilma TUES OCT.31-1:00 Puneral, data,
	of regular work day or an extra charge of \$ 150 00
will be applied and billed to undersigned	
of 2n12 Grave Row	Saction Division/Block
wave appeal & Care Fund Pre-Need	C-8693
Additional spaces and care fund	
	375.0
Burial Container	250.0
Landing Fees	
Flower vuess - Marker setting fee	
Recording and filing fee	_450
Sales laxes	
	Total Dus
Peld	receipt number
X Son	Galance dua
nereby certify i am the and this is your authority to make disposition that I have the right to make this authorization my liability on account of said authorization	of the above named decident of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cematery harmless from and interment.
hereby suttorize the interment in lo; I hold under deed.	X 4183 Sycamore Dr.
ngosser's or recorded haldour of died	San Diego, CA 92105  619 280-9454  Automore

1

Joan Rity Rhodes

E-16694

#### 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.

- Duna	space.		1		1
1009	2010 Trae	2011	2018X	2013 Frank 2014	sois snet
			\$1000m2-2020	S Y	
				a Rhodes Time: 1:00	
Lot: <u>201</u> Grave La	∠ Gra	ve: y: NF	Row:	Sect:	
			J Yes	□ No (A	as on form
				No	
Blind Ch	eck & V	erified By	: 16n	nett Collisso Da	te:

E-16694

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			OF BIRTH	3. DATE OF		4. SEX
Joan		Rita	Rhodes		mm (4)	6/1931	10/23/		F'
San Diego			ENTER STATE	ENTER STATE			6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD OF INFORMANT Darrell L. Evans, Son		
TA TYPED NAME AND A Anderson-I	Ragsdale Mo	TETT: 5050 Fee		ALIF. LICENSE NUMBER OF APPLICABLE D1329	4183 Syca San Diego BA. SIGNATURE OF	amore Di	r. 2105	BB. DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the 376 of the Health and Safety Gods.	proposed disposition stated herein is one of and was authorized pursuant to Section 7100 of	the dispositions authorized by I the Health and Salety Code.	Deble	Whele	and	10/25	/2001
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT CORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S DIRBIT OF DISPOSAL DUTIES OF	TY COBE IPECIFIED \$7.00	PAID 98. DATE PERMIT	100	ATURE OF LO		7652	3 PERMIT
ANY CHANGE IN DISPOSI- TIOM REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	VITTAT RECO	rds; P.O. Box	85222	DORESS OF REGISTRAR DISPOSITION IS TO OCC			ENIA		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S US	SE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE 11A. NAME AND AL	ODRESS OF CALIFORNIA Cemetery; 375	CEMETERY			DISPOSITION (Name and A	ddreas)		
BUREAL	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COL	San Diego, CA		10.30 0	1 - Sun	1 /	- 1	mes	~
CREMATION	12A, NAME AND AS	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C SIGNA	TURE OF PERS	SON IS CHAR	GE OF CRE	MATION
SCIENTIFIC USE	1SA NAME AND A	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEI	VED 19C, SIGNA	TURE OF PER	SON IN CHAP	RGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE SE TO BE SHIPPED	148. DATE SHIPP		ESS AND SIGN ACING WITH T		ERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B DATE OF DISPOSITION		TURE OF PERI SE OF DISPOS		OF CREM. MAINS DI —IF APPL	ATED RE-

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

#### INTERMENT ORDER

City of San Diego

Date 10-23-01

ina LINER F	uneral, date, time FRI. DET	.26 110
Church, Chape Graveside Chur	ch: S.O. Memor	iaL Mortuary.
All Funeral cars must arrive before 350 p.m.	of regular work day or an extra cha	rge of \$ 150.00
will be applied and billed to undersigned		
Lot 145 Grave 12 Row_	Section Divisio	n/Block 12
Grave space & Care Fund		895.00
Additional spaces and care fund  Opening/Closing & Setup	PAID	375.00
Burial Container	CT 2 4 700	190.00
Flower vases – Marker setting fee	OPE CEMETAE	173,00
Recording and filing fee	OF SAN DIEGO	45.00
Sales taxes		14.25
northany will see see Paid n	eceipt number R-5/256	1664:25
northand character Paid n	Balance	due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I cand I agree to hold Mt. Hope Cem-	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Sel	
Signature of recorded holder of deed	Address	
	Telephone	Zip Code
	Invoice #	
Work Order # E 16695	Acct. #	

O Printed on respelled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

SAN DIEGO MEMORIAL C

PAGE 01 NO. 263 DO1

MT HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10-43-01

	Funeral, date time FRI. DET 26 11'0
nurch Chapel Gravaside	9.0. Memorial Monusey
Funeral care much evrive before 350	p.m. of regular work day or an engra charge of \$ 150.00
is so applied and billed to undersigned.	
of 145 Grave Mon	Section & Division/Sectr 12.
rave space & Care Fund	895.00
	The second data before the second of the second second
pening/Closing & Steue	375.00
	j90.00
	145.00
	to kanna ataus a see tany amin' and
	45.00
alou faxet	
mid _	Total Dua
thong will	Paid receipt number
ing consists , , Dr.	
en som	graphal Direct Briance our
nerney certify I orn the	of the above he ned decedent
and I have the right to make this authorized to the support of said authorized to the said	ration and I agree to half Mt. Hope Cametery humbers from
	VILLE OF JULIE
	rining was
hereby sulhorize the interment in test old under deed.	7
	- Speak
	- Special
	Forming Specials

E-16695

#### 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.

N-	1/20 /10.	7	201	GA		
9 belacrat	10	ortie	X HS	Salinas		
Intermen	t space fo	r: Mor	nic shall	Sniffi.	S	-
Intermen	t Date: F	81 10	-26 7	ime:	1.00	TISS.
Lot: 14 8	<u>Ó</u> Grav	e: 12	Row:	Sect	2	Div: 12
Grave La	id out by:	NF	chuc	<u>k</u>		
Agrees w	vith Legal	Card:	Yes [	J No	W.	Son.
Blind Ch	eck & Ve	rified By	DARR	BIL	Da	te:/0-25-0

Strote Plut Nay Devidear 12x ALINA Pelacry 10 Pull Pull

System A

E-16695

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	
2	ONICSHA		MARIE	GRIFFIS		1278471986	" 1872172081" F
5,4	CITY OF DEATH			58. COUNTY OF DEA	TH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
5	AN DIEGO			ENTER STATE	SAN DIEGO	GREGORY GRIFFI	S-FATHER
	AN DIEGO M	EMORIAL CHA	A VII A Waller of the Control of the	The state of the s	ALIF LICENSE NUMBER HE APPLICABLE	3418 KENORA DR SPRING VALLEY.	
	ACKNOWLEDGMENT OF A	PPENCANT I heroby as Section 100	cknowledge as applicant that the prop 376 of the Health and Safety Code, and	rosed dispusition stated herein is one of the	the Hinalth and Salety Code.	mount of	10/24/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I ORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE O RIGHT OF DISPOSAL OUTSING OF CAL	CIFIED	S.DULAY	bished of 117398 of	LOCAL REGISTRAR ISSUING PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF D N CALFORNA DRDS:P.O. BOX & CA 92186-5222	35222		OF DISTRICT OF DISPOSITION WILLIAM ANOTHER DISTRICT IN CALL	
10	AUTHORIZED DISP	OSITION(S) CHECK AF				FOR CO	DRONER'S USE ONLY
	B. CREMATION		AINS OTHER	E TEMPORARY ENV  F. DISINTERMENT  G. SHIP IN TO CALIF  H. TRANSIT TO OUT		(Name and	M PENDING—REMAINS LOCATED AT Address)
SEA.	BURIAL	MT. HOPE	DEPENDENCE OF CALIFORNIA CONTROL CONTR		10-26-0	The signature of Property	ERSON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	TED 12C BESNATURE OF BE	ASON IN CHARGE OF CREMATION
T APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF FACILITY
OMPLETE AL	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPP	PED 14C. ADDRESS AND SHOP PLACING WITH	GNATURE OF PERSON IN CHARGE ITHE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	

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



#### INTERMENT ORDER

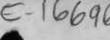
City of San Diego

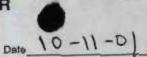
Date 10-23-01

Type of Burial Container	Funeral, date, tin			5 10:0
hurch, Chapel Graveside		A BU	RIAL	Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work d	ay or an ex	dra charge of \$	·
ill be applied and billed to undersigned				
of 63 Grave 3 Row	Section	a	Division/Blank	13
	-NEED			-0
dditional spaces and care fund pening/Closing & Setup	I,			0
urial Container	10		٠	0_
andling Fees	11		11	0
ower vases - Marker setting fee				
ecording and filing fee				0_
ales taxes	11	*************		-0_
		Total Due		0_
Paid	receipt number _			
		- 0	Balance due _	-0_
hereby certify I am the		of	the above nam	ned decedent
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization	n and I agree to h	old Mt. Ho	be Cemetery h	armless from
hereby authorize the interment in lot I oid under deed.	Signature			
	Address	SE	E	
gnature of recorded holder of deed	Clay	AT	TACHE	Zip Code
	Telephone			
	Invoice #			
The state of the s	THE PERSON NAMED IN COLUMN NAM			

#### INTERMENT ORDER

City of San Diego





Pu ruh

A. A. M. X	III. Paris Consultation of the Consultation of	
in a Bould Daple F	uneral, date, time	
Church, Chapel, Graveside	i	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	t regular work day or an e	xtra charge of \$
will be applied and bitled to undersigned		
Lot 62 Grave 2 Row_	Section 2	Division/Block 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup.PAID		375.00
Burjal Container		380.00
Handling Fees		110
Flower vases - Madar setting fee	Y	45.00
	Gr	27.513
	Total Due	2013 4
Paid re	ecelpt number VIS /	
		Balance due -0
I hereby certify I am the		the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization ar	of remains as above indic and I agree to hold Mt. Ho	ated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	× 5316 Nuti	nen st
Signature of recorded holder of deed	x Sou Die	Control of the Contro
	(6/9) 263-5	Zin Code
Work Order # E 16682	Invoice #	

#### GRAVE BLIND CHECK FORM

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

	100			_	
		(3		N.	
		es X s	- Control		Maria Company of the
	Nevren	8	٩	Bozic	RETWOLDS
		0 0			
Interment space	e for: DAVi	v te	NNEY		
Interment Date	ETHUR 10	-321	ime:\l	0.00	
Lot: 63 0	Grave: 3	Row:	Sect:	2 D	iv: <u>\</u> ?
Grave Laid ou	by: NF	Chuc	<u>k</u>		
Agrees with Le	egal Card:	Yes [	J No	day "	Guu
Agrees with M	ap: 🖸 Yes	DI	No		
Blind Check 8	Verified By:_	Kenne	to Calle	Date:	10/24/61

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

1A, NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			B DATE OF DEATH	4. SEX
DAVID		R.	PENNEY		08/29/1941	10/22/2001	М
SAN DIEGO	0		5B. COUNTY OF DEATH		NAME RELATIONSHIP, FULL MAI OF INFORMANT VIRGINIA PENNEY-	and a second sec	CODE
CALIFORN	CAJON BLVD.	N & BURIAL C , SAN DIEGO, convente as applicant that the	CA 92115 F-	F APPLICABLE  1357  BA  depositions authorized by	3837 39TH ST. #9 SAN DIEGO, CA 92 SIGNATURE OF APPLICANT—FER	105 on taking permit, 88. DATE	SIGNED // 2001
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THES PERMIT IS ISSUED SIONS OF THE CALIFORNIA IN THE AUTHORITI IN THES PERMIT.	JED IN ACCORDANCE WI ORINIA HEALTH AND SAF TY FOR THE DISPOSITION 0 MORT OF DEPOSAL OUTSIDE O	F CALFORNA. \$7.00	10/24/200 J. BENYARI	2117539	AL REGISTRAR ISSUING	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FUNAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CAUFORNIA RDS-P.O. BOX CA 92186-52	85222		DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORN	a.	
10. AUTHORIZED DISP	OSITION(S) CHECK A				FOR CORO	NER'S USE ONLY	120
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNA	L DISPOSITION P	ENDING—REMAINS LOV ress)	CATED AT
BURIAL	MT. HOPE	CEMETERY 37:	51 MARKET ST.	11B. DATE BURIED	11C. SIGNATURE OF PERSO	Tamba	HAL
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNI	A CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSO	N IN CHARGE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEIVES	13C. SIGNATURE OF PERSO	ON IN CHARGE OF FAI	CILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE HE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNAT OF PLACING WITH THE		HARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		INE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	16C. SIGNATURE OF PERSO CHARGE OF DISPOSITI		SPOSEN

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

#### INTERMENT ORDER

City of San Diego

Date 10-24-01

	ALVADOR FREGOSD
ina DOUBLE DEPTH	Funeral, date, time FR: 10-26 10
Church, Chapel, Graveside	GUADALPANA MORTHA
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Not 178 Grave 5 Row	Section 2 Division/Glock 13
Grave space & Care Fund	895.0
Additional spaces and care fund  Opening/Closing & Setup	PAID 3750
Burial Container	OCT 24 2001 380.0
Handling Fees	
Trombi Yaddo - maxidi datinig tao	OF SAN DIEGO C. US DI
	50 8
	2012
MORTURAY to	naid receipt number 54258
RING CACC.	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above named decedent on the state of the above named decedent of the state o
Angels, F Hortes I hereby authorize the interment in lot I hold under deed.	X Charle Followis
Signature of recorded holder of deed	X Chula VISIA CA 91916  (1619) 1/35 . 9943 . 200
	Invoice #

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

€ 16697

#### 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.

	178 X S	6	7	8
Interment space for: SAL			50	
Interment Date: FK 10 -				
Lat: 178 Grave: 5	Row:	_ Sect: 2	Div:	12
Grave Laid out by: N F	Chuc	k .		
Agrees with Legal Card:	l Yes [	J No	sly "	
Agrees with Map:  Yes	~ 0 1	lo		
Blind Check & Verified By:	DARRE	4C_	Date://	-25-0

E 16697

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



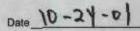
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) IB. MIDDLE SALVADOR		FREGOSOS	THE CONTRACTOR OF THE PARTY OF		3. DATE OF DEATH	4. SEX	
		ILA VISKA	SAN DIAGO		NAME, RELATIONSHIP, FULL NOF INFORMANT LEGRARDO FREGOS		IP CODE
7/	GU/	DALUPARA MORTUARY, 2601 IMP DIEGO, CA, 92102	ERIAL AVE	425	2025 EARL ST SAN DIEGO, CA, 92: LA SIGNATURE OF APPLICANT	erson taking permit, 68, DAT	
	ACKNOWLEDGMENT OF A	Section 20376 of the Health and Nately Code, and was a	effected pursuant by Section 7500 of th	e Health and Safety Code.	gre Mun		5/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY COL AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT GRES NO NIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00		SSUED 9C. SIGNATURE OF LO	CAL REGISTRAR ISSUIN	G PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAUT TO SHOW FRIAL DISPOSITION.	OL ADDRESS OF REGISTRAR OF DISTRICT OF DE VITAL RECORDS, P.O. BOX 852 SAN DIEGO, CA, 92186-5222			OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CAUSO	RNA	•
10	AUTHORIZED DISPI	OSITION(5) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	
-	B. CREMATION	11A, NAME AND ADDRESS OF CALIFORNIA CEME	F DISINTERMENT G SHIP IN TO CALIFO H. TRANSIT TO OUTS	DANIA	(Name and A		
	BURIAL	MOUNT HOPE CEMETERY, 3751 SAN DIEGO, CA, 92102.	MARKET ST	i i	Darrey	Family	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	12B. DATE CREMATI	ED 12C. SIGNATURE OF FER	SON IN CHARGE OF CR	EMATION	
SCIENTIFIC USE  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY USE  14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE			ITY RECEIVING REMAINS	13B DATE RECEIV	ED 19C SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
				148 DATE SHIPPE	D 14C ADDRESS AND SIGN OF PLACING WITH T		CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS	15B DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		AATED RE- DISPOSER	

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

#### INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
ina # 1 LINER Funeral, date, time Mo N 10-	29 10:0
Church, Chape Graveside Graveside	A Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned.	
Lot 41 Grave Row Section 3 Division/Bl	9_
Grave space & Care Fund	195.00
Additional spaces and care fund Opening/Closing & Setup PAID	195.00
Burial Container OCT 2 4 7001	50.00
Handling Fees	30.00
Flower vases - Marker sett MTeHOPE CEMETAR)	45.00
Recording and filing fee CITY OF SAN DIEGC	7.36
Paid receipt number R-51759	587.36
Balance due	_0
I hereby certify I am the of the above n 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 Cemeters any liability on account of said authorization and interment.	amed decedent y and represent harmless from
I hereby authorize the interment in lot I Bignature Bignature Address	
Signature of recorded holder of deed	Zip Code
Work Order # E 16698   Acct. #	

## MT HOPE CEMETERYE-166 98

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. TOLBERT 45 LU 46 CORSELLO CORSELLO CLARK BROWN LESNER Interment space for: \_\_LUIS ALVAREZ Interment Date: Mo N 10-29 Time: 10 , 00 Lot: 47 Grave: Row: Sect: 3 Div: 9 Grave Laid out by: \_ Agrees with Legal Card: Yes 1 No Agrees with Map: Yes

Date:

Blind Check & Verified By: \_

E- 16698

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

70

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

1A. NAME DECEDENT-FIRST (GIVEN) 1B. MIDDLE		The second secon	IC. LAST (FAMILY)			DATE OF DEATH	4. SEX		
5/	Los Angel	les		SB. COUNTY OF	DEATH-OUTSIDE CALIF.	d. NAME.	RELATIONSHIP, FULL MAILI ORMANT IN ALVARADO-M	other	PCODE
7/	Guadalup		A-FUNERAL DIRECTOR OR PE Ty, 2601 Imperia 2		78. CALIF LIGENSE NUMBER —IF APPLICABLE  FD-1425	3214 San	Diego, CA 92	enue apt.A 113 blig permt, 68, DAT	
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	chrowledge as applicant that the propos 376 of the Health and Safety Code, and w	ed disposition stated herein is o as authorized pursuant to Section	ne of the dispositions authorized by 7100 of the Health and Safety Code.	1 10	line chares	3 10/2	26/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	RED IN ACCORDANCE WITH PI ORNA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC 0 HIGHT OF DISPOSAL OUTSIDE OF CALF	#7.00	1 0 / 264		SC SIGNATURE OF LOCAL  DRINGER PLANTAGE		G PEHMIT
133	DOWN TO SHOW DOWN	Vital Recor	EGISTRAR OF DISTRICT OF THE CALLSONIA N. Fig.		BE ADDRESS OF REGISTRAL AS DISPOSITION IS TO OCCUPANT AS TO OCCUPA	EN IN AND	THE BUILT BEAUGUAL		
16	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ONLY	
THE PARTY	B. CREMATION		AINS OTHER	F. DISINTERME	Consultation of the Consul		L DISPOSITION PER	NDING—REMAINS LC eas)	OCATED AT
	BURIAL	Mount Hop	coress of California Ce e Cemetery, 37: , CA. 92102	METERY 51 Market st	118. DATE BURIL		SIGNATURE OF PERSON	IN CHARGE OF BU	JRIAL D
BLE ITEMS	CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMA	ATED 120	SIGNATURE OF PERSON	IN CHARGE OF CRE	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAI	CILITY RECEIVING REM	AINS 138 DATE RECE	IVED 13C	SIGNATURE OF PERSON	N IN CHARGE OF FA	CILITY
MAPLETE A	TRANSIT		4A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			PED 14C	ADDRESS AND SIGNATU OF PLACING WITH THE		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION					SIGNATURE OF PERSON CHARGE OF DISPOSITIO		ATED RE-

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

#### INTERMENT ORDER

City of San Diego

Date 10 - 24 - 0 )

11 -0	Funeral, date, time FR; 10-21	o tipo
Church, Chape Graveside	: CA BURIAL	Mortuary.
All Funeral cars must arrive before 3:90 p.m.	of regular work day or an extra charge of	\$ 150.00
will be applied and billed to undersigned.		
Lot 40 Grave 6 Row	Section 2 Division/Block	13
Additional spaces and care fund	1 ( ( )	895.00
Additional spaces and care fund	CY	77 -6
Opening/Closing & Setup	- MARTIN	3 15 .00
Burial Container	ere ion.	190.00
Handling Fees		145.00
Flower vases - Marker setting fee10	- 3 - 01	-
Recording and filing fee		45,00
Sales taxes		14.25
ORTUARY TO	Total Due	1664.9
1 1	receipt number	34
V	Balance due _	
I hereby certify I am the	of the above name	ned decedent
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery h	armless from
	X	
I hereby authorize the interment in lot I hold under deed.	Signature	-
	Address	
Signature of recorded holder of deed	Xcay	Zip Code
	Eclaphone	3.5V 265
	Invoice #	TO THE
Work Order # <b>L</b> 16699	Acct. #	

E.16699

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS Z DATE OF BIRTH 3. DATE OF DEATH IC LAST (FAMILY) 1A NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE 0872971986 1871372001 LANQUITA MARIE MYERS-TEARTT S NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH SE COUNTY OF DEATH-DUTSIDE CALIF FRESNOATE COALINGA JAMAR ANDRE TEARITT-HUSBAND TA TYPED HAVE AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TR. CALIF LICENSE HUMDER CALIFORNIA CREMATION & BURIAL CHAPEL —IF APPLICABLE 4763 JESSIE AVENUE LA MESA, CALIFORNIA F-1357 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 This PERMIT IS ISSUED BY ACCORDANCE WITH PROVIDE AMOUNT OF FEE PAID, 98 DATE PERMIT IS ISSUED BY ACCORDANCE WITH PROVIDE AMOUNT OF FEE PAID, 98 DATE PERMIT IS ISSUED BY ACCORDANCE WITH PROVIDE AMOUNT OF FEE PAID, 98 DATE PERMIT IS ISSUED BY ACCORDANCE WITH PROVIDE AMOUNT OF FEE PAID, 98 DATE PERMIT IS ISSUED BY ACCORDANCE WITH PROVIDE AMOUNT OF FEE PAID, 98 DATE PERMIT IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED BY AMOUNT OF FEE PAID, 98 DATE PERMIT IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED BY AMOUNT OF FEE PAID, 98 DATE PERMIT IS THE PROVIDE BY AND THE PERMIT OF THE DISPOSITION SPECIFIED BY AND THE PERMIT OF THE PAID BY AND THE PERMIT OF THE PERMIT OF THE PERMIT OF THE PERMIT OF THE PAID BY AND THE PERMIT OF THE BA. SIGNATURE OF APPLICANT-Parson being permit. 58 DATE SIGNED ACRNEWILL DEMENT OF APPLICANT 10/24/2001 BA AMOUNT OF FEE PAID, 98 DATE PERMIT ISSUED, 90 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AUTHORIZATION OF MOTE THIS PURMET CIVES NO RIGHT OF DISPOSAL QUISIDE OF CALFORNIA LOCAL REGISTRAR BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. VITAL RECORDS-F. CO. BOX 85222 FRESNO COUNTY HEATH DEPT, P.O. BOX 11800, FRESNO, CA 93775 SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONL X A BURIAL (INCLUDES ENTOMBLIENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED Diame and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY D. SCIENTIFIC USE G. SHEP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA MT. HOPE CEMETERY 3751 MARKET ST. 118 DATE BURIED TIC SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL SAN DIEGO, CA 92102 124 NAME AND ADDRESS OF CALIFORNIA CREMATORY TO DATE CREAMITED - SC SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 144. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TAB DATE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SIGNATURE OF PERSON IN CHARGE OF DISPOSITION DATE OF DISPOSITION SCATTERING AT SEA DISPOSITION OTHER THAN IN A CEMETERY COPY J OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE COPY 1 STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAN VS 9 (REV 6/6

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#### GRAVE BLIND CHECK FORM

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

:						
HUDDLESTON	, 4	5	40 X 6			
9	10	COWAN	COWAN			
Interment spa Interment Dat Lot: 40	e:FRi	10 -	26 T	ime:	.00.	
Grave Laid or	ut by:				<i>.</i>	
Agrees with I	egal Car	rd: 🗖 Yo	es C	J No	lly	m ine
Agrees with M	мар: 🗖	Yes		No		
Blind Check	& Verifi	ed By:			Date:	