#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date\_ 2-5.02

	RAUS			
In a Type of Burial Container	F	uneral, date, time	an later	The same
Church, Chapel, Graveside	- 63			
All Funeral cars must arrive before	3:30 p.m. o	f regular work day or	an extra charge of	\$
will be applied and billed to undersi	igned			-
Lot 3662 Grave	Row	Section	Division/Rio	10
Grave space & Care Fund	8,	Section	51110101111	D-213
Additional spaces and care fund			***************************************	
Opening/Closing & Set A	<b></b>			375.00
Burial Container				
Handling FeesFEB 0.5.7	กกว		***************************************	
Recording and time fee CITY OF SAN'TH	WETAH		***************************************	45.00
Sales taxes				15.
	Paid re	142.0	546 16	420.00
			Balance due	-0
I hereby certify I am the and this is your authority to make d that I have the right to make this aut any liability on account of said authority	thorization i	and I agree to hold Mt	of the above na ndicated. I certify Hope Cemetery	and represent
I hereby authorize the interment in I hold under deed.	lot I	Signature		
		Address		
Signature of recorded holder of deed		City		Zip Gode
		Telephone		
Work Order # E 16900		Invoice #		



### Josephine

Fel. 3, 2002

Lot 3662 - Thelma Keaus

Opening & closing plus . Feting fuel.

herauld appreciate a skupt that energeting is gow.

> Jacqueine I room Ph. 858- 279-1322

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 3-5-07

You are hereby authorized and instructed, of PATRICIA BL		es and regula	itions, to	inter th	ne remains
	_ Funeral, date, ti	ma FRI	2-	8	11:00
Church, Chaper, Graveside		FEATH	RINC	SILL	
All Funeral cars must arrive before 3:30 p.r	n. of regular work	day or an ext		ge of \$_	
will be applied and billed to undersigned.					
Lot 23 Grave 4 Row	Section	MAS	Division	/Block _	2
Grave space & Care Fund	re-Ne	d E-	1442	<i>y</i> _	-0
Additional spaces and care fund					-
Opening/Closing & Setup				- C. C.	75.00
Burial Container P.A.I.D.				19	0.00
Handling Fees	***************************************			··· Jr	5.00
Flower vases - Marke Felding Def. 2002					-
Recording and filling fee MT. HOPE CEMET MT. HOPE CEMET Sales taxes	ARY			<del>4</del>	1-73
CITY OF SPANS		Total Due		7	69.73
Pai	d receipt number	R-546	19	_7	09.73
XII.aur	70		lance d	ue	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	on of remains as	above indicat	ed. I ce	rtify and	d decedent d represent
any liability on account of said authorization	and interment.	200	10	A	( )
I hereby authorize the interment in lot I hold under deed.	A Samuel	A. OSA	ret	use	2
Signature of recorded holder of deed	Address Chy Sin	1000,	EA		Zip Code
Work Order # E 16901	Invoice #			AK.	

### 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.  $F = \sqrt{\log 4} \log 1$ 

7//	RR,					
nnay 1	ZOH N	3	33 x 4	5	CARRIB	
30H H7	MARGARET	GERNLP	10	BALDY	12	

SOH HT MARGARET GERALD 10 BALDUIN 12
Interment space for: PATRICIA BLACK WOOD
Interment Date: FRi 2-8 Time: 11:00
Lot: 23 Grave: 4 Row: Sect: MAS Div: 5
Grave Laid out by: DF NF
Agrees with Legal Card: Yes No No
Agrees with Map:  Yes  No
Blind Check & Verified By: Ken Calling Date: 2/7/05

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

7

14.	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH		OF DEATH	4. SEX
	Patricia		Louise	se Blackwood		1	1872071936	02/03	72082	F
100	CITY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF., 6		RELATIONSHIP, FULL I	MAILING ADDR	HESS AND ZI	CODE
S	an Diggo			San Diego		Paul	H. Blackwo	ood, hu	sband	
	CONTROL OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PARTY OF T	4 G322 E1 Cajon E		IF. LICENSE NUMBER	831 8	Salem Ct. Diego, CA 9			
S	an Diego,	CA 92115		FD:			TURE OF APPLICANT-		MI 88. DATE	SIGNEO
	MORNONALEDGMENT OF N		dequality as applicant that the proposed of 376 of the Health and Safety Code, and was as			Jan	Jemles		100/00	1000
	PERMIT	SIONS OF THE CALIF	IED IN ACCORDANCE WITH PROV ORNIA HEALTH AND BAFETY COD TY FOR THE DISPOSITION SPECIFIE	DE ED	02/06/200	)2	C. SIGNATURE OF L 2202259	OGAL REGIS	TRAR ISSUM	G PERMIT
	JTHORIZATION OF	IN THIS PERMIT.	O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNI	\$7.00	T.Truesda	le )				
11	OKANGE IN DISPOSI- ON REQUIRES A NEW SMIT TO SHOW FINAL	IF DEATH OCCURRE	egistrar of district of dea o in California 22, San Diego, CA92	IF	DRESS OF REGISTRAR ( DISPOSITION IS TO OCCUI					
	A BURIAL (INCL)	STATE OF THE PARTY		E. TEMPORARY ENVA	ULTMENT	-70	I I DISPOSITION	N PENDING-	REMAINS LO	GATED A
9	A. BURIAL (INCL)	OF CREMATED REMEMETERY SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA SIDE OF CALIFORNIA	. 110	(Name and	Address)		CATED A
	A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMEMETERY SE  11A. NAME AND AL	opress of California Cemer Cemetery 3751 Mar	F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	DRNIA	1		Address)		CATED A
9	A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMERY SE  IIA NAME AND AT HE. Hope ( San Diggs	opress of California Cemer Cemetery 3751 Mar	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY	ORNIA BIDE OF CALIFORNIA	1	(Name and	Address)	ARGE OF BL	DENAL PRIAL
9	A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC UI BURIAL	OF CREMATED REMEMETRY SE  11A NAME AND AT Ht. Hope (San Diggs) 12A NAME AND AT	opress of California Cemer Cemetery 3751 Mar CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY FLEET ST.	ORNIA  I 18. DATE BURIED  Z - 8 - 0 2  128. DATE CREMATE	D 12C.	SIGNATURE OF PER	Address)	ARGE OF BL	OCATED A
9	A BURIAL (INCLI B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A. NAME AND ALL HL. HOPE ( San Disag)  12A. NAME AND ALL 13A. NAME AND ALL 13A. NAME AND ALL 13A. NAME AND ALL 14A. NAME AND ALL	odress of California Cemer Semetery 3751 Mar CA 92102 Odress of California Crem	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY FLECT SY.  IATORY  ITY RECEIVING REMAINS  OR COUNTRY WHERE	ORNIA  I 18. DATE BURIED  Z - 8 - 0 2  128. DATE CREMATE	D 12C	SIGNATURE OF PER	Address)  RSON IN CHA	ARGE OF BLARGE OF FA	PRIAL SMATION

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-5-2002

You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
of KUTH BLAIR JO	WES PINAL TOWNS
in aLINER	Funeral, date, time TUCS, Feb. 12th 1100
Church Chapel, 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	
Mur a	1
Jos 17 Grave 7 Row_	Section Division/Block Q
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	AND ADDRESS OF THE PARTY OF THE
Handling Fees	FEB 1 1 2002 145.00
Flower vases – Marker setting fee	MT. HOPE CEMETARY
Recording and filing fee	CITY OF SAN DIEGO, CA 45.00
Recording and filing fee  Sales taxes  PAID BUTTON  Paid  Pa	14:13
muliphit fraun 2111	Total Due
DAIDA BATT	receipt number 1 7647   1017-10
prison. A. C.	Balance due
	of the above named decedent on of remains as above indicated. I certify and represent
that I have the right to make this authorization	on and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	Sonature Deleu
hold under deed.	Address Address Man BLM
Signature of recorded holder of deed	x SD CA 92119
	X 1-619-697-4366
	Invoice #
Work Order # E 16902	Acct. #
REA-104 (7-90) This inform	nation is available in alternative formats upon request.

O Printed an 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.

ne buria	space.					
		26055	3 Williams	Colum "	5	6
		Woose	a X	16	11	Rodgers
		for: Rut 2-12-				
ot: 14	5 Gra		Row:	CONTRACTOR OF THE PROPERTY OF		Div: 12_
Agrees v	with Lega	al Card:	Yes [	J No		5 +
Agrees v	with Map	: 🗆 Yes	01	No 11 O		04 0 god
Blind Ch	ock & \	Arified By	Keny	oth Call	inna	10. 2/4/0

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO EDASHDES WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDER	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)			3. DATE OF DEATH 4. SEX
RUTH		BLAIR	JONES		01/25/1920	32/02/2002 FE
SA. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.,	O. NAME, RELATIONSHIP, FULL MA OF INFORMANT	ILING ADDRESS AND ZIP CODE :
SAN DIEGO			SAN DIEGO		WILLIE ANDERSON-	
7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		PEL -	FAPPLICABLE	SAN DIEGO, CA	22119	
9880 EL CAJO	M BLVD., S	AN DINGO, CA	1 92115 F-	1357	BA. SIGNATURE OF APPLICANT-PAT	
ACKNOWLEDGMENT OF AP			e propused disposition stated herein is one of this is, and was authorized pursuant to Section 7100 of t		Kland Ism	1 02/08/2002
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITCHINA HEALTH AND SAI TY FOR THE DISPOSITION O RIGHT OF DISPOSAL OUTSIDE	FETY CODE SPECIFIED \$7.00	98. CATE PERMIT 02/08/200 J.BENYAR		al registrar issuing perimit
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	EGISTRAR OF DISTRICT D IN CALFORNIA RDS-B.40.ROX CA 92186-52	85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORN	MA
IO AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORO	NER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERMENT  G. SHIP IN TO CALIF	ORINIA	(Name and Add	ENDING—REMAINS LOCATED A dress)
BURIAL	MT. HOPE	CRMETERY 375 , CA 92102		OZ/17/0Z	TIC SIGNATURE OF PERSO	Builla
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORN	IA CREMATORY	128 DATE CREMAT	TED TEC. SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
SOMENTIFIC	13A. NAME AND A	DORESS OF CALIFORN	IIA FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION SUF- ID CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	16C SIGNATURE OF PERS CHARGE OF DISPOSIT	

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

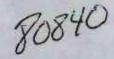
### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-6-03

You are hereby authorized and instructed, sub-	ject to your rules and regulations, to	nter the remains
OI BLAINE SHE	LTON &	
in a Ashen Fe	uneral, date, time Feb 11th	(AYI
Church, Chapel, Graveside	BERGE ROBE	RTS Mortuney
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge	of \$
will be applied and billed to undersigned		
Lot 415 Grave Row	Section Division/8	Hotek _ 8
Grave space & Care Fund		300.00
Additional spaces and care fund  Opening/Closing & Setup  Burial Container	rllower ruse	23.78
Opening/Closing & Setup		105.00
Burial Container Lements	marker	31.55
Handling Fees		1222
Flower vases Marker setting fee		125,00
Recording and (A.I.D.		15.00
Sales taxes		-
FEB 0 6 2002	Total Due	630.33
MT. HOPE CEMETARY Paid re	eceipt number _ [7]	2
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and institution of the said authorization and institution are said authorization and said authorization	of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
Caroline V. She Hon I hereby authorize the interment in lot I hold under deed.	X Choline V. Sh.	elth. SE
Signature of recorded holder of deed	X Snthomish WA 1000 (360) (668-89	7.3 20000
Work Order # E 16903	Invoice #	



### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

FV 344 W

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

The second second						
BLAINE	, D.	SHELTON			MONTH DAY, YEAR 02/05/2002	M
SAN DIEGO		SB COUNTY OF DEATH—OUT ENTER STATE SAN D	TECO OF	HE, RELATIONSHIP, FULL MAJ	ILING ADDRESS AND ZIF	COBE
FA. TYPED NAME AND AS BERGE-ROB	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS ERTS MORTUARY, 607 NATIONA IONAL CITY, CA 91950	SON ACTING AS SUCH 78. CALIF. LICE	ENSE NUMBER 99	ROLINE SHELTO 03 220TH PLACE OHOMISH, WA 93	E SE 8296	
ACMMONICOGNICHT OF A	Thereby acknowledge as applicant that the proposed	desposition stated hereit is one of the disposition	ons authorized by	auenter Valent		7/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSE	Section (183% of the Health and Safety Code, and was THIS PERMIT ID ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALLIFORNIA HEALTH AND SAFETY CO- AND IS THE AUTHORITY FOR THE DISPOSITION SPECIF IN THIS PERMIT.  MOTE THIS PERMIT SHIPS ON A BOWN OF DISPOSITION OF CHIRDRE 9D. ADDRESS OF REGISTRIAR OF DISTRICT OF DIE IF DEATH OCCURRED IN CALIFORNIA.	9A AMOUNT OF FEE PAID 98 STAND PEATH 9E ADDRESS	B. DATE PERMIT ISSUE 02/07/2002 Valentine OF REGISTRAR OF DE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	AL REGISTRAR ISSUING	A Suprement of Maria
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSPO BOX 8 SAN DIEGO, CA 92186-5222	5222				
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORO	NER'S USE ONLY	
X A. BURIAL (INCL.	UDES ENTOMBMENT)	E TEMPORARY ENVAULTME	ENT	I bisposition p (Name and Add	PENDING REMAINS LO	CATED AT
C. DISPOSITION THAN IN A C	COLUMN TOWNS TO SERVICE TO SERVIC	G SHIP IN TO CALIFORNIA  H. TRANSIT TO OUTSIDE OF	F CALIFORNIA			
THAN IN A C	EMETERY	H. TRANSIT TO OUTSIDE OF		TEAMET	ON IN CHARGE OF BU	Frial 1777
BURIAL  CREMATION	MT HOPE CEMETERY, 3751 MA	H. TRANSIT TO OUTSIDE OF	2/11/02	TO SIGNATURE OF PERSON	Lalling	77
BURIAL  CREMATION	MT HOPE CEMETERY, 3751 ME SAN DIEGO, CA 92102	ETERY ARKET ST  MATORY 3953 IMPERIAL	2/11/02 3. DATE CREMATED	Kennet	La Clinica de Constante de Cons	Mation _
BURIAL  CREMATION  SCIENTIFIC	EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CEM MT HOPE CEMETERY, 3751 Mr SAN DIEGO, CA 92102  42A NAME AND ADDRESS OF CALIFORNIA CRE CYPRESS VIEW CREMATORY, AVE, SAN DIEGO, CA 92113	H. TRANSIT TO OUTSIDE OF CEERY ARKET ST  MATORY 3953 IMPERIAL  LITY RECEIVING REMAINS  136  OR COUNTRY WHERE  146	DATE BURIED  2/11/0-2  B. DATE CREMATED  DATE RECEIVED	2C. SIGNATURE OF PERSON	ON IN CHARGE OF FA	MATION

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-6-02

You are hereby authorized and instructed, suf		and regulation	ons, to inter t	he remains
OI // F	~	MAN	2 11	1110
Abo in significant and	funeral, date, time	ACCDA	2-11	110
Church, Chaper Graveside	: "	AGSDA	ILL	_Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day	y or an extra	charge of \$	
will be applied and billed to undersigned				
Lot 159 Grave 5 Row	Section	a DIV	/Ision/Block	13
Grave space & Care Fund			0	95.00
Additional spaces and care fund				_
Opening/Closing & Setup P. A.I.D.	***************************************		3	75.00
Burial Container	***************************************		3	50.00
Handling Fees FEB 0.6 2002				85.00
Flower vases - Marker setting lee CEMETA	RY			-
Recording and filing FV. OF SAN DIEGO	, C.			5.00
Sales taxes			<u></u>	1.30
	T	otal Due	I	69,30
Paid	eceipt number	110	t	169.30
¥1		Bala	nce due _	-0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization s	and lagree to hol	ve indicated	above name I. I certify an Cemetery ha	d represent
I hereby authorize the interment in lot I hold under deed.	Signature X (-816)	Quebec !	C++1	
Signature of recorded holder of deed	> San San Selephane	Diego/479-94	519	9 2139 zip Code
	Invoice #		100	
Work Order # E 16904	Acct. #			

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

_	-				
2	3	4	169 <sub>X</sub> 5	6	2
8	9	10	11	17	
		HEN		55	•

Interment Date: MON 2-11 Time: 11:00

Grave Laid out by: NF DF

Agrees with Legal Card: Yes O No Agrees with Map: Yes

Blind Check & Verified By: Ken Collins E - 16904

£16904

### 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)	1B. MIDDLE Robett	FOSS			MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX
6A. CITY OF DEATH E1 Ca	jon		SB. COUNTY OF DEA	ATH-OUTSIDE CALIF.,	OF INFO	RELATIONSHIP, FULL MAILING AD DRIMANT On N. Smith, Dau	
Anderson-R	agsdale Mo	A-FUNERAL DIRECTOR OR PER rt.; 5050 Federa lego, CA 92102	al Blvd.	ALIF. LICENSE NUMBER HF APPLICABLE FD1329	San	Quebec Ct. #1 Diego, CA 92139 TURE OF APPLICANT—PERSON BRIDGE	permit, 8B. DATE SIGNE
ACKNOWLEDGMENT OF API		cknowledge as applicant that the propose 376 of the Health and Safety Code, and was			Delle	Liber William	02/06/200
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPRIED IN ACCORDANCE WITH PROPRIED OF CAPACITY FOR THE DISPOSITION SPECIFIC OF CALFOR OF CALFOR THE OF	TED \$7.00	PAID BB. DATE PERMIT 02/07/20	02	C SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMI 2202397
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VI BEATH OCCURRE	EGISTRAR OF DISTRICT OF D D IN CALIFORNIA . Box & Drds; P.O. Box & San Diego, CA 9:	35222 ! "	ADDRESS OF REGISTRAR F DISPOSITION IS TO OCCI -		CT OF DISPOSITION— THER DISTRICT IN CAUFORNEA	
10. AUTHORIZED DISPO	SITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	USE ONLY
E. CREMATION C. DISPOSITION C. THAN IN A CE D. SCIENTIFIC US	E NAME AND A	MADESS OF CALIFORNIA CEN	EYEDY	FORNIA TSIDE OF CALIFORNIA 118. DATE BURIE	D   11C	(Name and Address)  SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
BURIAL	Mt. Hope	Cemetery; 3/51 San Diego, C		12-11-00	THE REAL PROPERTY.	Keury F	lans C
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMA	12C	SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERSON IN (	HARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED   14C	ADDRESS AND SIGNATURE C OF PLACING WITH THE CARP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND GA D		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER DE 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.

## Pre- rud

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-6-02

na O	uneral, date, time	Ü
Type of Burial Container Church, Chapel, Graveside	i i	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		
Lot Grave 8 Row	Section 100 P Division	Block 11
Grave space & Care Fund		
Additional spaces and care fund	105.00	210.00
Burial Container	X 35.00	110.00
Handling Fe DAID	at 60	750.00
Flower vases - Marker setting fee	····•\	
Recording Fath British Ge 2002	at 45	70.00
Sales MY. HOPE CEMETARY	7 4.10	538,5
CITY OF SAN DIEGO, CA	receipt number	269.26
Tald !	R- 516 33 Balance d	ue 269.26
I hereby certify I am the	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemet	named decementify and represent
I hereby authorize the interment in lot I hold under deed.	Significand Second wo	45p133
Signature of recorded holder of deed	Chela Vista C (619)495-8	A 91910 284 Zip Code
	Invoice #	
Work Order # E 16905	Acct. #	

### •

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-6-2002

OLIVEL, ERICK		
Type of Burial Container	Funeral, date, time	Maduan
Church, Chapel, Graveside		_ Mortuary.
	n. of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
134	Section 4 Division/Block	8
		2000
Grave space & Care Fund	······································	500.0
Additional spaces and care fund		000
Opening/Closing & Setup	AID	US.U
Burial Container	AID	55.U
Handling Fees		60.00
Flower vases - Marker setting fee	0 6 2002	
	E CEMETARY	45.00
	AN DIEGO, CA	4.28
	Total Due	569.20
Pal	0	569.2
	Balance due	0
I hereby certify I am the 50 N	of the above name	tophanah ha
and this is your authority to make disposition	on of remains as above indicated. I certify ar	nd represent
I hereby authorize the interment in lot I hold under deed.	South VIA NO	
Signature of recorded holder of deed	XSON THAT CAPERTY City 949489-8041 Volephone	70+ 9267 Zip Code

ERICKSON, OLIVE L.	28048 Via	La Costa,	Strano 92 San Juan 489-8041	675
PAID-IN-FULL FOR		4_BLK_	piv_8	
Opening/Closing, and Recording Fed		The state of the s	Fee, Tax	on Vault
			, '	

V. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

Invoice No	OFFICIAL RECEIPT  WHITE  CANARY  CANARY  PHYSICA ON  From Quie C. Byck on  From Quie C. Byck on  Payment of Bu-7
HOW	CITY OF SAN DIEGO, CALIFORNIA  WHITE TO CUSTOMER MOUNT HOPE CEMETERY CANARY GENETERY PHIK PHIK AUDITOR ADDITOR  AND HANDLE AND ADDITOR  Payment of Re-71 feet Oath Plat.
Section 4  Section 67007  CREDIT 67007  20% Sales Care 7784  80% Sales 77184  Opaving 100  of Lots 77184  Opaving 100  Container 1782  Handling Fee 1782  Recording & 1782  Handling Fee 1783  Fre-Need 100  Sales Tax 60001  \$ 100  \$ 10	TERY TERY TOURS Apt. 7. 5
Blustion 8 400,00 415,00 415,00 415,00 415,00 415,00 415,00 415,00 415,00	54635 2002 5 69. 26,

Contract

MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2-6-2002

na ASH BURIOL	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	ed
Lot 134 Grave Ro	owSection_4_Division/Block_8
Grave space & Care Fund	3000
Opening/Closing & Setup	105.0
Burial Container	PAID
Handling Fees	60.00
Flower vases - Marker setting fee	EB 0 6 2002
Recording and filing feeMT	HOPE CEMETARY 45.CX
Sales taxes	OF SAN DIEGO, C. 4.2
	F(0 6)
	Total Due
	Paid receipt number <u>R-54635</u> <u>569-3</u>
	1 M12= 119.
I hereby certify I am the So	Paid receipt number R-54635 569- 3  Balance due O  of the above named decedent
I hereby certily I am the So I and this is your authority to make distinct I have the right to make this author any liability on account of said author	Paid receipt number R-54635 569-3  Balance due  of the above named decedent position of remains as above indicated. I certify and represent particular and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make dis	Paid receipt number R-54635 569. C  Balance due   of the above named decedent position of remains as above indicated. I certify and represent contration and I agree to hold Mt. Hope Cemetery harmless from trization and interment.  The Work Work Cost of C
and this is your authority to make dis that I have the right to make this auth any liability on account of said author I hereby authorize the interment in lo	Paid receipt number R-54635 569-3  Balance due  of the above named decedent sposition of remains as above indicated. I certify and represent portration and I agree to hold Mt. Hope Cemetery harmless from trization and interment.
and this is your authority to make dis that I have the right to make this auth- any liability on account of said author I hereby authorize the interment in lot hold under deed.	Paid receipt number R-54635 569- C  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 cization and interment.  Address  28048 VIA NG COSTA  Address  XSON JUPY CPASTOR 726  Typ Code  Typ Co

This

ynation is available in alternative formats upon re

Refund No The City of San Diego  Date Revd By Dept Processed By APPLICATION FOR REFUND Daily Cash Receipt (DCR) No Apply By Date To City Auditor & Comptroller:  The undersigned hereby requests refund of \$ 56.7.26 Date paid 2-6.2001 on 5.16.25 (Name of Receipt or Permit No.) No R. 5.16.25 for the following reason(s): OLTVELERICESON  The undersigned hereby requests refund of \$ 56.7.26 Date paid 2-6.2001 on 5.16.25 (Name of Receipt or Permit No.) (Name of Receipt or Permit No.) OLTVELERICESON  The undersigned hereby requests refund of \$ 56.7.26 Date paid 2-6.2001 on 5.16.25 (Name of Receipt or Permit No.) OLTVELERICESON  The undersigned hereby requests refund of \$ 56.7.26 Date paid 2-6.2001 on 5.16.25 (Name of Receipt or Permit No.) OLTVELERICESON  The undersigned hereby requests refund of \$ 56.7.26 Date paid 2-6.2001 on 6.2001 on 6.2001 on 6.2001 on			216906
Processed By	Date Auditors Rcvd		Application Date
Approved By	Refund No	The City of San Diego	Data Band Bu Dant
Approved By	Processed By		Date Rovd By Dept
Co City Auditor & Comptroller:  The undersigned hereby requests refund of \$ 569.26 Date paid 2-6-2000 on R-516-35 (Name of Receipt or Permit No.)  No. R. 54635 for the following reason(s): OLIVE LEXILESON  The decided to be invited At (= L CANINO  Contact At (= L CANINO	Fund Acet	APPLICATION FOR REFUND	
The undersigned hereby requests refund of \$ 569.26 Date paid 2-6.2001 on R-51/35  (Name of Receipt or Permit No.)  No. R.51/35 for the following reason(s): OLIVE LERICES ON THE PRINT NO.)  Refund Requested by:  Print Name: No. IVE L. ERICES ON Address: X 5480 MARENS OF THE PRINT NO.  Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  CITY USE ONLY  Ray Snider  Title Manager  Park & Rec-Netro  Date 02-27-02  Park & Rec-Netro  Date 02-27-02	Apprvd By Date		
The undersigned hereby requests refund of \$ 569.26 Date paid 2-6.2001 on R-516.35  (Name of Receipt or Permit No.)  No. R. 54637 for the following reason(s): OLIVE LEKTERSON  Thereby are LEKTERSON Address: X 5480 MARENGO AVE ALSO  Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Chereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Park & Rec-Netro  Date 22-27-02  Park & Rec-Netro	To City Auditor & Comptroller:		- Liena topic
Refund Requested by:  Print Name:  Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Chereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or short payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Park & Rec-Metro  Park & Rec-Metro  Date  1	The undersigned hereby requests refund of	5 569.26 Date paid 2-6-2001	on R-51636
Refund Requested by:  Print Name: **Olive L.EKTEKSON** Address: **X 5 480 MARENGE Ave Ave Ave Solignature: **Line C. Extended L. A. M. es A., C. A. G. 1942 2 408  Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name: Ray Snider Title Manager Date 42-27-02	No. R. 54637 for the following re	eason(s): OLIVE L. E.K.z.	kson
Refund Requested by:  Print Name: Notice L. ER 7 (Kson) Address: Notice Addres			C-LCANINO
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C	Cemalary.		
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C			
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C			
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C			
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C			
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  C	OF ELECTION STATE		
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  02-27-02	Refund Requested by:		
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  02-27-02	V	- V	
Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  02-27-02	Print Name: 1 Olive L. EKICKS	and Address: 15480 MARE	NEW AVE AND S.Z
other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title Manager  Date 02-27-02  Park & Rec-Metro	Print Name: Olive L. ERTICKS	Address: 15480 MARE	a gibb 3100
other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title Manager  Date 02-27-02  Park & Rec-Metro	Print Name: 101. ve L. ERTICKS  Signature: Fire C. English	EML LAMESA, C	1919422408
he is entitled to refund payment.  CITY USE ONLY  Thereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date	Signature: Time C. Enry	EML LAMESA, C	9 9 1942 2408
hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  Date  Date	Claimants copy of original paid rece	Eipt or permit must be attached. If claim	ant is person
hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  Date  Date	Claimants copy of original paid receiother than one named in such recei	Eipt or permit must be attached. If claim	ant is person
hat payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, properly be made under provisions of Ordinance 3911 (NS).  Print Name:  Ray Snider  Title  Manager  Date  Date  02-27-02	Claimants copy of original paid receiother than one named in such recei	Eipt or permit must be attached. If claim	ant is person
Print Name: Ray Snider Title Manager Date 02-27-02	Claimants copy of original paid receiother than one named in such recei	eipt or permit must be attached. If claim pt or permit, he must submit satisfactory	ant is person
Park & Rec-Metro	Claimants copy of original paid receipter than one named in such receipte is entitled to refund payment.	eipt or permit must be attached. If claim pt or permit, he must submit satisfactory  CITY USE ONLY	ant is person evidence that
Park & Rec-Metro 527-3400 No. 72	Claimants copy of original paid receipted in such receipted is entitled to refund payment.  I hereby certify that payment to the city of that payor has received no consideration from	eipt or permit must be attached. If claim pt or permit, he must submit satisfactory  CITY USE ONLY  San Diego of the above stated amount was the City for such payment and that refu	ant is person evidence that
	Claimants copy of original paid receipted than one named in such receipted is entitled to refund payment.  I hereby certify that payment to the city of that payor has received no consideration from properly be made under provisions of Ordinary Continuation.	eipt or permit must be attached. If claim pt or permit, he must submit satisfactory  CITY USE ONLY  San Diego of the above stated amount was the City for such payment and that refu ance 3911 (NS).  Title Manager Date	ant is person evidence that  us made under mistake of law or found, subject to lawful limitations, n

White Copy - Auditor's Pink Copy - Auditor's Green Copy - Originating Dept. DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

### DIRECT PAYMENT

THE CITY OF SAN DIEGO

	Rei	fund of : 134, B	purchas	e of Pr	e-need l	Lot & T	rust for	Olive	L. Eric	kson.		RESPO	OMPLETE		
												1000000			
												SORT			Washington .
												STANK	ARD DESCRIPTION	IN (15 CHAS	(AGTERS)
COM	MENT	S and/or SPECI	ALINSTRUCT	IONS.								DAYM	ENT DATE	FUN	OVERRIDE
												03	/07	/2002	
-						-			-	- Laure	1	03	/01	12002	
WHA.	8 # 0	PAYRE	1	VENDOR NUMBER NAME ADDRESS CITY — STATE —			INVOICE DESCRI (MAX: 15 CH)	PTION	DAT		LATE		AMOUNT	CODE	WRT-CK. WUMBER
1	ABCD	5480 M		kson Ave. Ap 91942-2			Refu	S S S S S S S S S S S S S S S S S S S					\$569.26		•
					Mark of the last	100 / 100	PAI	D 3-1-6		DTAL AMO	DUNT	5 :	569.26		•
-	1915	DISTR	BUTION	OF CHARGE	ES TO BE C	OMPLETE	D BY ORIGI	NATING DI	EPARTMEN	IT.			AUTHORITY	FOR PAYM	ENT
ACTING	CY	FUND	DEPT.	mag	ACCOUNT 77184	JOB ORDER	OPER.	BENEV EQUIP.	FACILITY	A	MOUNT		\$125103592HW		959) (
		67007			The sales of the s	- CONTRACTOR OF THE PARTY OF TH				\$ 60					
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	iliano.	DISTE	HBUTION C	F CHARG	ES TO BE CO	OMPLETE	BYORIGI	NATING D	EPARTMEN	<u>F</u>	AUTHORITY FOR PAYMENT
ACTING LINE	CY	FUND	DEPT.	neg.	77184	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	* 60 00	
		07007	Town !		A CONTRACTOR OF THE PARTY OF TH					-	
		100	072	5	77184					240.00	RES/DOC. NO.
	-	100	072		77181					105.00	I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.
		100	072		77182					55.00	Jan butter
		100	072		77183					45.00	Ray Salas Rude
		60101	072		78390		100			4.26	DEPT, HEAD OR DESIGNEE
		100	072		77185					60.00	PURCHASING APPROVAL
											AGENT
								S			AUDITOR APPROVAL
		Waste.				A CONTRACTOR		1 N/V			
PREF	ARE	DBY TOWN	MEEN OF	WATOIG6		2/27/20			MAKE/Matro		
AC-468	IDE	v s.aa. IIIII ii	ensum:	527~34	UU		N	t. Hope	Comotor	3#	DP
UC 400	100	ALCOHOLD .	502525	** T							1979

# m grave of do

MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

-	m
some	The

Date 2-7-2002

You are hereby authorized and instructed, s		es and regulation	ons, to inter the remains
or Miguel Vida	-	-	11:30
na ASH VAULT	Funeral, date, ti	me I-RI.	rebruary 15th
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			
LON Grave 9 Row_	Section	100	
Grave space & Care Fund	8758		0_
Additional spaces and care fund	D		
Opening/Closing & Setup			105.00
Burial Container FFR 1-1.	2002		55.0
Jandline Free			1 100 101
Flower vases – Marker setMT-HOPE CE	EMETARY		
	DIEGO, C.		45,00
Sales taxes			4.26
OL A0792327		Total Due	2/0020
	receipt number	MIC	269.26
5-3 06		e Bala	nce due
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 indicated	Showe named decedent I certify and represent emetery harmless from
hereby authorize the interment in lot I told under deed.	Surface Surface	a M.	Hedalgo St. APH 103
signature of recorded holder of deed	SAA Day G	1 DIEC 19) 423	50 (4 9212 3-2932 2000
E 40007	Invoice #		75-55
Nork Order # _ 1090/	Acct. #		

3 23 23 236 - 7/6/ 2 the my # 92 (6/

### MT HOPE CEMETERY

	GRAVE BI	IND CHE	ECK FO	RM	
block marked	ame of the dec with "X". Place er's in the appraice.	e the name	e's, lot # a	and grave	# of all
	ne.	July Bon	4 exactor	Shados Chamel	Homph o
Interment space	e for: Mig	uel V	i dau	n	
Interment Date	2-15-1	72 1	'ime:	11:30	
Lot: 64	Grave: 9 t by: DAKK	Row:	Sect:	3 D	iv: 12
	egal Card: 🗖 Y		7 No		· 00
	Iap: 🗆 Yes	2 01	No Co	lage	dont
Blind Check &	& Verified By: _	nen la	cline	_ Date: -	217/

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

55

USE BLACK INK ONLY-MAKE NO FRASHRES, WHITFOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2	DATE OF BIRTH 3. D	ATE OF DEATH 4. SEX
MIGUEL		-	VIDAURI 09/29/1946		9/29/1946 11	/15/2001 M	
LONG BEACE	1	Est Design	58. COUNTY OF DEATH	OUTSIDE CALIF.	OF INFO	ELATIONSHIP, FULL MAILING RMANT SILVA-Nephew	ADDRESS AND ZIP CODE
CESAR SILA	/A-	a—FUNERAL DIRECTOR OR PERSON		APPLICABLE	1344 Covin	E. Wingate St. a,CA 91724	Ming perint 8B. DATE SIGNED
ACHADWLEDGMENT OF A	I bereby a	cknowledge as applicant that the proposed disp 376 of the Health and Salety Gode, and was author	on-tun stated herest is one of the	dispositions authorized by	>>	us bloo	192/6/0
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED INCHT OF DISPOSAL OUTSEE OF CALFORNIA.	CONTRACTOR AND ADMINISTRATION OF THE PARTY O	NAMED OF TAXABLE PARTY.	Appropriate the second second	SIGNATURE OF LOCAL P	Led T
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	2525 GRAI	SEASON CONTRACTOR OF THE PROPERTY OF THE PROPE		RESS OF REGISTRAR ISPOSITION IS TO OCCU		T OF DISPOSITION— ER DISTRICT IN CAUFORNIA	8
10. AUTHORIZED DISP						FOR CORONER	R'S USE ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	RNIA		L DISPOSITION PENDI (Name and Address	ING-REMAINS LOCATED A
BURIAL	Mt. Hope	odress of California CEMETE Cemetery, 3751 Mar , CA 92102		11B. DATE BURIED	110.1	SIGNATURE OF PERSON	CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATI	ED 12C. 1	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 13G. 8	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148 DATE SHIPPE		ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA	RES: C. SI.	REST POINT ON SHORELINE, OR OT NTIFY FINAL PLACE AND CA <u>DISTR</u> LVA E. Wingate St., Cov	ICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	OF CREMATEO RE- MAINS DISPOSER —IF APPLICABLE
RESPONSIBLE I	FOR COMPLETING	MPANIES THE REMAINS TO B AND FORWARDING THE PE HE DISTRICT NEAREST THE ORIGINAL OR DUPLICATE PE	RMIT WITHIN 10 DAY	S OF DISPOSITION	N TO THE	REGISTRAR OF THE	DISTRICT IN WHICH

COPY 1

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

VS 9 (REV. 6/91)

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 2 - 7 - 0 2

You are hereby authorized and instructed, subject to your rules and regulations, to interest to the second	er the remains
of DOROTHY RENHART	
in a LINER Funeral, date, time MON 2-11	1,00
Church, Chapel, Graveside : CA FUNERAL	Mortuary
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of	\$ 760 731
will be applied and billed to undersigned.	80 1
Lot 20 7 Grave Row Section Division/Bloom	8
Grave space & Care Fund Rru-New A - 736 6	-0-
Additional spaces and care fund	
Opening/Closing & Setup.	375.00
Burial Container FEB 1.1.2002	190.00
Handling Fees	145,00
MT. HOPE CEMETARY Flower vases – Marker setting CTTY OF SAN DIEGO, C	-
Recording and filing fee	45.00
Sales taxes	14-73_
Total Due	769.73
A Paid receipt number 1	430 00
x falingh Kegling R- 546 5	344.13
I hereby certify I am the Por Port Annual Control of the above ha	med decement
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 find Mr. Hope Cerretery	and represent
any liability on account of said authorization and intermentalized hear	leaf
I hereby authorize the inferment falet X & BA Agran	14-
hold body Seed & Colfin > 540 Broadwa	1
significant comment to the of deed of the X	92027
W SES#960 Ser 619-1447-61	YOU ZOCAN
Invoice #	

marshin . 737-2892 •

Raul - Crahet Gollery 144-4442



### 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: DOROTHY REINHART  Interment Date: MON 2-1) Time: 100							
Interment Date: MON 2-1) Time: 1.00		205 BLOOM	206 Heating	**7X	208	500	100DS
Interment Date: MON 2-1) Time: 1.00							+
Lot: 307 Grave: Row: Sect: Div: 6	Interme	nt Date: Mr	re:	Row:	Time:	1,00	Div: 8

O No

Agrees with Map: Yes

Blind Check & Verified By: Ken

### POWER OF ATTORNEY SPECIAL

true and lawful attorney to act for principal's nat use and benefit to perform and sign in (his/her/th	ncipal", hereby makes, constitute and appoint ation Services and any of its authorized agents principal's
CEMETERY DESCRIPTION:	
This listing and Power of Attorney: (check one	only)
May NOT be cancelled for 5 years	
May NOT be cancelled for One ()	i) year from the date of listing. 25.
82	, you make the or managing y.
May be cancelled at any time by	giving ten (10) days written notice, provided no sale
is in progress by the broker or its	
This Power of Attorney shall not be affected by	N. Swim, DBA Cemetery Sales Information Services. the subsequent incapacity of the principal
and a contract of the contract of	and disordants presidently of the principal.
act and thing which may be necessary, or conver all intents and purposes, as principal might or co	all power and authority to do and perform each and every nient, in connection with any of the foregoing, as fully, to ould do if personally present, hereby ratifying and lawfully do or cause to be done by authority hereof.
Wherever the context so requires, the singular no	umber includes the plural.
/	1
WITNESS my hand this 19 day of 1	1/0 Venha, 200/.
R. S. Krenting	
Principal's Signature	Principal's Signature
Print Name	Print Name
1 1 1 .	Tim Name
STATE OF Calforn	
COUNTRY OF PULL A	
COUNTY OF \$ 10cm Low	}\ss.
On this 15th day of 110 Went	, in the year of , before me, the
undersigned, a Notary in and for the said State, p	
personally known to me (or proved to me basis of	of satisfactory evidence) to be the person whose ont, and acknowledged to me that he/she/they executed the
	that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the	
	11 8
WITNESS my hand and official seal.	Notary Bublis in a Paravid Care
IDA AGUILERA  COMMI MISTISMO G  NOTICH PUBLIC CALIFORNIA	Notary Public in and for said State



PATRICK KEATING

MOUNT HOPE CEMETERY

### 匪强强匪

E-16514

(DOLLARS)

A WAR WILLIAM THE PRINTERS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	4	THE MANAGEMENT OF THE		WARE THE PROPERTY.	
OWNERSHIP	0.0.113	COLLEGIO	CAL PROPERTY.	COLUCT	Life I WICE
1 / 4 / 1 / 1 / 1 / 1 / 1 / 1 / 1	P1 1 4 1 1	CONTRACTOR STATE	MILLIAI	7 D. I V 11	ALC: NO DESCRIPTION OF THE PERSON OF THE PER

for the sum of \$\_\_\_\_

1	EGAL DESCRIPTION LOT 207, SECTION 1, DIVISION 8
A	S DESCRIBED ON PURCHASE ORDER NUMBER E-16514
e	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 indowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with assentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the onsent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.
b	is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head tone, 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 e assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, and alism and natural causes of deterioration, but reserves the right to remove any object that detrects from the embellishment of the emetery. The following type of memorial will be permitted:
	06. 111.4. 17 8.80
	Cemetery Manager Real Estate Assets Director

PY-564 (Rev. 4-95)

This information is available in alternative formats upon request.

7908

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	E BLACK INK ONLY-MAKE	E NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS	REF. #90395	
DOROTHY ALLEN			1C. LAST (FAMILY)	MI Fred	2. DATE OF BIRTH MONTH, DAY, YEAR 10/11/1922	3. DATE OF DEATH MONTH, DAY, YEAR 02/06/2002	4. SEX	
	OXNARD			5B. COUNTY OF DEATH	H-OUTSIDE CALIF., 6	OF INFORMANT	E, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE NEORMANT TH A. ADAMS - DAUGHTER	
	JAMES A. REAR		A—FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER F APPLICABLE	133 BELLERIVE COU VISTA, CA 92084	स	
The same	511 MORTH *A*  ACKNOWLEDGMENT OF A		RD, CA 93030 channings as applicant that the proposed dap 276 of the Health and Salets Code, and was author	osition stated herein is one of the	depositions authorized by	A SIGNATURE OF APPLICANT	011	8/2002
L	Y CHANGE IN DISPOSIT	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, HOTE: THIS PERMIT GNES IN	ED IN ACCORDANCE WITH PROVI- DRINIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED IN MAIN OF DEPOSAL OUTSIDE OF CALFORNIA. CONSTRAR OF DISTRICT OF DEATI	\$7.00 — 9E. AD	02/08/2002 DRESS OF REGISTRAR (	ROBERT H.	m Righ	IG PERMIT
	ION REQUIRES A HEW IRMIT TO SHOW FINAL DISPOSITION.	3147 LOMA VENTURA, C	VISTA ROAD		3851 ROSECRANS	STREET		
	B. CREMATION	SE		E. TEMPORARY ENVA	ORMA SIDE OF CALIFORNIA	☐ (Name and		
	BURIAL	MT. HOPE CEM	DORESS OF CALIFORNIA CEMETE ETERY TREET, SAN DIEGO, CA		Z-11-02	1 1/	F. Lazze	UHIA
ABLE ITEMS	CREMATION	12A NAME AND AD	DDRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMATE	D 12C. SIGNATURE OF PE	RSON IN CHARGE OF CR	EMATION
ILL APPLIC	SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEI	D 14C. ADDRESS AND SIG	NATURE OF PERSON IN THE CARRIER	CHARGE
,	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or ot ntify final place and ca <u>distr</u>		168. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		NATED RE- DISPOSER

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

Pre-ned

City of San Diego

Date 2-8-02

na	Euperal data time
Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	
Il Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$
fill be applied and billed to undersigne	ed
ot 155 Grave 6 Ro	wSection _ A _ Division/Block _ 12
arave space & Care Fund	075,00
Additional spaces and care fund	
)pening/Closing & Setup	······································
Burial Container	A1D
landling Fees	
lower vases - Marker setting fee NDC	₹ 0 7 2003
Recording and filing fee	OPE CEMETARY
Sales taxes MT, HC	PE CEMETART SAS OF
ditt of	Total Due 845.00
	Paid receipt number R-54642 224.0
	Balance due b7 c0
hereby certify I am the	of the above named decedent
hat I have the right to make this author	iosition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	tation and interment.
hereby authorize the interment in lot I	Sah g. mothers
old under deed.	X 429 Modison Ane
Scratum of recorded holder of deed	- X5000 Delay, CA 42/16-102
Parament in Lacounies sometic de disea	- XSan Dugy, CA 92116-10: V(619) 294-2289 Exp Code
The second secon	Invoice #
Nork Order # E 16909	Acct. #



WHITE TO CUSTOMER CANARY CEMETERY PWK AUCTOR

CITY OF SAN DIEGO, CALIFORNIA

56088

		Da	ate: April	2	, 20	00
From: Jack Smally	Address: 9		serious.	30	97116	
Contract III	aus 9 00/1	000		Pollars (\$	83.00	)
n Payment of	pu rue	Row	Section 2		Division 12	-
Invoice No. E 176909	NOT VALID FOR PURP STAMPED "PAID" IN TH	OSES STATED UNLESS	CREDIT	67007	831	-
Acct. No	P	AID	20% Sales Care 80% Sales of Lots Opening/	77184 — 100 77184 — 100		
BALANCE DUE 10.00	APR (	2 2003	Closing Burial Containers Handling Fee Recording &	77181 — 100 77182 — 100 77185 —		
Pre-Need Lon At Need On Acct	CITYOFS	CEMETARY AN DIEGO, CA	Misc. Fees Pre-Need Trust	77183 — 63033 77186 — 60101		
Pre-need Trust Cash Check X	ISSUED BY COLU	HAD	Sales Tax  TOTAL PAID	78390 — S —	83	E

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56108

	Dat	e:	, 20
From: Q. Smothus	Address: 909 Maol	ison are	80 93114
Sen Collars	7001100	Dollars (	\$ 10-
in Payment of	premud (ot		Division (
Lot 155 Grave	"Cl Row	Section 2	Block 1
Invoice No. E 10909	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	CREDIT 67007	101-
Acct. No	PAID	20% Sales Care 77184 - 80% Sales 100 of Lots 77184 -	
W.O		Opening/ 100 Closing 77181 -	
BALANCE DUE	APR U 7 2003	Burial 100 Containers 77182 -	
	MT. HOPE CEMETARY	Handling Fee 77185 - Recording & 100 Misc. Fees 77183 -	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGO, CA	Pre-Need 63033 Trust 77186 -	
Pre-need Trust Cash Check	ISSUED BY CILL SCOTZ	Sales Tax 60101 78390 -	10 -
AC-212 (Rev. 10-02) 3(Q )		TOTAL PAID \$ .	(0)

This information is available in alternative formats upon request.

WHITE TO CUSTOMEA CANAFFY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55974

	Da	te: March	1 .20	0
From: J Smothers	Address: 929 Mag	lison ave	800	42114
Twenty Gight	dollars 900 100	Dollars	\$ 28.0	(_G
in DO Payment of	premud lot		lucio en la constanta	
Lot 155 Grave	(p Row	Section _	Division Block	0
Invoice No. E16409	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAGE" INTHIS STACE.	CREDIT 67007	238	100
Acct. No.	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184		
W.O	MAR 0 4 2003	Opening/ 100 Closing 77181		
BALANCE DUE 93:00	MT. HOPE CEMETARY	Burial 100 Containers 77182		
Pre-Need Lot X At Need On Acct	CITY OF SAN DIEGO	Handling Fee 77185  Recording & 100  Misc. Fees 77183  Pre-Need 63033		
Pre-need Trust Cash CheckX	D. Hold	Trust 77186 - Sales Tax 60101		
AC-212 (Rev. 10-02) 1933	ISSUED BY CULT HOTEL	78390	28	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

	Di	ate: tcb. 5	. 20 03
From: John Smothers	Address: 929 Hali	son are S	0 92116
Twenty eight doll	ars 100/100 —	Dollars	(\$ 28.00)
in feart Payment of	Pre-need lot	Carried Street	
Lot YSS Grave	Row	Section 2	Block D
Invoice No E16909	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007	28 100
Acct. No.	PAID	20% Sales Care 77184 80% Sales 100	30 0
W.O		of Lots 77184 - Opening/ 100 Closing 77181 -	
BALANCE DUE 121.00	FEB 0 3 2003	Burial 100 Containers 77182	
	MT. HOPE CEMETARY	Handling Fee 77185 - Recording & 100	
Pre-Need Lory At Need ☐ On Acct ☐	CITY OF SAN DIEGO, CA	Misc. Fees 77183 Pre-Need 63033 Trust 77186	
Pre-need Trust   Cash   Check	ISSUED BYFFE AN HETZEL	Sales Tax 60101 78390	
AC-212 (Rev. 10-02)  This information is available in atternative formula upon reques		TOTAL PAID \$	28 00



TO CUSTOMER CANARY ..... CEMETERY AUDITOR

From: John A. Smothers	Address: On C	ecord Val	1.0	, 20 0 3
Fifty Six and 00			Dollars (\$	56.00
in Dart Payment of 114	Row_	Section	2	Division 12
	IALIO FOR PURPOSES STATED UN PED "PAID" IN THIS SPACE.	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Burlel Consumers  Handling Fee Recording & Misc. Fees Pre-Need	100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033	56.00
Pre-need Trust Cash Check X ISSUE	DBY Taulette	C Trust Sales Tax	77186 — 60101 78390 —	56.00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

55683

From John A. Smoth	ners Address	on rea	Date: LLC	emb		)2
part an		1 lotace	ount	Dollars (	\$ 56,00	)
in Darr Payment Lot 155 G	irave 6	Row_	Section	2	Division 12	
^	STAMPED "PAID"	oulettec,	CREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Yax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 63033 77186 60101 78390	56	00
AC-212 (Rev. 10-02) This information is available in alternative formats up			TOTAL PAID	\$ .	56.	00

From John A Snother Juleuty - Eight In Part Payment of Ple	Date  Date	- Novem	28.00, n 15
Lot Grave	RowS	CREDIT 87057 20% Sales Care 77184 — 80% Sales 700 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Containers 77182 —	Division 12
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A	ISSUED BY Paulette C.	Handling Fee 77185 — 100 Misc. Fees 77183 — 100 Misc. Fees 77183 — 9622 — 36162 Task 7718 60101 78390 — TOTAL PAID \$	28.00

Nº 55460

From John A. Smother	S_ Address: DY FILE	10/01	,2002	-
FIFTY-SIX A	VD 00 C	Dollars (\$	56.00	)
COURD DAYMEN	2E-NEED LOT A T # 13 14	CCOUNT		1
Lot 15.5 Grave	6 Row_ — 9	Section_2	Division 12	
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77164 — 80% Sales 100 of Lots 77164 — Opening/ 100 Closing 77165 —	56 00	Σ
BALANCE DUE \$ 289.00		8urial 100 Containers 77782 — 100 Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	ISSUED BY Houlette C,	Pre-Need 7/8 63033 — 9022 — Sales Tax 60101 78390 — TOTAL PAID \$	56 00	-

Pre-Need

Sales Tax

TOTAL PAID

Trust

63033

60101

On Acct

162

Pre-Need Lot

AC-212 (Rev. 5-94)

Pre-need Trust

Cash



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

			Date:	5-7	2	, 20	05
From: John A Smother	Address:	on Yuc	cord			56.0	0
In Part Payment of Pre	- need Sot	for ac	count	on	ollars (\$	Smother	)
Lot 155 Grave	6	Row	Section_	2		Division Block	12
Invoice No.	NOT VALID FOR PURPO "PAID" IN THIS SPACE.	SE STATED UNLESS ST	20%	Sales Care	67007 77184 — 100	46	00
Acct. No	-		of L	ots ming/	77184 — 100 77181 —	56	00
W.O. \$ 513.00	-		Buri		100 77182 —		
BALANCE DUE U 013.00			Rec	dling Fee ording &	100 77185 — 100		
Pre-Need Lot At Need On Acct		0 0		c. Fees Need st	77183 — 63033 9022 —		
Pre-need Trust Cash Check C	TI ISSUED BY	elette C		s Tax	60101 78390 —	51	me
AC-212 (Rev. 5-94)	ISSUED BY	C. Service S	101A	L PAID		56	100

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55056

som of Smothers	Date:		9/3	, 20	2
Twenty-Eight In Part Payment of Pr	ce-need lot accou		Dollars (\$	28.00	
Lot 155 Grave	G Row_ se	ection	2	Division	2
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing Burial Containers	77184 — 100 77184 — 100 77181 — 100 77182 —	28	00
Pre-Need Lot At Need On Acct		Handling Fee Recording & Misc, Fees Pre-Need Trust	100 77185 — 100 77183 — 63033 9022 —		
AC-212 (Rev. 5-94) Cash Check Check AC-212 (Rev. 5-94)	ISSUED BY MULETTE C	Sales Tax TOTAL PAID	60101 78390 — \$	28	$\infty$

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From John A. Sm	10H2KSAddress:_	on	Date:	July		0.5
FIFTY - SIK	re-nee	d lot	acco	_ Dollars (\$	56.0	)
Lot 155 Grave	6	Row	Section	2	Division Block	12
Acct. No. E-16909	NOT VALID FOR PURPOS "PAID" IN THIS SPACE.	ESTATEDUNLESSSTA	20% Sales of 80% Sales of Lots Opening/ Closing Burisl	100 77184 — 100 77181 —	56	00
Pre-Need Lot Cash Check		0	Handling F. Recording Misc. Fees Pre-Need Trust Sales Tax	\$ 100 77183 — 63033 9022 — 60101		
157	DISSUED BY DE	maria	TOTAL PAID	78390 — \$	56	00

54824

ital kil		D n R Date	4-3 -0	4	, 20	
In Payment of	Address:	en suc		iollars (\$	\$6.00	)
Lot 15 5 Grave	L <sub>e</sub>	Row S	ection_ a		Division Block	12
Acct. No	NOT VALID FOR PURPOS "PAID" IN THIS SPACE	ESTATED UNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burisk Containers	67007 77184 — 100 77184 — 190 77181 — 100 77182 — 100	56	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	issued av 2)	allli	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOYAL PAID	77185 — 100 77183 — 83033 9022 — 60101 78390 —	56	0 0

54728

From John Smithers In party Dig Payment of B	Address:	On Rus	3-1 - d	ollars (\$	, 20 46.00	
Lot 155 Grave	6	RowSec	tion_ ¬		Division Block	15
Acct. No	NOT VALID FOR PURPOSE ST "PAID" IN THIS SPACE.	ATEDUNLESS STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 7718 — 100 77	46	00
AC-212 (Rev. 5-94)	ISSUED BY A	mulla	TOTAL PAID		46	60

Nº 55367

From John Smothers	Address: 0	n herord		000	02
in party Payment of PV&	- need lot	occou	nt coup	on#12	
Lot 155 Grave _	6	lowSe	ction 2	Division Block	12
Invoice No.	NOT VALID FOR PURPOSE STATE	ED UNLESS STAMPED	20% Sales Care 77	184	1 - 6
Acct. No			of Lots 77	100 184 100 181	800
W.O \$ 3.45.00			Buriel Containers 77	100 182	-
BALANCE DUE 1		7-11	Handling Fee 77 Recording &	185 100 183	
Pre-Need Lot At Need On Acct	0 A		Pre-Need 63 Trust 77 186 9	033	-
Pre-need Trust Cash Check AC-212 (Rev. 5.04)	V/01 - 1 1	e C.	Sales Tax 60 78 TOTAL PAID	* 28.	00

SMOTHERS, JOHN 929 Madison Avenue, San Diego 92116-1026 294-2289

02-08 02	Opened pre-need 1	ot.	17 20 0		DEBIT	C
	Lot 155, Grave 6,	Sec 2, Div 12	240 900 1		895.00	
02 -02	R-54642					
3-6-03	R-54728	Crupm #1	9 # 3			
4-3-02	R- 34828	3 2	4			
5-2-02	R-54928	5 9	(0			
06-03-0	R- 53056	Ploupin -	7			
070110	R-55158	Caupen	8 8 49			
8-2-02	R-55269	11	16411			
9-4-0 2	B- 55366	#17				
10-1-02	R - 554 60	# 13	414			
11-04-02	R - 55575	H 15	F	A	14	
12-3-02	R- 55683	# 164	17	0 -		
1-2-100	0-55770	# 18 d	19 APR	U	ZUUJ	

E-16909

256088

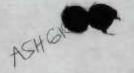
R56108

SMOTHERS, JOHN

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			2	8	0	0
			K	5	6	00
		17.5		1	24	17500

MT. HOPE CEMETARY CITY OF SAN DIEGO, CA





### INTERMENT ORDER

City of San Diego

Date 2-8 - 2002

2 1 11 1	ject to your rules and regulations, to inter the remains
ASIA DUNIAL	uneral, date, time FRI Feb 15+1 2:3
Church, Chapel, Graveside	: Goodbody Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	If regular work day or an extra charge of \$
will be applied and billed to undersigned.	
(LOV 263 Grave 2 ROW	Section 2 Division/Brock 12
Grave space & Care Fund	
Additional spaces and care fund	PAID =
Opening/Closing & Setup	
Burial Container	FEB 0.8.2002
Handling Fees	HOPE CEMETARY
Flower vases - Marker setting fee CITY	OF SAN DIEGO, C
Recording and filing fee	- // NA
Sales taxes  Allen \$3817224  Paid re	Total Due
I hereby certify I am the Son and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization 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 ad interment.
I hereby authorize the interment in lot I hold under deed.	Symmer Ses EL Cajen Blad Tol
Signature of recorded holder of deed	San Diego CA 92/15 2000000
- 40040	Invoice #
Work Order # E 16910	Acct. #



# MT HOPE CEMETERY

GI	RAVE BI	LIND CH	ECK FC	RM	
Write in the name block marked with existing marker's in the burial space.	"X". Plac	e the name	e's, lot #	and grave	# of all
	Ziniga	AX			
			1.		(A)
Interment space for:	Salwa	a Hishm	neh K	amisiz	ian 8
Interment Date:		Т	ime:	a:30p.	~
Lot: 263 Grave	2	Row:	_ Sect:.	2 Di	v:
Grave Laid out by: _				00	
Agrees with Legal C	-2			1904	over 1
Blind Check & Veri			10	_ Date: _	E PA

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN		IC. LAST (FAMILY)	***	MONTH DAY, YEAR MO	DATE OF DEATH 4 SEX
SALWA SA CITY OF DEATH	-	HISHMEH	SB COUNTY OF DEA	The state of the s	6. NAME, RELATIONSHIP, FULL MAILIN	/01/2002 F
	DDRESS OF CALIFO	DIEGO PRIMA—FUNERAL DIRECTOR OR PER 5027 EL CAJON B	LVD -	IF APPLICABLE	JOHN KAMISIZIAN: S 5885 EL CAJON BOUI SAN DIEGO, CA 9211	EVARD, #101 '
	T 13-	SAN DIEGO, CA 9		FD 790	BA. SIGNATURE OF APPLICANT PARMIT	
ACKNOWLEDGMENT OF A	Section Section	by acknowledge as applicant that the propose in 10376 of the Health and Salety Code, and #8	s authorized purposet to Section 7100 of I	he Health and Salety Code.	morthway of the Malayland College was a second and the second	(10) 02/06/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CA AND IS THE AUTHO IN THIS PERMIT.	SSUED IN ACCORDANCE WITH PR LIFORNIA HEALTH AND SAFETY C DRITY FOR THE DISPOSITION SPECI IS NO RIGHT OF DISPOSAL OUTSIDE OF CALF	FIED \$7.00	DIANA LI 02/07/20		REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BO	REGISTRAR OF DISTRICT OF DISTR			R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNIA	
10: AUTHORIZED DISP	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				FOR CORONE	R'S USE ONLY
A BURIAL (INCL.  B CREMATION  C. DISPOSITION  THAN IN A C.  D SCIENTIFIC U	OF CREMATED R		F. DISINTERMENT G. SHIF IN TO CALIF		(Name and Addres	ING-REMAINS LOCATED A
BURIAL	12/16 C	ADDRESS OF CALIFORNIA CEN KEMAINS: MOUNT HOL RKET STEET, SAN	E CEMETERY:	118. DATE BURIE	D CLIC BENEVILLE OF PERSON	N CHARLES TO AUBIN
CREMATION	GREENWOO	ADDRESS OF CALIFORNIA CRE DD CREMATORY: I-8 SAN DIEGO, CA 92	05 & IMPERIAL	2 9 0	TEO 12C SIGNATURE OF PERSON II	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138 DATE RECE	IVED 13C SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT		ADDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		BEAREST POINT ON SHORELINE, C IDENTIFY FINAL PLACE AND CA D		158 DATE OF DISPOSITION	15C SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N 150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
RESPONSIBLE F	COURRED OR	NG AND FORWARDING THE	THE POINT WHERE TH	S OF DISPOSITION	ON THE PERSON IN CHARGE ON TO THE REGISTRAR OF THE EMAINS WERE SCATTERED AT DATE.	DISTRICT IN WHICH
COPY 1		STATE OF CALIFORNIA D	EPARTMENT OF HEALTH: BE	RVICES, OFFICE OF	STATE REGISTRAS	VS9 (BEV 6.91)

### INTERMENT ORDER

City of San Diego

Date 2-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the concept to the concept of the co	e remains
in a ASN VAVLT Funeral, date, time Thuns Febra	#3:00
Church, Chapel, Graveside WITHESS : ANDRA LASHAW	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$_	
will be applied and billed to undersigned	
Lot 448 Grave Row Section Division/Block	10
Grave space & Care Fund // / / Need 0-2025	-0
Additional spaces and care fund	
Opening/Closing & Setup	4
Burial Container	-6
Handling Fees	-0_
Flower vases – Marker setting fee	_
Recording and filing fee	-6_
Sales taxes	0
Total Due	0
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 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harr any liability on account of said authorization and interment.	represent nless from
I hereby authorize the interment in lot I Signature Address	
Signature of recorded holder of deed  City  Selephone	Zip Code
Work Order # E 16911   Acct. #	

	(	GRAVE BL	IND CH	ECK FO	RM	
block m existing	arked wit marker's	e of the dec h "X". Place in the appr E - 16 9 11	e the nam opriate sp	e's, lot # a ace(s) tha	and grave at are adja	# of all cent to
44 2	446	447 ALLISON	448 <sub>X</sub>	449 SLAGEL	450 HOMMAS	451 50HN50
						*
		r: ESTHE HUR 2-				
Lot: 44	8 Gra	ive:	Row:	Sect:	D	iv: 10
		Card: Y				n iii
Agrees	with Map:	☐ Yes crified By: _		No		2/13/02

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDEN	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMI	LYI		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH 4. S
sther		E.	Congdon			04/04/1915	02/0	7/2002 Fe
CITY OF DEATH			58 COUNTY OF ENTER STAT	DEATH—OUTSIDE CALIF		F, RELATIONSHIP, FULL N FORMANT	MAILING AC	DRESS AND ZIP COD
an Pedro			Los Ange		Don	na B. Youtse	ey - 1	Niece
		IA-FUNERAL DIRECTOR OR PERSO	ON ACTING AS SUCH 7			7 Denison At Pedro, CA		1
cNerney's M		Doden Ch 0073	1	FD-418	Annual State of State	NATURE OF APPLICANT—		
	( Teache )	Pedro, CA 9073	in. Disposition stated becam is on			Janus Sta	CI.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ACKNOWLEDGMENT OF AP	PERCONT Section 10	376 of the Health and Salety Code, and was as SED IN ACCORDANCE WITH PROV	athanced pursuant to Section 7.	100 at the Health and Safety Code.		With the last of t	-	02/12/2
PERMIT	SIONS OF THE CALIF	FORNIA HEALTH AND SAFETY GOO TY FOR THE DISPOSITION SPECIFIE	)E	J. STA	Managed Services and Services of Services	SO. SIGNATURE OF LO	JUAL HEG	SIRAR IBSUING FER
JTHORIZATION OF	IN THIS PERMIT.	IO RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	67 00	O DOTE STANDED VICE VICE		798-168	327	
6	CONTRACTOR OF STREET	EGISTRAR OF DISTRICT OF DEA		E. ADDRESS OF REGISTRA	AR OF DIST			
ON REQUIRES A NEW	IF DEATH OCCURRE		i i			OTHER DISTRICT IN CALIFO		
RMIT TO SHOW FINAL DISPOSITION.	313 N. Fig	ueroa St. Los An	geles,CA !	3851 Rosecra	ans St	. San Diego	o, CA	
CHAP CONTROLL								The second second
						FOR COR	ONER'S	USE ONLY
AUTHORIZED DISPO	DISTION(S) CHECK A	PPLICABLE ITEMS	E. TEMPORARY  F. DISINTERMEN  G. SHIP IN TO C	ıT .			PENDING	USE ONLY  REMAINS LOCAT
AUTHORIZED DISPO	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE 11A. NAME AND A MOUNT HOE	PPLICABLE ITEMS	F. DISINTERMEN Q. SHIP IN TO C H. TRANSIT TO	ıT .	100	L Disposition	PENDING ddress)	-REMAINS LOCAT
A BURIAL (INCLUMANT)  B. CREMATION  C. DISPOSITION (INCLUMANT)  C. DISPOSITION (INCLUMENT)  D. SCIENTIFIC US	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Mark	PPLICABLE ITEMS  AINS OTHER  DDRESS OF CALIFORNIA CEME DE CEMETERY	F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO  TERY	CALIFORNIA OUTSIDE OF CALIFORN 118 DATE BUF  02//\$/	RIED   11	Disposition (Name and A	PENDING ddress)	HARGE OF BURIAL
A BURIAL (INCLUMANT)  B. CREMATION  C. DISPOSITION (INCLUMANT)  C. DISPOSITION (INCLUMENT)  D. SCIENTIFIC US	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Mark 12A. NAME AND A ROOSEVELT	PPLICABLE ITEMS  AINS OTHER  DDRESS OF CALIFORNIA CEME DE CEMETERY  Let St. San Dieg	F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO  TERY  O, CA  ATORY	CALIFORNIA OUTSIDE OF CALIFORN 118 DATE BUF  02//\$/	RIED   11	C. SIGNATURE OF PER	PENDING ddress)	HARGE OF BURIAL
AUTHORIZED DISPO	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Mark 12A. NAME AND A ROOSEVELT 18255 S. 13A. NAME AND A	PPLICABLE ITEMS  JAINS OTHER  DDRESS OF CALIFORNIA CEME DE CEMETERY Let St. San Dieg DDRESS OF CALIFORNIA CREM. Crematory	F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO  TERY  O, CA  ATORY  dena, CA	OUTSIDE OF CALIFORN  118. DATE BUF  02//\$//	AIED 111	C. SIGNATURE OF PER	PENDING ddress)	HARGE OF BURIAL
AUTHORIZED DISPO	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Mark 12A. NAME AND A ROOSEVELT 18255 S. 13A. NAME AND A	DDRESS OF CALIFORNIA CEME DOE CEMETERY Set St. San Dieg DDRESS OF CALIFORNIA CREM. Crematory Vermont Ave Car DDRESS OF CALIFORNIA FACILI	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO TERY O, CA ATORY  Gena, CA ITY RECEIVING REMA	CALIFORNIA OUTSIDE OF CALIFORN  118 DATE BUF  128 DATE CREW  03-/13-/2	MATED 12	C. SIGNATURE OF PERSONATURE OF PERSO	PENDING ddress)	HARGE OF BURIAL MARGE OF CREMATIC
AUTHORIZED DISPO	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Marix 12A. NAME AND A ROOSEVELT 18255 S. 13A. NAME AND A N/A  14A. NAME AND A REMAINS OR	PPLICABLE ITEMS  DATE OF CALIFORNIA CEME DE CEMETERY LET St. San Dieg DDRESS OF CALIFORNIA CREM. Crematory Vermont Ave Gar	F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO  TERY  O, CA  ATORY  Gena, CA  ITY RECEIVING REMA	CALIFORNIA OUTSIDE OF CALIFORN  118 DATE BUF  128 DATE CREW  03-/13-/2	MATED 12	C SIGNATURE OF PERSONAL CONTRACTOR OF PERSONA	PENDING ddress)	HARGE OF BURIAL PARGE OF CREMATIC
AUTHORIZED DISPO	DISTION(S) CHECK A DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP 3751 Marx 12A NAME AND A ROOSEVELT 18255 S. 13A. NAME AND A N/A  14A. NAME AND A REMAINS OR	PPLICABLE ITEMS  DDRESS OF CALIFORNIA CEME DOE CEMETERY Let St. San Dieg DDRESS OF CALIFORNIA CREM. Crematory Vermont Ave Gar DDRESS OF CALIFORNIA FACILI	F. DISINTERMEN  G. SHIP IN TO C  H. TRANSIT TO  TERY  O, CA  ATORY  Gena, CA  ITY RECEIVING REMA  DR COUNTRY WHERE BE SHIPPED	OUTSIDE OF CALIFORN  118 DATE BUF  129 DATE CREW  03-113-13-13-13-13-13-13-13-13-13-13-13-1	MATED 120 MATED 120 MODE (130 DEIVED 130	C. SIGNATURE OF PERSONATURE OF PERSO	PENDING IN COUNTY SKIN IN COUNTY SKI	HARGE OF BURIAL ARGE OF CREMATIC

COPY 1

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

VS 9 (REV. 6 191)

### INTERMENT ORDER

Buite

City of San Diego

Date 3-8-02

work day or an extra ch	Mortuary.
work day or an extra ch	The second second
	arge of \$
MUSLIM	
AT SSO,00	ion/Block
AT SSOOO	1650.0
Total Due	
D CILLUI	Th <0.00
Inder 13	1000
Balanc	e due
of the above indicated. I	ove named decedent
ree to hold Mt. Hope Cer	netery harmless from
ietit	
ature	
O(P)	
	Zip Code
phone	
oice #	
	voice #ct. #vallable in alternative fo

@ Printed in respeled paper

### INTERMENT ORDER

City of San Diego

Date 2-11-03

You are hereby authorized and instruction ALFREDA	ed, subject to your rules and regulations, to in	er the remains
ina LINER	Funeral, date, time WED 2-1	3 11:00
Church Chaper Graveside	: CA BORIA	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of	15
will be applied and billed to undersigned	d	
Not 10 6 Grave 3 Rov	v Section3_ Division/Blo	nck 12
		115.00
Additional spaces and care fund	PAID	32200
Opening/Closing & Setup		3 /5:00
Burial ContainerFE	B 1 1 7007	170.00
Handling Fees	IOPE CEMETARY	145.00
	F SAN DIEGO, CA	UZ DD
Recording and filing fee		14 73
Sales taxes		1864.7
	Paid receipt number R- 54650	1564-73
I hereby certify I am the X HUSh	Balance due of the above no sition of remains as above indicated. I certify	
that I have the right to make this authorized any liability on account of said authorized	ization and I agree to hold Mt. Hope Cemetery	harmless from
I hereby authorize the interment in lot I hold under deed.	3676 Varidyke AVE 1	Parist
Signature of recorded holder of deed	- SAN JIEGO	72105 Zip Gode
	G19-255-105-1	
F 40040	Invoice #	The last
Work Order # E 16913	Acct. #	
The second secon		

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. F = 16913

	clemon's	MORGAN	MC G C C	Ч	3	TAYLOR
	Ducke R	Fobes 8	HALL	. 10	MYERS 11	13
					- 1	*
Intermen	t space for:	ALFE	KEDA	McGer	e	
Intermen	t Date: WE	p a-	13	Pime:	1.00.	
Lot: 101	Grave	3	Row:	Sect: -		iv: 12_
Grave La	aid out by:	NE	DF			
	vith Legal C			J No	thy "	June 1
A. Maria		7				

No

Callion Date; 2/12/02

Agrees with Map: Yes

Blind Check & Verified By: Kennage

#### 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)	1B, MIDDLE	1C. LAST (FAMILY)	Total Control of the	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
ALFREDA		PATRICIA	TOOMER-He	GEE	06/12/1961 02/01/2002 PE
EL CAJOR			5B COUNTY OF DEA	TH-OUTSIDE CALIF. 8.	NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DE INFORMANT ACCEE, JR-HUSBAND
CALIFORN	DADDRESS OF CALIFORNIA CREMATION CAJON BLVD.,	A FUNERAL DIRECTOR OR PER & BURIAL CHAPE SAN DIRECO, CA	T.	ALF LICENSE NUMBER HF APPLICABLE	SAN DIEGO, CA 92105  (SIGNATURE OF APPLICANT—FENSE Isleng permi), 88. DATE SIGNED
ACKNOWLEDGMENT (	OF APPLICANT   1 hereby a Section 10	ocknowledge at applicant that the proposi 376 of the Health and Safety Code, and wa	ed disposition stated hereis is one of the as authorized pursuent to Section 7100 of	n dispositions authorized by	Jana Leman 1 02/12/200
PERMIT  AUTHORIZATION C  LOCAL REGISTRA	AND IS THE AUTHORI'	IED IN ACCORDANCE WITH PROTOKULA HEALTH AND SAFETY OF THE DISPOSITION SPECIAL WITHOUT OF CALIF	\$7.00	PAID 98 DATE PERMIT ISS 02/12/2002 J.BENYARI	DE SIGNATURE OF LOCAL REGISTRAP ISSUING PERMIT
TION REQUIRES A NET PERMIT TO SHOW FIN DISPOSITION.	VITAL RECO	EDISTRAF OF DISTRICT OF I	222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA
IG. AUTHORIZED D	ISPOSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
			The state of the s		
B. CREMATIO	ON OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN 10 CALIF	ANGERSMONE A	L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
B. CREMATIO C. DISPOSITION THAN IN A D. SCIENTIFIC	ON OF CREMATED REM COMETERY CUSE	DDRESS OF CALIFORNIA CEN	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	OFINA, SIDE OF CALIFORNIA 111B. DATE BURIED	(Name and Address)  11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
B. CREMATIO	ON OF CREMATED REMATED USE  11A NAME AND ALL MT. HOPE  3751 MARK	DDRESS OF CALIFORNIA CEN	F. DISINTERMENT G. SHP IN 10 CALF H. TRANSIT TO DUT METERY GO, CA 92102	ORNA. SIDE OF CALIFORNIA	(Name and Address)
B. CREMATIO C. DISPOSITION THAN IN A D. SCIENTIFIC BURGAL	ON OF CREMATED REM COMETERY 11A NAME AND AI MT. HOPE 3751 MARK	DDRESS OF CALIFORNIA CER CEMETERY ET ST., SAN DIE	F. DISINTERMENT G. SHIP IN 10 CALF H. TRANSIT TO GUT METERY  GO, CA 92102 EMATORY	ORNA, SIDE OF CALIFORNIA  11B. DATE BURIED  2-73-02  12B. DATE CREMATED	(Name and Address)  11C SIGNATURE OF PERSON IN CHARGE OF BURIAL  Acresson Language  Acres
B. CREMATIO  C. DISPOSITION  D. SCIENTIFIC  BURGAL  CREMATION  BOLIENTIFIC	ON OF CREMATED REM TO CEMETERY TO USE  11A NAME AND AL  12A NAME AND AL  13A NAME AND AL  14A NAME AND AL  14A NAME AND AL	DDRESS OF CALIFORNIA CER CEMETERY ET ST., SAN DIE DDRESS OF CALIFORNIA CRE	F. DISINTERMENT G. SHE IN 10 CALF H. TRANSIT TO DUT METERY  GO, CA 92102 EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE	ORNA, SIDE OF CALIFORNIA  11B. DATE BURIED  2-73-02  12B. DATE CREMATED	(Name and Address)  11C SIGNATURE OF PERSON IN CHARGE OF BURIAL  12C SIGNATURE OF PERSON IN CHARGE OF CREMATION

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



### INTERMENT ORDER

City of San Diego

Date 2-12-02

You are hereby authorized and instructed, s	Delta Control and the second	and regulations	to inter the remains
of MARIE DISH	9 4		- 10
in a LINER	Funeral, date, time	TUES	2=17 11:0
Church Chapet Graveside	: 0	A BUR	Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day	or an extra cha	ge of \$
will be applied and billed to undersigned.			
V 213 1		2	10
Lot 213 Grave 1 Row_	Section	7 Division	on/Block / of
Grave space & Care Fund		***************************************	845.00
Additional spaces and care fund			
Opening/Closing & Setup	PAID		375.00
Burial Container	ee Townson		190,00
Handling Fees	FR 1 4 MILE		145.00
Flower vases - Marker setting fee M.T.	HOPE CEMETA	RY	
Recording and filling fee	OF SAN DIEGO		45.00
Sales taxes			14.73
in I throughout	то	tal Due	1664.23
Paic	receipt number	-54659	_1664.73
V. X		Balance	due
I hereby certify I am the	اعا	of the abo	ove named decedent
that I have the right to make this authorization any liability on account of said authorization	in and I agree to hold	Mt. Hope Cen	netery harmless from
any liability on account of said authorization	and interment	Mar.	Nael
I hereby authorize the interment in lot I hold under deed.	Segranure	one c	race
2	X 150 J	alimer	51
Signature of recorded horder of deed	X San	Duez	CA 92114 20 Coose
	1(619)	243-7	066
	Annual Control		
E 16014	Invoice #		
Work Order # L 10914	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.

the burial sp	ace.				
	ntwase	903 X 1	2	3	EDMONDS
		7	8	9	10
					*
Interment spa	ce for: MARI TVE 32-15	E Bis	shop	, p 0°	
	Grave:\				iv: <u>\2</u>
Grave Laid o	ut by: <del>Ve</del>	49	4 8		
Agrees with I	Legal Card: Y	es [	J No	dy	in
Agrees with l	Map: 🗆 Yes	01	No		
Blind Check	& Verified By:	my to	Olivis	_ Date:	2/14/02

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

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

14	MARIE	ENT—FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)	OP		2. DATE OF BIRTH 027057 1921		OF DEATH	4. SEX
5/	NATIONAL	CITY		SE COUNTY OF DE	ATH-OUTSIDE CALIF.	6. NAME. OF INF	RELATIONSHIP, FULL MORMANT ARA NOEL-NII	ECE-1	ORESS AND Z	P CODE
7/	CALIFORNIA	A BURIAL CH			CALIF LICENSE NUMBER  -IF APPLICABLE  70-1689		SAN DIEGO, (		The state of	E SIGNED
	ACKNOWLEDGMENT OF A			med disposition stated herein is one of was authorized pursuant to Section 7100 o		-	- JE 10		02/14	4/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC ID INSET OF DISPOSAL DUTSEE OF CALL	CODE CIFIED \$7.00	PAID SE DATE PERMI 02/14/2 C.RUSS		2202820	CAL REGI	STRAR ISSUIN	IG PERMIT
1	ON REQUIRES A NEW ERMIT TO SHOW FINAL	VITAL KECON	EDISTRIAN OF DISTRICT OF EDISTRIAN 852 CA 92186-5222		ODRESS OF REGISTRAP F DISPOSITION IS TO OCC			RNA		
10	A. BURIAL (INCL)			E. TEMPORARY EN			FOR COR	PENDING	USE ONLY	
	BURIAL	MY. WHERE S	CA 92102	MARKET STREET	118. DATE BURIE	D 110	PAA D	SON IN C	HARGE OF BU	JRI O
BLE ITEMS	CREMATION	12A. NAME AND AI	DORESS OF CALIFORNIA CE	REMATORY	12B. DATE CREMA	TED 170	SIGNATURE OF PER	SON IN CH	MARGE OF CRI	EMATION
ALL APPLICA	SOIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECE	VED 13C	. SIGNATURE OF PER	SON IN C	HARGE OF FA	ACILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE 1		148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
0	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	158. DATE OF DISPOSITION		SIGNATURE OF PER- CHARGE OF DISPOS		15D LICENSE OF CREM MAINS 0	ATED RE-

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

### INTERMENT ORDER

City of San Diego

Date 2-13-02

of DOROTHY EDE	Funeral, date, time FR; 2-15 900
Church, Chapel, Graveside W.TNE S All Funeral cars must arrive before 3:30 p.m.	S : PINKHAM MITCHEL MORTHARY
will be applied and billed to undersigned	
Lot 37 Grave 2 Row_	Section 2 Division/Block 4
Grave space & Care Fund	- hus
Additional spaces and care fund	Nua E-16563 -0
Burial Container	-0
landling Fees Latinary	altracter -0
Flower vases - Marker setting fee	5-50-0,5
Recording and filing fee	4
Sales taxes	_+
	Total Due
Paid	receipt number
	Balance due
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 deceden of remains as above indicated. I certify and represen and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	Signature
	Address
ignature of recorded holder of deed	City Zg Code
	Talaphone
	Invoice #
Nork Order # E 16915	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.

	CLOYD	DK-4DOOM 3	37 X 3	l		
Lat.					.4	
Interment	space for:	DOROT	HY ED	ER.		
Interment		. 3	Row:		<u> </u>	Div: 4
Grave La	id out by: _	1	riky		1	
Agrees w	ith Legal C	Card: Y	es [	J No		
Agrees w	rith Map: [	J Yes	O1	Vo 11 -	- 11	* 1 . 1
Blind Che	eck & Ver	ified By:	Kenny	eth Co	Undate:	2/13/09

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

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

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE LINCOLN	1C. LAST (FAMILY)	DER			OF DEATH 4. SEX
5A	CITY OF DEATH	Coronado	THE PARTY FROM	5B. COUNTY OF DEAT ENTER STATE SE	n Diego	OF INF	RELATIONSHIP, FULL MAILING AD ORMANT ATT E. Eder - Hus	A STATE OF THE PARTY OF THE PAR
3	Pinkham-Mit	chell Mort		ACTING AS SUCH 78. CA	LIF LICENSE MUMBER		First Street, #	
	Imperial Be		1932	was a second second	animacono - mare	8A. SIGNA	TUBE OF APPLICANT-Berson taking	
	ACKNOWLEDGMENT OF AP	PLICANT I heraby as Section 103	dissoviedge as applicant that the proposed disp (76 of the Health and Safety Code, and was autho	collion stated Aerest is one of the prized pursuant to Section 7100 of t	in Health and Safety Code.	KHI.	auntking	02/14/2002
	PERMIT UTHORIZATION OF	BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED O MENT OF DISPOSAL DUTING OF CALIFORNIA.	\$7.00	J.E. King	02	C SIGNATURE OF LOCAL REG 2202809	ISTRAR ISSUING PERMIT
AN	The state of the s	The second secon	GISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA		DRESS OF REGISTRAR	OF DISTRI	CT OF DISPOSITION— THES DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPO	DSITION(S) CHECK AF					FOR CORONER'S	USE ONLY
The state of the s	B. CREMATION		UNS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA		I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATE AT
	BURIAL	Mt. Hope	CA 92102	rket Street	2-15-02		Norman For	CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AE	ODRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMAT	The second second	SIGNATURE OF PERSON IN C	TANGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	N/A	DRESS OF CALIFORNIA FACILITY	PRECEIVING REMAINS	13B. DATE RECEN	/ED 13C.	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B DATE SHIPPE	D 14G	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISO 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.



### INTERMENT ORDER

GRAVE OF WILLIE &

REA-104 (7-96)

City of San Diego

Date 2-13-02

of NINA KENLI	
in a Li WC YC	Funeral, date, time 3AT. FEB. 16th 12:
Church Change Graveside	GREENWOOD Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 18 Grave 7 Row_	Section 4 Division/Black
Grave space & Care Fund	12-New D-5/31 -0
Additional spaces and care fund	unday overline 600,00
Opening/Closing & Setup	375.00
Burial Container	190,00
Handling Fees	1/2,00
Flower vases - Marker setting fee	PAID
Recording and filing fee	45.00
Sales taxes	FEB 13 (1) 11.73
N.	T. HOPE CEMETARIOUS 1561./3
É	Grophis Amber 988ki R-54651
X	All Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make his authorizational 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 n and interment.
I hereby authorize the interment in lot I hold under deed.	X GEORGE A. KENLINE SIGNALINE POBON 1214 GIZ QUALL DR
Signature of recorded hooser of deed	) Cay Bic BENT LANCE, CA 92815 Yalaytone
Work Order # E 16916	Invoice #

O Franted on recycled paper

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.

			105		NLINE	1/9
	HEAD	- 00	TAS	hes Lest	sin	و
	like, s		##Diamehranesy.		REP	LACE
PHIONOI (9)	Kennine	Kentin a	X I		KFTE	E BUR
					-	
nterment	space for:	NINA	KENL	INF		
nterment				ime:	*	
81 :1a			Row:	Sect:		v: <u>6</u>
Grave La	id out by.	DAK	regl o	E Kit		
Agrees w	vith Legal C	lard: 🗆 Y	es (	J No	April &	ine
Agrees v	vith Map: (	J Yes	0	No		

Blind Check & Verified By: Ken Collins Date: 2/14/0

### 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 (FAMILY)	ELE TA DA			ATE OF DEATH	4. SEX
	NXNA	ABOVE ABOVE	PINBLEY	KENL		08/1	8/1912 02	/11/2002	F
5A	CITY OF DEATH			5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.	6. NAME, RELATION	ISHIP, FULL MAILING	ADDRESS AND ZIF	CODE
-	SAN DIE	ZGO		SA	M DIEGO		. KERLINE:	SON	
7A				RSON ACTING AS SUCH 78 CA	LIF. LICENSE NUMBER	P.O. BOX	1214		
	GREKNWOOD		I-805 & IMPERIA	T. AVENUE	A STATE OF THE STA		LAKE, CA		
3			SAN DIEGO, CA 9	92102 F ad discontion stated besen is one of the	D 843	BA. SIGNATURE OF	APPLICANT—Ferson tal	ng permit; 8B. DATE	SIGNED
-	ACKNOWLEDGMENT OF A			as authorized oursuged to Section 7100 of th		> occar	- Chran	02/15	/2002
	PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PROPERTY OF THE SAFETY OF	ODE	AID OR DATE PERMIT	THE CHARGE CHARGE CO.		EGISTRAR ISSUIN	3 PERMIT
Al	THORIZATION OF	AND IS THE AUTHORIT	Y FOR THE DISPOSITION SPEC	\$7.00	02/15/20	02 22021	386		
L	DCAL REGISTRAR		D NIGHT OF EXPOSAL OUTSIDE OF CALF	The state of the s	ORESS OF REGISTRAR		enoemon	-	_
	ON REQUIRES A NEW	IF DEATH OCCURRE	D IN CAUFORNIA		DISPOSITION IS TO OCC				
PE	RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	The state of the s			- "			-
10	AUTHORIZED DISP	DSITION(S) CHECK A	CA 92186-5222				FOR CORONER	S USE ONLY	
1				AT I - TOURS AND THE	UNI TRAFFICE	1 1			
1	B CREMATION	ICEB ENTOMBMENT)		F. DISINTERMENT	NUL I MENI		DISPOSITION PENDI (Name and Address		GATED AT
i	The second secon	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	CONTA	930			
Ì	THAN IN A CE			H. TRANSIT TO OUTS	T. C.				
		THE NAME AND A	DORESS OF CALIFORNIA CE			D LIC FICHAT	INF OF BEREAU	CHINGE OF BU	etta)
	BURIAL	Breight and the state of the st	E CEMETERY	METERT	11B DATE BURIE	I TIC. SIGNAL	URE OF PERSON IN	CHANGE OF BU	HINL
	DUMINE	THE RESERVE AND PARTY OF THE PA	STATE OF THE PARTY	DIEGO, CA 92102	12/11/0	21 2	the	Mind	100
EMS			DRESS OF CALIFORNIA CR	The state of the s	12B DATE CREMA	TED 12C SIGNAT	URE OF PERSON IN	CHARGE OF CRE	MATION
=	CREMATION	THE PERSON NAMED IN COLUMN TWO			1	1			
8	SECRETAL SECTION AND ADDRESS OF THE PARTY OF								
2		13A. NAME AND AD	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138 DATE RECEI	VED 13C. SIGNAT	URE OF PERSON IN	CHARGE OF FA	CILITY
APP	SCIENTIFIC				1				
1	USE			THE RESIDENCE OF THE PARTY OF T	1				
E			DRESS IN RECEIVING STATI		148. DATE SHIPP		S AND SIGNATURE		CHARGE
HE	TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO	O BE SHIPPED	1	OF PLA	CING WITH THE CA	ARIER	
90					1				
0	SCATTERING AT SEA			OR OTHER DESCRIPTION SUF-	158 DATE OF		URE OF PERSON IN		
	OR DISPOSITION OTHER	FICIENT TO IDE	INTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITION	CHARG	E OF DISPOSITION	MAINS DI	SPOSER
1	THAN IN A CEMETERY				1	<b> </b>		I —IF APPL	ICABLE .

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



### INTERMENT ORDER

City of San Diego

Date 2-14-07

or TIANNA BON	bject to your rules and regulations, to inter the remains
in a #   LINER	Funeral, date, time TUE 2-19 1,00
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	
bot 217 Grave 3 Row_	Section 2 Division/Block 12
Grave space & Care Fund	013.00
Additional spaces and care fund	277.00
Opening/Closing & Shop A	3 (3.00
	13,00
The state of the s	50.00
Flower vases Marko Setting fee TARY	45.00
Recording a GITN DESAN DIEGO	73.00
Sales taxes	111731
	Total Due 196 (+36
Paid	receipt number R- 54664 1167-30
* mall	Balance due
	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
	xaBenuel 22893
I hereby authorize the interment in lot I hold under deed.	* 7138 Terra Cotta Ed
Cignature of recorded holder of deed	X San Diego 92114 (019/19) 445-8831 24 Cons
Work Order # E 16917	Invoice #

C Printed an Decyclad 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.

	Bonnen 7	Bonner	*1x3	4	MALLMAN (1	GRAVE 12
Interment	space for:	e a-	NNA Ti	BONN	er oo	v.
10:217		3	Row:			v:
			5.34	1 v.	All	100

Blind Check & Verified By: Kan Collins Date: 218510

Agrees with Map: Yes

E16917

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

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

THE ASSESS A	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMIL	·n			3. DATE OF DEATH	4. SEX
TIANNA CITY OF DEATH SAN DIEGO		INI	58. COUNTY OF	DEATH—OUTSIDE CALIF.	6. NAME, R	ELATIONSHIP, FULL MAI	LING ADDRESS AND	And in column 2 is not a second
CALIFORNIA	CREMATION	& BURIAL CHAI SAN DIEGO,	PEL		7138 SAN D	TERRA COTTA	RD. 2114 sen tawag pegali, 88. D/	
ACKNOWLEDGMENT OF AP			proposed dispession stated herein is one and was authorized pursuant to Section 730		> W	motte day	102/	18/200
PERMIT LUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH DRINIA HEALTH AND SAFE Y FOR THE DISPOSITION S I WHAT OF DISPOSAL DUTSON OF	SPECIFIED \$7.00	02/19/20	02	2202971	AL REGISTRAR ISSU	NO PERMIT
Y CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VI-PAT RECO	GISTRAR OF DISTRICT O IN CAUFORMIA RDS-P.O. BOX CA 92186-5	85222	E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC			<b>a</b> A	
AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMB			- 1	FOR CORO	NER'S USE ON	Y
A. BURIAL ONCLU	IDES ENTOMBMENT)		E. TEMPORARY	ENVAULTMENT	1		ENDING-REMAINS	OCATED A
B. CREMATION	OF CREMATED REMA	DRESS OF CALIFORNIA CENETERY 37	F. DISINTERMENT G. SHIP IN TO CO	F.	D NC.	I. DISPOSITION PI (Name and Add	freat)	0
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKETERY. BE 11A. NAME AND AS MT. HOPE	DRESS OF CALIFORNIA CENETERY 37	F. DISINTERMENT G. SHIP IN TO CO. H. TRANSIT TO CO. CEMETERY 51 MARKET ST. CA 92102	T ALIFORNIA DUTSIDE OF CALIFORNIA		Ulame and Add	ON IN CHARGEFOR	- URLAN
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKED SE	DRESS OF CALIFORNIA CEMETERY 37 SAN DIEGO DRESS OF CALIFORNIA	F. DISINTERMENT G. SHIP IN TO CO. H. TRANSIT TO CO. CEMETERY 51 MARKET ST. CA 92102	ALIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	TED 12C.	Name and Add	ON IN CHARGE OF CO	HEMATION
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKETERY.  BE  11A. NAME AND AL  12A. NAME AND AL  13A. NAME AND AL  14A. NAME AND AL	DRESS OF CALIFORNIA CEMETERY 37: SAN DIEGO DRESS OF CALIFORNIA DRESS OF CALIFORNIA	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO CA CEMETERY 51 MARKET ST. CA 92102 CREMATORY FACILITY RECEIVING REMARK STATE OR COUNTRY WHERE	ALIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	VED 19C. 1	(Name and Add	ON IN CHARGE OF CO	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.

### INTERMENT ORDER

City of San Diego

Date 2 14 02

You are hereby authorized and instruct	ed, subject to your rules and regulations, to in	ter the remains
of HARRY H.DO	SAKBORN X	
In a ASH VAULT	Funeral, date, time FRI bay, FEB	,22 and lion
Church, Chapel Graveside	ELCAJON MOT	Fualy Mortuary.
All Funeral cars must arrive before 3:8	0 p.m. of regular work day or an extra charge of	150.00
will be applied and billed to undersigne	d	
Lot 4471 Grave Ro	w Section Division/BR	ser_10_
Grave space & Care Fund	w Section Division/BR	0
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container	PAID	55.00
Handling Fees		60.10
Flower vases - Marker setting fee	FEB 2.0 2002	
Recording and filing fee	MT. HOPE CEMETARY	45.00
	CITY OF SAN DIEGO, CA	4.26
to in way.	Total Due	269.26
July 2d to year man	Paid receipt number R-54673	269.26
-1. Con	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 re osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ration and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	City	Zip Gods
	Invoice #	
Work Order # E 16918	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.

the burial space.				
	FEM. X	17877 Caus 7		
	HUC!		4473	150 daida
			-	
Interment space for:	Row:	_ Sect	1.00	Div:
Grave Laid out by:			<i>-</i> 0	.07
Agrees with Legal Care Agrees with Map:	Yes 🗆	No	+ Cas	g de
Blind Check & Verific	d By: Ken	+ Role	ent Dat	e: 2/21/0

## INTERMENT ORDER

City of San Diego

Date 2 14 02

. ASH VALLET	Funeral, date, time FRI bay, FEB, 22 nd
hurch, Chapel Groveside	FL CA JUN Morhamundian
Il Funeral cars must arrive before 3:60 p.m.	of regular work day or an extra charge of \$ 150.00
ill be applied and billed to undorsigned.	
OI 4471 Grave Row	Section Division/Breck
irave space & Care Fund Ye 7 7860 (	-4159
aditional spaces and care fund	
pening/Closing & Setup	105.00
	<u>55.00</u>
	60.0
lower vases - Marker setting fee	***************************************
lecarding and filing tee	45.60
ales laxes	The state of the s
	Total Dus 269.26
Paid	receipt number
	Balance due
no this is your authority to make disposition	of the above named decedent of formaline as above indicated, I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
hareby authorize the interment in lot to old under deed.	SETTY J. NELSON NO 62 GEEENEIELD J
ground of sessions houser of John	Addiena EL CAJOL CA 921 Cay 619-442-3011 Telaphore
	Invoice #
Vork Order & E 16918	Acct. #

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95

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

1A NAME OF DECEDENT	USE BLACK INK ONLY—M/	1C. LAST (FAMILY)		2. DATE OF	HETH S DATE	E OF DEATH	4 SEX
HARRY	HUSTED	DEARBORN		08/06/1		3/2002	M
5A CITY OF DEATH	, NOSTED	58. COUNTY OF DEATH	H-OUTSIDE CALIF., (	NAME, RELATIONSHIP	CONTRACTOR OF THE PARTY OF THE		
SANTEE		ENTER STATE S	AN DIEGO	OF INFORMANT BETTY JANE	NELSON-DA	MICHTER	
The second secon	RESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS			1762 GREENF	FIELD CT	TOOTTER	
EL CAJON MO	RTUARY		FAPPLICABLE	EL CAJON, C			
684 S MOLLI	SON AVE/EL CAJON, CA 9202	Decition and the second		SA SIGNATURE OF APPL	ICANT—Ferson taking (	permit 8B. DAT	E SIGNED
ACKNOWLEDGMENT OF APPLI	SCANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Salety Code, and was a	disposition stated herest is one of the authorized pursuant to Section 7100 of th	dispositions authorized by the Health and Safety Code	- yauny s	Mela	02/1	5/200
PERMIT SI	HIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- IONS OF THE CALIFORNIA HEALTH AND SAFETY CO	DE	AID , 98. DATE PERMIT	SSUED, 9C. SIGNATUR	E OF LOCAL REG	ISTAAR ISSUIN	G PERMIT
AUTHORIZATION OF IN	ND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI I THIS PERMIT.	67.00	02/15/20		0		
Percent Linearies Committee	OTE. THIS PERMIT GIVES NO MIGHT OF INSPOSAL DISTRICT OF CALFUN.		JACKIE KO	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	CITION		
TION REQUIRES A NEW	P O BOX 85222		DISPOSITION IS TO OCCU				
PERMIT TO SHOW FINAL DISPOSITION.	SAN DIEGO, CA 92186-52	22		-			-
10. AUTHORIZED DISPOS	ITION(S) CHECK APPLICABLE ITEMS			FO	R CORONER'S	USE ONLY	-
		T E TEMPORARY ENVA	NO THEFAT	[ DISPO	DSITION PENDING	REMAINS LO	CATED AT
X A BURIAL UNCLUDE	ES ENTOMBMENT)	E TEMPONIALY BIRKS	ULIMEN)				
X A BURIAL (INCLUDE	ES ENTOMBMENT)	F. DISINTERMENT	OLIMEN)		e and Address)		GALLO:NI
B. CREMATION C. DISPOSITION OF	CREMATED REMAINS OTHER						GALLO: NI
X B. CREMATION	CREMATED REMAINS OTHER	F. DISINTERMENT	DRNIA				
B. CREMATION  C. DISPOSITION OF THAN IN A CEM  D. SCIENTIFIC USE	CREMATED REMAINS OTHER ETERY  1A. NAME AND ADDRESS OF CALIFORNIA CEME	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	(Nam	e and Address)	HARGE OF BU	•
B CREMATION  C DISPOSITION OF THAN IN A CEMI  D. SCIENTIFIC USE	TA. NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA BIDE OF CALIFORNIA 1 11B DATE BURIED	(Nam	e and Address)	HARGE OF BU	•
B. CREMATION  C. DISPOSITION OF THAN IN A CEMI  D. SCIENTIFIC USE  BURIAL	TA. NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY EGO, CA 92102	ORNIA DIDE OF CALIFORNIA THE DATE BURIED Z-ZZ-OZ	TIC. SIGNATURE	of PERSON IN C	anega .	RIAL
B CREMATION C DISPOSITION OF THAN IN A CEMI D. SCIENTIFIC USE  BURIAL 1	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREA	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY EGO, CA 92102	ORNIA BIDE OF CALIFORNIA 1 11B DATE BURIED	TIC. SIGNATURE	of PERSON IN C	anega .	RIAL
B. CREMATION  C. DISPOSITION OF THAN IN A CEMI  D. SCIENTIFIC USE  BURIAL  GREMATION	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREM CREMATION SERVICES INC.	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY EGO, CA 92102	ORNIA DIDE OF CALIFORNIA THE DATE BURIED Z-ZZ-OZ	TIC. SIGNATURE	of PERSON IN C	anega .	RIAL
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B CREMATION  C. DISPOSITION OF THAN IN A CEMI D. SCIENTIFIC USE  BURIAL  CREMATION  1 CREMATION	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREM CREMATION SERVICES INC.	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS STERY EGO, CA 92102 MATORY CA 92083	PRNIA I 11B DATE BURIED    Z - ZZ - OZ    12B DATE CREMATE    2/19/00	TIC. SIGNATURE	OF PERSON IN CO	MARGE OF CRE	RIAL
B CREMATION  C DISPOSITION OF THAN IN A CEMI  D. SCIENTIFIC USE  BURIAL  CREMATION  CREMATION  SCIENTIFIC  USE	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREA CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, 3A NAME AND ADDRESS OF CALIFORNIA FACIL	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS STERY EGO, CA 92102 MATORY CA 92083	PRNIA I 11B DATE BURIED    Z - ZZ - OZ    12B DATE CREMATE    2/19/00	11C. SIGNATURE	OF PERSON IN CO	MARGE OF CRE	RIAL
BURIAL  CREMATION  D. SCIENTIFIC USE  BURIAL  CREMATION  CREMATION  USE	TALL NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREA CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, 3A NAME AND ADDRESS OF CALIFORNIA FACIL N/A 44 NAME AND ADDRESS IN RECEIVING STATE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY EGO, CA 92102 MATORY CA 92083 LITY RECEIVING REMAINS OR COUNTRY WHERE	PRNIA I 11B DATE BURIED    Z - ZZ - OZ    12B DATE CREMATE    2/19/00	11C. SIGNATURE  12C. SIGNATURE  12C. SIGNATURE  12C. SIGNATURE	OF PERSON IN CO	HARGE OF FA	MATION CRUTY
B CREMATION  C DISPOSITION OF THAN IN A CEMI  D SCIENTIFIC USE  BURIAL  CREMATION  CREMATION  SCIENTIFIC  USE	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREM CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, 3A NAME AND ADDRESS OF CALIFORNIA FACIL N/A	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ETERY EGO, CA 92102 MATORY CA 92083 LITY RECEIVING REMAINS OR COUNTRY WHERE	PRNIA SIDE OF CALIFORNIA  11B DATE BURIED  2-22-02  12B DATE CREMATE  2/19/06  13B DATE RECEIV	11C. SIGNATURE  12C. SIGNATURE  12C. SIGNATURE  12C. SIGNATURE	OF PERSON IN CO	HARGE OF FA	MATION CRUTY
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B. CREMATION  C. DISPOSITION OF THAN IN A CEM THAN IN A CEM D. SCIENTIFIC USE  BURIAL  CREMATION  CREMATION  SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA  DISPOSITION OTHER	TA NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI 2A NAME AND ADDRESS OF CALIFORNIA CREA CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, 3A NAME AND ADDRESS OF CALIFORNIA FACIL N/A 44 NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS  TERY  EGO, CA 92102  MATORY  CA 92083  ITY RECEIVING REMAINS  OR COUNTRY WHERE BE SHIPPED	PRNIA ITB DATE BURIED  Z-ZZ-OZ  128. DATE CREMATE  2/19/00  138. DATE RECEIV	TIC. SIGNATURE  12C. SIGNATURE  12C. SIGNATURE  14C. ADDRESS AI OF PLACING	OF PERSON IN CO	HARGE OF FA	MATION  CRUTY  CHARGE  NUMBER ATEO RE- SPONGER

COPY 1

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

VS9 (REV. 6/91)

Gran Lago

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2-15-02

You are hereby authorized and instructed, s		r the remains
of Muslim Or	compution	
in a Type of Bunal 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	s
will be applied and billed to undersigned.		-TER
151,152,153,154	muslim	
Lot Grave Row	Section Division/Block	k
	A+ 550.00	22 00.00
Additional spaces and care fund	AID	
Opening/Closing & Setup	PAID	
Burial ContainerFEE	1-5-2002	
Handling Fees		
Flower vases - Marker setting fee MT. HC	DPE CEMETARY	
Recording and filing fee	SAN DIEGO, CA	
Sales taxes		
		2200.00
Paid	receipt number R - 54(a(a)	2200.00
	Balance due _	0
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery h	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	Cny	Zip Code
	Telephone	
- 10010	Invoice #	
Work Order # E 16919	Acct. #	

#### INTERMENT ORDER

City of San Diego

2-15-03 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapal, 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. Row Division/Block Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup Burial Container...FFB Handling Fees Flower vases Managemicon ETARY YOF SAN DIEGO, C. Total Due Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment I hereby authorize the interment in lot I hold under deed. Signature of recorded twister of deed Invoice # 16920 Work Order # Acct. #

	GRAVE	BLIND CHEC	K FORM		
olock marked existing mark	with "X". Pl	leceased for whi ace the name's, opropriate space	lot # and ; (s) that ar	grave # of	all
			4	20	
		WX X	2	3 AN	DRew
		Shell?	8	9	10
Interment spa	ce for: Eve	gelina 2-21 Time	ا ما ما	o 0'	*
Lot: 243	Grave:	Row:	Sect: 2	Div: -	\2_
	Legal Card:		No &	May.	on
Agrees with	Map: 🗆 Yes	□ No			

Blind Check & Verified By: Kenneth Chico Date: 2/20/02

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

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE 1C	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
EVANGELINA	- 1	LUCERO	12/24/1930 02/14/2002 F
SA. CITY OF DEATH	58	COUNTY OF DEATH—OUTSIDE CALIF.,	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE     OF INFORMANT
CHULA VIA		SAN DIEGO	MARTHA LUCERO - DAUGHTER
	DDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTIVE		LOST MADE GROWN
THE CONTRACTOR OF THE PARTY OF	ERTS MORTUARY, 607 RATIONAL CITY	FD-284	SAN DIEGO, CA 92139
	IONAL CITY, CA 91950	No. of Concession, Name of Street, or other Party of Street, or other	BA. SIGNATURE OF APPLICANT—Forson taking permit, BB. DATE SIGNED
ACHNOWLEDGMENT OF A	Section 10376 of the Health and Salety Cook, and was authorized our	unet to Section 7100 of the Health and Safety Code	▶ Parette Vale to 102/15/2002
PERMIT	BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	MARKET CONTROL OF A MARKET CONTROL OF THE CONTROL O	IT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERSON.	7.00 02/19/2	
LOCAL REGISTRAR	NOTE: THE POINT GREE NO HELT OF DEPOSAL DUTSER OF CALFORNIA.  9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—		R OF DISTRICT OF DISPOSITION—
TION REQUIRES A NEW	IF DEATH OCCURRED BY CALIFORNIA		CUR IN ANOTHER DISTRICT IN CALIFORNIA
DISPOSITION.	VITAL RECORDSPO BOX 85222 SAN DIEGO. CA 92186-5222		
10. AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
A BURIAL (MCLL	DES ENTOMBMENT)	EMPORARY ENVAULTMENT	L DEPOSITION PENDING REMAINS LOCATED AT
B. CREMATION		DISINTERMENT	(Name and Address)
C. DISPOSITION	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFORNIA	
D. SCIENTIFIC US		FRANSIT TO OUTSIDE OF CALIFORNIA	
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	118. DATE BURI	ED   11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	MT HOPE CEMETERY, 3751 MARKET	ST	11/18
	SAN DIEGO, CA 92102	12.21.02	
The state of the s	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREM	ATED 120 SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION			
CAB		1	<b>i</b>
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECE	IVING REMAINS 13B. DATE RECE	EIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
USE			
4	LAA WANE IND ADDRESS IN DESCRIPTION OF THE SER COURS	YOU WARRE THE PARTY OF THE	PED 14G ADDRESS AND SIGNATURE OF PERSON IN CHARGE
	14A NAME AND ADDRESS IN RECEIVING STATE OR COUN REMAINS OR CREMATED REMAINS ARE TO BE SHIPP	TRY WHERE 148 DATE SHIP	OF PLACING WITH THE CAPRIER
TRANSIT			
5	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER D	ESCRIPTION SUF- 15B DATE OF	16C. SIGNATURE OF PERSON IN 115D. UCENSE NEMBER
SCATTERING AT SEA OR	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF	DISPOSITION DISPOSITIO	
DISPOSITION OTHER THAN IN A CEMETERY			-IF APPLICABLE
Variable Atabilities			

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



#### INTERMENT ORDER

City of San Diego

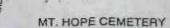
Date 2-15-2002

You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the remains
of O'DELL (	secrae
	uneral, date, time FRI. Feb. 22th 1.0
Church) Chapel, Graveside	: CABURIAL 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.	CEE ATTACHED COPY
( DIP)	SEE ATTACHES COPY
Lot 6 Grave Row	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	-555 AX
Opening/Closing & Setup	3,15,00
Burial Container	PAID 190.00
Handling Fees	14500
Flower vases – Marker setting fee	TH 15 7007
Recording and filing fee	HOPE CEMETAF 4500
	OF IGUE
27.72 -36.76	Total Due
Sales taxes CITY  234-3272  Paid re  Clor force  I hereby certify I am the Payman d	ceipt number 17 57 (809), 110 (94) 13
Glo Foxed X Dans	h Brothe Balance due
and this is your authority to make/disposition of	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I have been a marked to the second of the se	X Kaymend Deorge
I hereby authorize the interment in lot I hold under deed.	X 1537 La Cortast.
Signature of recorded holder of deed	Lemon Grove CA. 91945
and the state of t	1619-461-0336 Zoconi
•	Telliphorm
- 10001	Invoice #
Work Order # E 16921	Acct. #

@ Proposition recorded paper

REA-104 (7-96)

This information is available in alternative formats upon request.



# INTERMENT ORDER

City of San Diego

Date 2-15-2002

8/50	ject to your rules and regulations, to inter the remains
111150	uneral, date; time FRI. Feb 22th 1:00
Church) Chapel, Graveside	: CABUCIAL, Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	fregular work day or an extra charge of \$
will be applied and billed to undersigned	
1. 5	
Lot 6 Grave Row	Section Division/Block
Grave space & Care Fund	842.00
Additional spaces and care fund	
Opening/Closing & Setup	3'15.00
Burial Container	PAID 190.00
Handling Fees	
Flower vases - Marker setting fee	EB 15 2002
Recording and filing fee	HOPE CEMETAP LIST
Sales taxes CITY  234-3272 26.717  Paid re  Chorage A To Taymand	OF 100 100 100 100 100 100 100 100 100 10
2772 -46.36	Total Due
234-30 470 Paid re	ceipt number 17 576129 11009 17
Clorgares X d	1) Brothe Balance due
and this is your authority to make disposition of	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from d interment.
	X-Rammer of Roomse
I hereby authorize the interment in lot I hold under deed.	X 15371 La Corta St.
Signature of recorded hooder of deed	Lemon Grove CA. 91945
agriculta di recordat noder di desd	5,619-461-6336
	Tylephone
- 40004	Invoice #
Work Order # E 16921	Acct. #
REA-104 (7-96) This informat	on is available in alternative formats upon request.
Grave #2 Collars 14	AND THE LINERS CASKST
SHIFTS A TO THE WEST	WHEN DIGGING GENDE" 1
COR A DOUBLE DEPTH CE	YPT. THIS OCCUPED AFTER
GRAVE " I WAS Dug. THE	BOTTOM OF GRUSE # 2 GAVE
AWAY WHEN THE WINEX	THE DE THE GRADE
THE ACED LAUSEN THE	TO UNCOVER TOHE LINEARY I TO SAME DEPTH AS GET I E IN PLACE IN GPA J.
DEDIG TITE CONVENTA	TO SAME DEPEN AS GR
A SILL IT BAC	E IN PLACE IN GP F.

Beaman Doc Monument Co.

3893 Imperial Ane. Dan Diego, CA 92113 Bund Kannan-poc.com

- 13h (619) 264-1933 - Jax (619) 264-1973

E16921

Laymond George Home 619.267.83637

Daughter marshael

### GRAVE BLIND CHECK FORM

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

_	CV	e1. 00	alor	-/
			X	
1	4	9 STUTU	110,	
1	A X	3	4	5
7 achon	8	9	10	11
-1	1			

	1	8	9 STUY	Lra,		
	1	A X	3	4	5	
	Yachon	8	9	10	11	
		Ret			*	
Interment space	for: Ode	1 600	rae :			
Interment Date:_				1:00		-
Lot: 61 G	rave: 2	Row:	Sec	et: _1_	Div: 11	
Grave Laid out t	Dy: NF	DF.	7	N.		
Agrees with Leg	- Comment		□ No		Tink ala	e
Agrees with Ma	CONTRACTOR OF THE PARTY OF THE		No		V	
Blind Check &	Verified By: _	Ken (	allur	2 Dat	e: 2/20/	02

129013

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

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

	ODELL	INT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMILY) GEORGE	Tal. Pa		MONTH DAY, YEAR MONTH	DAY. YEAR	4. SEX
5.A	CITY OF DEATH		EMER STATE		RAYM	MANE, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT AYMOND GEORGE-BROTHER		CODE	
7A			SAM DIEGO, CA 9211	5	F. LICENSE NUMBER APPLICABLE	LEHO	EA CORTA ST.  N GROVE, CA 9194  TURE OF APPLICANT—PERSON THING.		SIGNED
	ACKNOWLEDGMENT OF AP	PPLICANT   1 hereby ac Section 033	knowledge as applicant that the proposed dispose 26 of the Health and Salohy Code, and was unthins	diese stated berein is one of the	dispositions authorized by	A 140	ends because	02/19	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT	ED IN ACCORDANCE WITH PROVI- PRIMA HEALTH AND SAFETY CODE Y POR THE DISPOSITION SPECIFIED BEST OF DEPOSAL OUTSEE OF CALFORNA.	9A AMOUNT OF FEE PA	02/19/20 J.BENYAR	02	2203081	ISTRAR ISSUING	PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION.	VITAL SERE	CA 92186-5222	1 100			NOT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS				FOR CORONER'S	USE ONLY	
	B. CREMATION		UNS DTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		L DISPOSITION PENDING (Name and Address)	REMAINS LOC	CATED
	BURIAL		ORESS OF CALIFORNIA GEMETER CA 92102		118. DATE BURN	D   11C	SIGNATURE OF PERSON IN C	HARGE OF BUR	RIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON IN C	HARGE OF CREA	MATION
LL APPLICA	SCHENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C	SIGNATURE OF PERSON IN C	HARGE OF FAC	HLITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED   14C	ADDRESS AND SIGNATURE COP PLACING WITH THE CARP		HARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		EST POINT ON SHORELINE, OR OTH THEY PINAL PLACE AND CA <u>DISTRIC</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. UCENSE N OF CREMA MAINS DIS —IF APPLIC	TED RE- POSER

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 2-19-2002

You are hereby authorized			s and regi	ulations, to in	ter the remain	s
of ELVIPA	2. Ste					-
in a T. S. Vaul	F	uneral, date, tin	ne FRI			13
Church, Chapel, Graveside	Deliver	1 Only	81	Cajor		
All Funeral cars must arrive	before 3:30 p.m. 6	t regular work o	fay or an e	xtra charge	ors mik	2
will be applied and billed to	undersigned					-
Lot 1117 Grave	Row	Section	3	Division/Bio	sek 8'	
Grave space & Care Fund .			C-1	2274	0	
Additional spaces and care					_	
Opening/Closing & Setup					3750	0
Burial Container	The second secon				250.0	0
Handling Fees						0
Flower vases - Marker ser	49 ISADE OFF	HANDIIIIIII	***************************************		_	
Berneding and filling lag 17	Y OF SAN DIE	CO			45.0	0
Sales taxes					19.3	8
Sales taxes			me the	17.55	874.3	8
Patr	Paid re	eceipt number _	K-2,	1670	874-3	-0
,	0		19	Balance due	-0	_
I hereby certify I am the and this is your authority to that I have the right to make any liability on account of sa	this authorization i	and I agree to h	bove indic	ated. I certify	amed deceder and represer harmless from	nt
I hereby authorize the internal hold under deed.	ment in lot I	X 3/4	1574	S. To	1Ct	
Signature of recorded halder of deed		Address TMgm City G09	ifee,	CA -1859	92584 24 Cox	ile -
Work Order # E 16	922	Invoice #_ Acct. #				AC 14-1
122 W.	This informal	lan in modificated				1

O Printed incremeled paper

	GRAVE BI	LIND CHI	ECK FO	DRM	
Write in the na block marked v existing marked he burial space	vith "X". Plac r's in the appr	e the name	e's, lot # ace(s) th	and grave	# of all cent to
66					
44	N. I.			THE STATE OF	
	11/2×21	W.	(118	Maryuns	1190 Hay
Interment space FR  Interment Date: Lot: 1117  Grave Laid out	2 - 23 - ( Grave:	Row:	Time:	: 3 D	niv: 8
Agrees with Le			□ No		(light
Agrees with M	ap: Yes	N	No the	llus Date:	2/20/0

216922

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

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

Elvira	NT-FIRST (GIVEN)	18. MIDDLE Esther	Streiskel				TIS OF DEATH	4. SEX
CITY OF DEATH Murrieta		SB COUNTY OF DEA				E, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
Valley Fu	name and address of california—funeral director or Person. Lley <b>Pumaral</b> Home 42011 A St. rrieta CA 92562		tessing and administrative of the	TING AS SUCH 78. CALIF. LICENSE NUMBER —IF APPLICABLE HET		1457 Hallwood Court enifee CA 92584 MATURE OF APPLICANT—ferson taking permit 88. DATE SIG		
ACKNOWLEDGMENT OF A	thereby a	considered as applicant that the process	ed dispunition stated herein is one of the an authorized pursuent to Section 7100 of	e dispositions authorized by	Tax yes	ACANI — Ferson ia	02/	9/2000
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUEDING OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROBING HEALTH AND SAFETY OF PORTHE DISPOSITION SPECIOLOGICAL OF DISPUSAL OF CALF.	POVI- CODE FRIED \$7 .00	02/19/20		e of Local F atho#775	CONTRACTOR SECRETARY	NG PERMI
Y CHANGE IN DISPOSA- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	RIVETSTEE	egistrar of district of County Health I	Dept. PO Sa	DORESS OF REGISTRAR DISCOSTION IS TO OCCU DIEGO COUN DIEGO CA	R IN ANOTHER DISTRICT	ept. P	Box 852	222
Contract of the Contract of th	DE MINISTERNO DE LA COMO	PPLICABLE ITEMS	П				R'S USE ONL	
A BURIAL (INCLL	OF CREMATED REM EMETERY SE	DDRESS OF CALIFORNIA CE	METERY		L DISP	OSITION PEND te and Address	ING—REMAINS L	LOCATED
A BURIAL ONCLU	OF CREMATED REM EMETERY SE	DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA	L DISP (Nam	OSITION PEND te and Address	ING—REMAINS L	LOCATED
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMEMETERY SE  ITA NAME AND AL Mt Hope Ce San Diego	DDRESS OF CALIFORNIA CE	F DISINTERMENT G SHIP IN TO CALIF H. TRANSIT TO OUT	ORNIA SIDE OF CALIFORNIA 118. DATE BURIES	O 11C SIGNATURE	OSITION PEND to and Address	N CHARGE OF E	BURIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMEMETERY SE  11A NAME AND AL Mt Hope Ce San Diego  12A NAME AND AL	DDRESS OF CALIFORNIA CER EMETERY 3751 Man CA 92102	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT METERY FIRST FRATORY	SIDE OF CALIFORNIA  11B. DATE BURIES  2-22-0  12B. DATE CREMATI	O 11C SIGNATURE	OF PERSON B	N CHARGE OF E	BURIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURBAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A NAME AND AI Mt Hope Ce Sen Diego 12A NAME AND AI 13A NAME AND AI	DDRESS OF CALIFORNIA CEI METERY 3/51 Mai CA 92102 DDRESS OF CALIFORNIA CR	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT METERY FLOOT SEMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE	SIDE OF CALIFORNIA  11B. DATE BURIES  2-22-0  12B. DATE CREMATI	D 11C SIGNATURE  ED 12C SIGNATURE  TO 14C ADDRESS A	OF PERSON I	N CHARGE OF CHARGE OF F	BURIAL

#### INTERMENT ORDER

City of San Diego

Date 2-19-07

You are hereby authorized and instructed, su		
of ALBERTO B. OR-	riz PAT 2002	074/
IN a DOUBLE DE PTH	Funeral, date, time THON 2-21	8:30
Church, Chapel, Graveside DEL' VER	: AZTLAN	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 8 Grave 4 T Row	Section Division/Bla	13
		121
Grave space & Care Fund		14.0
Additional spaces and care fund		225
Opening/Closing & Setup		443
Burial Container	9	123.01
Handling Fees	المارين	
Flower vases – Marker setting fee	- N. S.	110
Recording and filing fee	,10	45
Sales taxes	×	4.53
	Total Due	726.59
Paid	receipt number	-
	Balance due	-
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization s	and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice # 360694	
Work Order # E 16923	Acct. # 006952	The Park

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

30

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

IA. NAME OF DECEDE		1B. MIDDLE	10. LAST (FAMLY) BELITRAN-OR	FIZ		MONTH DAY, YEAR M	ONTH, DAY, YEAR	SEX
SAN D	IB30		58. COUNTY OF DEATH		OF INFO	RELATIONSHIP, FULL MAIL	ING ADDRESS AND ZIP CO -DEPUTY P. GU	
FUNER	aria aztlan	D., LA MESA, CA		IF LICENSE NUMBER F APPLICABLE		A RUFFIN RO. 1830, CA 921:	23	
ACKNOWLEDGMENT OF A	postation   I femby a	acknowledge as applicant that the propose UNS of the Health and Salete Code, and was	d disposition stated herein is one of the	dispositions authorized by	BY BIGNY	TURE OF APPLICANT—Person	o taking permit, BB. DATE SK	GNED 2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIDNS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WITH PROCORNIA HEALTH AND SAFETY COMMENTED THE DISPOSITION SPECIAL BUSINESS OF CALFO	FIED	NANCY IA	Section 201	C. SIGNATURE OF LOCAL	PRECISTRAR ISSUING PE	TIME
PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF D TO IN CALIFORNIA ORDS P.O. BOX 8: CA 92186-5222	I IF I	DRESS OF REGISTRAR		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISP	THE RESERVE OF THE PARTY OF THE				- 1	FOR CORON	IER'S USE ONLY	-
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		L DISPOSITION PE (Name and Addr	NDINGFIEMAINS LOCAT	
BURIAL	MT. HOPE	CEMETERY, 3751 CA 92102	THE POST OF THE PARTY OF THE PA	2/21/0	2	Kenned A	N IN CHARGE OF BURIAL	
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED   12G.	SIGNATURE OF PERSON	IN CHARGE OF CREMAT	TION
SCIENTIFIC USE	13A, NAME AND AI	ODRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B, DATE RECEI	VED 13C.	SIGNATURE OF PERSON	N IN CHARGE OF FACILIT	TY
TRANSIT TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP		ADDRESS AND SIGNATU OF PLACING WITH THE	IRE OF PERSON IN CHA CARRIER	RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION		RE- SER

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

#### INTERMENT ORDER

City of San Diego

Date 2-19-02

in a	F	uneral, date, time FR	2-27	10:
Church Chape Graveside			MERING; LL	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			77
Lot Grave	Row	Section	Division/Block _	the state of
Grave space & Care Fund		, >	<b>\</b>	
Additional spaces and care fun	nd \	0 1 1	]	
Opening/Closing & Setup	\ /	() \ \		
Burial Container	\/			11
fandling Fees	V		* W+	N
Flower vases - Marker setting	fee	MERE	LERMI	
Recording and filing tee	EL	LCA.		
Sales taxes PER	(	70		
, 6	oing	Total Du	e	
	Paid r	eceipt number		
			Balance due	
hereby certify I am the	ete discontinu		of the above name	
and this is your authority to ma hat I have the right to make the	is authorization	and I agree to hold Mt. h	lope Cemetery harr	nless from
any liability on account of said	authorization a	nd interment.		
hereby authorize the intermer hold under deed.	nt in lot I	Signature		
		Address	A STATE	
ignature of recorded holder of doed		СНУ		Zip Cod
		Telephone		
		Invoice #		

#### INTERMENT ORDER

City of San Diego

Date 2-19-07

Vou are hereby sutherized and included and	bject to your rules and regulations, to inter the remains
of ADELENDA	RAMOS 230226
ina LINER	Funeral, date, time MON 2-25 10:30
Church, Chapel Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 85 Grave 3 Row F	Section \ Division/Black \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees CITY OF	SAN DIEGO V 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes Paid	Total Due 14673  Balance due Balance due
I hereby certify I am the Cauga and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization and fig. 2302.25	of the above named decedent of remains as above indicated. I certify and represent and I agree to bold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X 4 68 N ONF. # 11
Signature of recorded hidder of deed	Companie 962-4085
Work Order # E 16925	Invoice #

216925

#### 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. E = 16925

				ALT.		
		Lings				
	ALLEN	MCBR: Du	85 <sub>X</sub> 3	4	5	6
	7	-8	9	10	Jingues !!	13
					20/0	
	space for:					2 /5
Interment	Date: Mo	N 2-	25 T	ime: \	0:30	
				Sect: _	) Div	:- 15
Grave Lai	id out by:	NF.	DN			
	ith Legal C			J No	*ly	on so
Agrees w	ith Map:	J Yes				401-1

Blind Check & Verified By: .

# 43

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

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

	EDENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		100	2. DATE OF BIRTH MONTH DAY, YEAR		YEAR
ADELTHO SA. CITY OF DEAT POHAY	VA-	C.	SB. COUNTY OF DEAT ENTER STATE SAN DIRGO	W-38-World	NAME,	OZ/28/1958 RE ATIONSHIP, FULL IN DRIMANT H ALVIZ-DAI		10000
7A. TYPED NAME AN	NIA BURIAL C	HAPKL 2200 HIG	PERSON ACTING AS SUCH 78. CA	HE APPLICABLE	N SEC	NAL CITY. C	CA 91950	I. DATE SIGNED
ACKNOWLEDGMENT	OF APPLICANT   1 hereby   Section 10	eclarowiedge as applicant that the prop 1976 of the Health and Salety Code, and	posed disposition stated herein is one of the fives authorized pursuant in Section 7100 of t	e dispositions authorized by the Health and Safety Code.	·C///	Waterto B	WW) (	2/22/200
PERMIT  AUTHORIZATION ( LOCAL REGISTRA	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID INSIN OF BERGSM, OUTSIDE OF CAL	\$7.00	02/25/200 C. RUSS		2203377	OCAL REGISTRAR	SSUING PERMIT
ANY CHANGE IN DISP TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	9D. ADDRESS OF R	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA ORDS-P.O. BOX O. CA 92186-52	85222	DIRESS OF REGISTRAR ( DISPOSITION IS TO OCCU				
10. AUTHORIZED D	SPOSITION(S) CHECK A		- de-Co		= 9	FOR COP	RONER'S USE	ONLY (
A. BURIAL OF	CLUDES ENTOMBMENT)		E. TEMPORARY ENV.	AULTMENT				INS LOCATED A
B. CREMATIC C. DISPOSITI THAN IN A D. SCIENTIFE BURIAL	N OF CREMATED REM CEMETERY USE  11A. NAME AND A	DDRESS OF CALIFORNIA CONTENTS TO CALIFORNIA 9	F. DISINTERMENT G. SHIP IN TO CALIF- H. TRANSIT TO OUT	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED	1110	(Name and A	Address)	OF BURIA
B. CREMATIC C. DISPOSITI THAN IN A D. SCIENTIFE BURIAL	N OF CREMATED REM CEMETERY USE  11A. NAME AND A MT. HOPE SAN DIEGO	DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT EMETERY MARKET ST.  2102	ORNIA SIDE OF CALIFORNIA	0	(Name and /	Address)  RSON IN CHARGE	OF BURIAL
B. CREMATIC C. DISPOSITI THAN IN / D. SCIENTIFI BURIAL	N OF CREMATED REM CEMETERY USE  11A. NAME AND A MT. HOPE SAN DIEGO  12A. NAME AND A —	DDRESS OF CALIFORNIA C CEMETERY 3751 , CALIFORNIA 9 DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT EMETERY MARKET ST.  2102	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATE	ED 192	SIGNATURE OF PER	Address)  ASON IN CHARGE  BOON IN CHARGE C	OF BURIAL
B. CREMATIC  C. DISPOSITI THAN IN / D. SCIENTIFI  BURIAL  CREMATION  SCIENTIFIC	N OF OREMATED REM CEMETERY USE  11A. NAME AND A MT. HOPE SAN DIEGO  12A. NAME AND A   13A. NAME AND A   14A. NAME AND A	DDRESS OF CALIFORNIA C CEMETERY 3751 , CALIFORNIA 9 DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIF- H. TRANSIT TO OUT  CHETERY  MARKET ST.  2102  CREMATORY  CACILITY RECEIVING REMAINS	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATE	ED 13C	SIGNATURE OF PER	Address)  RSON IN CHARGE OF PERSON IN CHARGE	OF BURIAN OF CREMATION OF FACILITY

COPY 2

#### INTERMENT ORDER

City of San Diego

Date 2-19-2002

You are hereby authorized and instructed, subject to your	rules and regulations, to inter the remains
of annie L. Mc Mul	time SAT, 23rd Foh, 1
in a 7. S. VOULT Funeral, date.  Type of Bured Consumer  Church, Chapel, Graveside	: anderso-Regolas Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular wo	() ()
will be applied and billed to undersigned.	
Lot 173 Grave 9 Row Secti	on Division/Block
Grave space & Care Fund	845.00
Additional spaces and care fund	mo fee 600.00
Opening/Closing & Setup	375.00
Burial Container PAI	<u>250-00</u>
Handling Fees	185.00
Handling Fees FEB 19 2	102
Recording and filing fee	ETARY 45.00
Sales taxes CITY OF SAN DIE	GO, CA 17.58
	Total Due
Paid receipt number	- K-546164 2364,38
V 1111501 10	Balance due
I hereby certify I am the AUGHOUS and this is your authority to make disposition of remains a that I have the right to make this authorization and I agree any liability on account of said authorization and interment	to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	8372 Cacus St.
Signature of recorded honder of deed  City  Telephone	pring Valley 91977 (9) 479-5410 20000
Invoice	
Work Order # E 16926 Acct. #	

D Printed we furnished justing

REA-104 (7-96)

This information is available in alternative formats upon request.

# GRAVE BLIND CHECK FORM

J Dagar

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

on you	1	7	3	4	5	Ç
40	M	8	7 X	10	11	12
ntermen	Date: of	1-23-0	nie L. Row:	Γime:	1:00	

Agrees with Map: Yes

Blind Check & Verified By: Kenneth Collins

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

W

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

1/	Annie	NT-FIRST (GIVEN)	IB MIDDLE Louise	McMulle			E OF BIRTH 3.	DATE OF DEATH	4 SEX
1000		Ing Valley		San Dieg	0	OF INFORMAN	McMullen,	A CONTRACTOR OF THE PARTY OF	IP CODE
7,1	Anderson-	Ragsdale Mo	ort.; 5050 Federal Diego, CA 921	0.472304 100 100 100 100 100 100 100 100 100 1	CALIF. LICENSE NUMBER —IF APPLICABLE D1329		Cus St. Valley, CA OF APPLICANT-PURSON		TE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 30	conowledge as applicant that the proposition of the Health and Safety Code, and i	used disposition stated herein is one of was authorized pursuant to Section 7100 o	the dispositions authorized by of the Health and Safety Code.	Melle	Weller	02/1	9/2002
	PERMIT  UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCOMPANCE WITH FORMA HEALTH AND SAFETY OF FOR THE DISPOSITION SPE D REST OF DISPOSAL OUTSIDE OF CALL	\$7.00	PAID 98 DATE PERMIT	ISSUED 9C SIG	SNATURE OF LOCAL	REGISTRAR ISSUI 2203241	NG PERMIT
-3	Y CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION,	VITAL REG	egistran of district of B N. CALFORNA Pods P.O. Box San Diego, CA	85222	ADDRESS OF REGISTRAR F DISPOSITION IS TO OCCU				
10	AUTHORIZED DISP	A STATE OF THE PARTY OF THE PAR					FOR CORONE	R'S USE ONL	Y _
Total Company of the	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM	AINS OTHER	E TEMPORARY EN			I DISPOSITION PEN (Name and Addre		OCAT
	BURIAL		Cemetery; 3751 San Diego, CA	Market St.	118 DATE BURIE	20012-000	ATURE OF PERSON	IN CHARGE OF B	uris
BLE ITEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CR	REMATORY	128. DATE CHEMAT		ATURE OF PERSON	IN CHARGE OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B, DATE RECEI	VED 13C, SIGN	ATURE OF PERSON	IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE		146. DATE SHIPPI		ESS AND SIGNATUR LACING WITH THE C		CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE. INTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		ATURE OF PERSON IGE OF DISPOSITION	OF CREA	NUMBER MATEG RE- DISPOSER PUCATRE

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

#### INTERMENT ORDER

City of San Diego

Date 2-19-07

You are hereby authorized and instructed, su of ARMANDA ME	DINA			
na to s under	Funeral, date, time	FRI	3-23	100
Church, Chapel Graveside	.6	VADAL	PANA	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day	y or an extr	a charge of \$	
will be applied and billed to undersigned.				
39 / 5				-
Lot	Section	1 -	Division/Block	13
Grave space & Care Fund			8	95.00
Additional spaces and care fund				
Opening/Closing & Setup			3	75.00
Burial Container PAID			<u> 5</u>	50.00
Handling Fees Flower vases – Marker setting fee				95.00
Flower vases - Marker setting fee				_
Recording and file 144OPE CEMETAR				5.00
Sales taxes CITY OF SAN DIEGO	t			4.38
		otal Due	·············· <u>\</u>	69.30
Paid	receipt number $\underline{\mathcal{R}}$	-5467	1 1	167.30
Y 'a		Ba	lance due	-6
hereby certify I am the hand this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	and I agree to hole	ve indicate	e above name ed. I certify and Cemetery har	d represent
hereby authorize the interment in lot I hold under deed.	Signature		Grea /	
signature of recorded holder of deed	X Addition	REMONT	MESA	9211
	X 8S8	29	2.82	Zin Codn
- 40007	Invoice #		1000	
Nork Order # E 16927	Acct. #			

O Printed on excepted 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.

			19 三十二			
2	3	4	39 X 3	WASSI E		
8	Hines	10	StewAR	15		
Interment	space for:	aman	de Mi	Sini	Delic	wy
Interment	Date:	2-2	. ¬	ime:	:00	
Lot: 39	_ Grave	. 5	Row:	Sect: _	1	Div: _\2
Grave Lai	d out by:	DAUB	€DA	RREY!		
	th Legal Ca			Et 1	ly	in
Agrees wi	th Map:	J Yes				

Blind Check & Verified By: Kenneth Cellin Date: 2/25/55

816927

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

T.	A NAME OF DECEDE	NT-FIRST //SIVENI	18. MIDDLE	ν,	C. LAST (FAMILY)			2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
75		mando	_		MEDINA DE I	A CRUZ		0770671969 0271872002 M
5/	A. CITY OF DEATH			16	B. COUNTY OF DEATH	The state of the s		RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
	SAN DIEGO				SAVEDING			FORMANT A DOLORES MEDINA DE LA CRUM-NI
73		ODRESS OF CALIFORNI ANA MORTURE	Y,2601 IMPER	OR PERSON ACTI	MARKETTAN MARKET AND THE PARTY OF THE PARTY	F. LICENSE NUMBER APPLICABLE	5001	ROSECREA AVE DIEGO, CA, 92117
_	SAN DIEX	),CA,92102				1425		AFURE OF APPEIGANT—Person taking permit, BB. DATE SHENED
	ACKNOWLEDGMENT OF A		ecknowledge as applicant that the 1376 of the Health and Solety God				10	He Chance 1 02/21/2002
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W FORNIA HEALTH AND SA TY FOR THE DISPOSITION ID BEST OF DISPOSAL OUTSIDE	FETY CODE N SPECIFIED	7.00	98. DATE PERMIT JOSE CHA 02/21/20	<b>EEE1</b>	9C. SIGNATURE OF LOCAL REGISTRAR IBSUING PERMIT 2203207
10	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BILMIT TO SHOW FRIAL DISPOSITION.	VITAL RECO		85222				RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA
i	. AUTHORIZED DISP							FOR CORONER'S USE ONLY
THE PERSON NAMED IN	B. CREMATION  G. DISPOSITION THAN IN A CE  D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER		TEMPORARY ENVAL DISINTERMENT SHIP IN TO CALIFOR TRANSIT TO OUTSI	INIA		L DISPOSITION PENDING—REMAINS LOCATES (Name and Address)
	BURIAL		DDRESS OF CALIFORN E CRABTERY, 3 , CA, 92102		DET STREET	2-22-0	- 1	SIGNATURE OF PERSON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORN	IIA CREMATORY		12B. DATE CREMA	TED   120	SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORN	IA FACILITY RE	CEIVING REMAINS	13B. DATE RECEI	VED 130	SIGNATURE OF PERSON IN CHARGE OF FACILITY
MAPLETE A	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A			14B. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AN			15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE- MAINS DISPOSER

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

#### INTERMENT ORDER

City of San Diego

Date 2-20-03

ing LINER	_ Funeral, date, time	FRI	2-27	1:00
Church, Chapel Graveside	: R	N650	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.		S-HE-MANN	SON CHIMNETURE SON	
Lot 105 Grave 11 Row	Section		Division/Black	11
Grave space & Care Fund	Ru-Ned	E-1P	341	-0
Additional spaces and care fund				10
Opening/Closing & Setup				4
Burial Container				-0
Handling Fees				0
Flower vases - Marker setting fee			Ambienie _	-
Recording and filing fee				0
Sales taxes				-6
	To	otal Due		-6
Pa	aid receipt number		-	
<b>Y</b>		В	alance due _	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization.	tion and I agree to hole	ve indica	he above nam ted. I certify ar e Cemetery ha	nd represen
I hereby authorize the interment in lot I hold under deed.	Signature			
Signature of recorded holder of deed	City			Zıp Cudi
	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.

3	3 Astley	4 10 HANSBORG	5 ws <sub>X</sub> "	12		
Interment Lot: 10 5	Date: FR	11 IN	Row:	ime:\	00	Div: \\
Agrees wi	ith Map: [	ard: Yes  J Yes  fied By:	01	No	Date	2/21/02

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

€16928

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

1A NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE Alma		1C. LAST (FAMILY) Hansboro			DATE OF BIRTH	3. DATE OF DEATH	4. SEX	
54	Nation	al City	5B. COUNTY OF DEATH	-OUTSIDE CALIF.,	6. NAME, RE	LATIONSHP, FULL M.	AILING ADDRESS AND Z	IP CODE
7.5	Anderson-Ra	San Diego, CA 92102	ilvd	APPLICABLE 13.70	San Di	. 42nd St. ego, CA 92	113	*
-	ACKNOWLEDGMENT OF A	I hands acharded as undered that the removed date		dispositions sufficiently by	MA. SIGNATE	THE OF APPLICANT—N	erum taking sermit, 88. DAT	B/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  NOTE: THE PERMIT GRES NO MIGHT OF DISPOSAL OUTSEE OF CALIFORNIA.	\$7.00	02/22/20		SIGNATURE OF LO	CAL REGISTRAR ISSUM	
	Y CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VINDEATH RESIDENT INSCALIFORNIA BOX 8522 San Blego, CA 92186-5	2   # 0	RESS OF REGISTRAR ISPOSITION IS TO OCCU			RHIA	
	B. CREMATION		E. TEMPORARY ENVA	RNIA	1	I. DISPOSITION (Nume and Ac	PENDING—REMAINS Liddress)	OCA O
-	BURIAL BURIAL	114 NAME AND ADDRESS OF CALIFORNIA CEMETER San Diego, CA	ket St.	1 118. DATE BURIER	0 11G. S	SIGNATURE OF PERS	SON IN CHARGE OF B	URIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	2007/0	1 12B. DATE CREMAT	ED 12C.	SIGNATURE OF PERS	SON IN CHARGE OF CR	EMATION
LL APPLICA	SOMENTIFIC USE	13A, NAME AND ADDRESS OF GALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	/ED 13C. 8	NGNATURE OF PERS	SON IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CHEMATED REMAINS ARE TO BE		14B. DATE SHIPPE		DDRESS AND SIGNA OF PLACING WITH TO	ATURE OF PERSON IN HE CARRIER	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI	ITION I OF CREA	NATED 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 N APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FRO ISSUE DATE.

# Fre- hed

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2-21-02

of maller s	we worken	
ina Li Neg	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.		
Lot \\\ Grave \\ Row_	Section DivisionA	Block 11
Grave space & Care Fund	In- my F- 9195	
Additional spaces and care fund		
Opening/Closing & Setup A. I. D		375.00
Burial Container		
Handling Fees FEB 2 1 200	)	145.00
Flower vases - Maker SHOPE CEMET	ran-	- 12-1
Recording and file TM OF SAN DIEG	C	45,00
Sales taxes		14-13
	Total Due	167.15
Pa	sid receipt number R-54675	169.13
	Balance du	10
I hereby certify I am the	tion of remains as above indicated. I cention and I agree to hold Mt. Hope Cemete	named decedent tify and represent ary harmless from
I hereby authorize the interment in lot I hold under deed.	x 7504 CAShill	DR DR
Signature of recorded hulder of deed	75.0 - Cry 619 266 - 5	92114 2666 TO COM

#### INTERMENT ORDER

City of San Diego

Date 2-21-62

You are hereby authorized and instructed, si	ubject to your rules a	nd regulations, to	inter the remains
or Roy Melvin +	4 2007	20996	71 87 W TV
n a Double-Doph St Bungl	Funeral, date, time	TIES F	30.3(0th 111
Church, Chapel, Graveside	ry: Fe	athening:	W Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra charge	ofs Jerny 3837
will be applied and billed to undersigned.	to the trade of th		
Lot Grave   15 Row	Section	Division/l	Hock
Grave space & Care Fund			126
Additional spaces and care fund			
Opening/Closing & Setup			423
Burial Container VO 1D -	ESTATE		123.0
AACE -	4 TON	A	"
Handling Fees			11
Flower vases - Marker setting fee	F - 13040	= 10	112
Recording and filing fee		9,10	9 53
Sales taxes	1110		71 30
D. all "	John Tol	al Due	146159
DOYNEDICE O Paid	receipt number		
850		Balance du	e
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.	n and I agree to hold		
hereby authorize the interment in lot I nold under deed.	Signature		
	Address		
Signature of recorded holder of deed	City		Zip Code
	Telephone		
	Invoice #	360636	
Nork Order # E 16930	(30000000000000000000000000000000000000	000952	
Work Order # = 1693U	Acct.#	000 1 0	
REA-104 (7-96) This inform	ation is available in	allemative forma	ts upon request.
Qn-	inned on recyclist paper	XUX	3-11-1

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

E-16930

	Uč	SE BLACK INK ONL	T-MARE NO EHASURES, W	HITEOUTS ON OT	HEN ALTERATIONS	Found	
ROV	INT-FIRST (GIVEN)	1B. MIDDLE	IC LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR 07/12/1923	3. DATE OF DEATH	4. SEX
San Diego			5B. COUNTY OF DEATH ENTER STATE SE	OUTSIDE CALF.	of INFORMANT Darnell Price,	MAILING ADDRESS AND Z	P CODE
Feathering	ill Mortua		OR PERSON ACTING AS SUCH 78 CA	F APPLICABLE	5201-A Ruffin R San Diego, CA 9 MA SIGNATURE OF APPLICANT	d. 2123	E SIGNED
ACKNOWLEDGMENT OF AF	nes maker     hereby a	schowledge as applicant that the	proposed disposition stated herein is one of the	dispositions authorized by	of sul	02/2	1/200
Branch Colonial Control of the	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT MOTE: THE MEMBER GRES M 9D. ADDRESS OF RI IF DEATH OCCURSE PO BOX 8.	FORNIA HEALTH AND SAF TY FOR THE DISPOSITION NO BIGHT OF DISPOSAL DISTRICT EGISTRAR OF DISTRICT	SPECIFIED  W CALFORMA. \$ 7.00  OF DEATH—  DE AD  FI	02/21/200 C. Maggar DRESS OF REGISTRAR	CONTRACTOR OF THE PARTY OF THE		IĞ PERMIT
A BURIAL (INCLU  B CREMATION  C DISPOSITION  THAN IN A CE  D. SCIENTIFIC US	OF CREMATED REM		E TEMPORARY ENVA	PRNIA		RONER'S USE ONL' N PENDING-REMAINS LO Address)	
BURIAL	Mt. Hope	DORESS OF CALIFORNI Cem., 3751 M , CA 92102	CONTRACTOR OF THE PARTY OF THE	2-26 0Z	11C SIGNATURE OF PE	RSON IN CHARGE OF B	JRIA
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNI	A CREMATORY	12B. DATE CREMATI	ED 12C SIGNATURE OF PER	ISON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A NAME AND A	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138, DATE RECEIV	PED 13C SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B, DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHOREL ENTIFY FINAL PLACE AND	LINE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	158, DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	ISITION I OF CREA	NATED RE- DISPOSER

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

E-16930

#### CITY of SAN DIEGO

#### MEMORANDUM

FILE NO.

1

April 18, 2002

TO

Ernest Hamilton - Auditor's Office

FROM :

Sue Shackelton, CAII, Mt. Hope Cemetery

SUBJECT:

Cancel Invoice

Please cancel Invoice #360630 dated 03-11-02. We billed in error.

Thank you.

Que Shechetton

Sue Shackelton

#### INTERMENT ORDER

City of San Diego

Date 2-22-02

You are hereby authorized and instructed, su	bject to your rules and regulations, to in	ter the remains
of HAROLD Cary		
ina T.S. vault	Funeral, date, time WED'S FE	B. 27 11:4
Church Chapel Graveside	Merkley Mitche	// Mortuary.
All Funeral cars must arrive before 3:50 p.m.	of regular work day or an extra charge of	ors 150.00
will be applied and billed to undersigned.		1
11.8 2		Division 3
M 168 Grave 3 Row	Section Division Blo	ock) [
Grave space & Care Fund	eed lot	8
Additional spaces and care fund		
Opening/Closing & Setup	DAID	375.00
Burial Container	rai y	150.00
Handling Fees		
Flower vases - Marker setting fee		46.93
Recording and filing fee	IOPE CEMETARY	45.00
Sales taxes	F SAN DIEGO C	14.38
	Total Due	921.31
Paid	receipt number M/C	921.31
raiu	Palance due	8
V 1		
I hereby certify I am the	of remains as above indicated. I certify	amed decedent y and represent r harmless from
	* Samuel	/
I hereby authorize the interment in lot I hold under deed.	Signature Terrane	T st
	Address	A 92112
Signature of recorded holder of deed	Con Muego, C	Zip Code
	Telephone / 296 - 044	
	Invoice #	
Work Order # E 16931	Acct #	10000

# MT HOPE CEMETERY E-16931

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 X						
				3			
Interment space for: HARD		10//					
Interment Date: 2-27-2	2002 1	ime:	Division	2,3			
Lot: 168 Grave: 3		Sect: _	D	W			
Grave Laid out by: NF	DT	4	To the Land				
Agrees with Legal Card: Yes No Clark Order  Agrees with Map: Yes No							
Agrees with Map:  Yes				Show			
Blind Check & Verified By:	Ken Cal	llis	_ Date: =	2/25/64			

88

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10. LAST (FAMILY	2		2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
HAROLD		FREDERICK	CARY	CARY			W2721	72002	М
A CITY OF DEATH	N DIEGO		SB. COUNTY OF DI	SAN DIEGO	OF INFO	ELATIONSHP, FULL M DRMANT D CARY - SO	1000	RESS AND ZI	CODE
MERKLEY-MI	TCHELL MOR	A—FUNERAL DIRECTOR OR PERSO TUARY, 3655 FIFT	ON ACTING AS SUCH ! 7B.	CALIF, LICENSE NUMBER —IF APPLICABLE	1834	TORRANCE S			
SAN DIEGO,	CA 92103			FD-119	BA. SIGNAT	TURE OF APPLICANT-	erson taking per	mit 88. DAT	E SIGNED
ACKNOWLEDGMENT OF AP		cknowledge an applicant that the proposed of 176 of the Health and Safety Code, and was au			110	2e M. 3c	illo	02226	5/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DIBPOSITION SPECIFIE DIRECT OF DISPOSAL OUTSIDE OF CALFORNI	\$7.00	02/26/20 R.M. ZUI	02	C. SIGNATURE OF LO 2203542	CAL REGIS	TRAR ISSUIN	G PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEAD IN CALIFORNIA  222, SAN DIEGO,	5222	ADDRESS OF REGISTRAF			RMA		
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
B. CREMATION C. DISPOSITION I THAN IN A CE D. SCIENTIFIC US	SE			UTSIDE OF CALIFORNIA		☐ (Name and A			
BURIAL		CEMETREY, 3751 CA 82102		2/27/6		Xenner	A Co	Oliva	HIAL
CREMATION	12A, NAME AND AL	IDRESS OF CALIFORNIA CREM	ATORY	128, DATE CREMA	TED   12C.	SIGNATURE OF PERS	ON IN CH	ARGE OF CRE	MATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FACILI	TY RECEIVING REMAIN	8 13B. DATE RECE	IVED 13C.	SIGNATURE OF PERS	SON IN CH	ARGE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		14B, DATE SHIPP		ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA <u>DIS</u>		F- 15B. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSE		DE CREM MAINS D	ATED RE-

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



#### INTERMENT ORDER

City of San Diego

Date 2-22-02

ina LINER.	ER (Fuhrmann) Funeral, date, time Thurs. Feb	28+411:00
Type of Bonel Container Church, Chapel Graveside	DAKDALE	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 undersigne	d,	
Lot 2431 Grave Rot	N Section Division/Ble	10 8
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	FEB 25 202	145.00
Flower vases - Marker setting fee	MT. HOPE CEMETAR	
Recording and tilling tea	TY OF SAN DIEGO, C.	45.00
Sales taxes  H 335-4403  L 335-4403  L 335-4403  L 336-691-2000  L bereby certify I am the	Total Due	769.73
LOS 626-61	may exf 1004 Balance due	8
and this is your authority to make disp	of the above no osition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery ation and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Segnature Addition	
Signature of recorded holder of deed	Totophone	Zip Code
Work Order # E 16932	Invoice #	

Control on recorded paper

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E-16932

#### GRAVE BLIND CHECK FORM

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

	2430 OFFER	2931	2432 Lasafer	Willer Willer	2434 Lefter
		Striver		Branard	milae
Interment space for:					
Lot: 2431 Grave Card out by:			Sect:	D	iv: <u>10</u>
Agrees with Legal (	Card: 🗆 Y	les [	J No	-100 m	Fore
Agrees with Map:			14 152		

E-16932 87

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

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

1/	OPAL	INT-FIRST (GIVEN)	1B. MIDDLE LUCILLE	IC. LAST (F/				ATE OF DEATH TH. DAY, YEAR 721/2002	4. SEX
5/	COVINA	talling.			OF DEATH—OUTSIDE CALIF., ATE LOS ANGELES	OF INF	RELATIONSHIP, FULL MAILING CRIMANT YN S. CRAIG -		IP CODE
7/	OAKDALE MO	RTUARY	A-FUNERAL DIRECTOR OR PERSON GLENDORA, CA 9174		78. GALIF, LICENSE NUMBE —IF APPLICABLE FD 1127	4903 COVIN	N. DELAY ST. IA, CA 91722 ATURE OF APPLICANT—PERM IN		E SIGNED
_	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed do 376 of the Health and Safety Code, and was self			> 0		02/26/	/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED IN SIGHT OF DEPOSAL OUTSEE OF CALFORNIA		98. DATE PER 02/26/2		9C. SIGNATURE OF LOCAL R 447-1967	EGISTRAR ISSUM	IG PERMIT
207	OY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	313 N. FIG		nH-	SAN DIEGO COL	NTY HE	THER DISTRICT IN CAUFORNIA	5222	
10	A BURIAL (INCLI			F. DISINTERM	The state of the s	iA.	FOR CORONES  Disposition PENDI (Name and Address	NG-REMAINS LI	
-	BURIAL	MT. HOPE	DORESS OF CALIFORNIA CEMETI CEMETERY ST., SAN DIRCO, CA 9		2-28-0		SIGNATURE OF PERSON II	CHARGE OF B	URIAL
ABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMA	TORY	128 DATE CREM	ATED 120	SIGNATURE OF PERSON IN	CHAGE OF CA	EMATION
ALL APPLIC	SOIENTIFIC USE	13A. NAME AND AS	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REA	MAINS 138, DATE REC	EIVED 130	SIGNATURE OF PERSON II	CHARGE OF F	ACILITY
OMPLETE /	TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		RE 14B. DATE SHI	PPED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O NTIFY FINAL PLACE AND CA DISTI				SIGNATURE OF PERSON II CHARGE OF DISPOSITION		MATED RE-

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



1401 S. GRAND AVENUE, GLENDORA, CA 91740-5406 (626) 335-0281 • (909) 599-4382 • (213) 722-2323

#### FAX TRANSMISSION

TO:		
FAX NUMBI	ER: 619-527-3403	
DATE:	2/25/2002	
MESSAGE:		
	Here Are the I.O'S FOR.	
OPAI	Fuhrman.	
FROM:	Jose Flores Conkon(c)	
	AGES INC. THIS PAGE:3	
IF YOU DO	O NOT RECEIVE ALL PAGES, CONTACT: Jose (626) 691-2000	

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2-22-02

ia LINER.	Funeral date, time
Type of bursi Consider hurch, Chapel, Graveside	DAKDALE MORUMY
	Mortally Mortally
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	
21121	1.0
012431 Grave Row_	Section Division/Black_   O
rave space & Care Fund	771
dditional spaces and care fund	
	375.0
	190 0
unal Container	11,200
andling Fees	176-00
lower vases - Marker setting fee	AND
ecording and filing tee	45.00
ales taxes	75.00 14.73 769.73 receipt number
1.4403	70121 0119 769.73
-300 h love 2000	
0512 1-691-0	receipt number
00 676-61	
heroby confly I am the XMARII	on 61 remains as above indicated I certify and represent
at I have the right to make this authorization will ability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmines from
ny habitry on account of said suthangation	and interment
heroby authorize the Interment in lot I	Landy & crack
a d under dead.	X4903 N. Delay Street
When the of recording harder of fanal	Car as (A. 91712
Stephe of (Books at Nation) of Sand	1900 na CA 91722 (624) 966 -6242
	Imegrave
	Name of the second
Wash Trespections	Invoice #

3 / manual da 2000 ----

619 527 3483

PAGE. 01

FEB 22 2002 16:13

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Oate 2-23-02

is LINER,	Funeral date, time
Church, Chapel, Graveside	DAKDAUS MORUBRY
	p m. of regular work day or an extra charge of \$
bengished and billed to undersigned	TO DELIVER THE CONTROL OF THE CONTRO
o12431 Grave AOW	Section Division/Block   O
Srave space & Cere Fund	7771
Additional spaces and care fund	
Opening/Closing & Satup	375.00
Ourial Container,	190.00
landling Fees	
lower vases - Marker setting fee	· · · · · · · · · · · · · · · · · · ·
Recording and filing fee	45.00
Sales taxes	
335 4403 1-335 4403	Yotal Due
335 400 ed 2000	Paid receipt number
\$ 676-b	Balance que
hereby centify lam the XXVIII	d . Offer of the above named decedent
hal I have the right to make this authoriz	sition of remains of above indicated I contry and represent ation and I agree to hold Mt. Hope Cometery normless from
ny kability on account of said authorizat	A 10 0 0 1
hereby authorize the Interment in lot I	Springer W. Olds
	X Address 8724 VIA DIEGO CT
ignature of recorded harder of deed	X LAKES (DE 9404
	Managing 5615947
Vork Order . E 16932	Invoice #
AOLK CLOSE I - TOOCE	Acct #

FEB 22 2002 16:13

619 527 3403

PAGE. 01

MY. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diago

Date 2-23-02

· LINER	Funeral data, time
Type of bural Container nurch, Chapel, Graveside	DAKDALE MORUBN
Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
il be applied and oliled to undersigned	
2431 Grave How	Section Division/Gloak- 1 🔘
rave space & Care Fund	77771 SectionDivision/Glock
dditional spaces and care fund	
pening/Closing & Setup	375.
urial Container	190.0
andling Fees	146-01
ower vases - Marker setting fee	
scording and filing too	45.00
Jes taxes	761a) Due
235.4400	Total Que
	aid receipt number
1500 740.671	Berance duo
Vnada	I CYN S. CRAJA of the above named decedent
ereby certify I am the XMAR d this is your authority to make dispos	inton of romains as above national of the above named decedons into of romains as above indicated. I certify and representation and I agree to hold Mr. Hope Complary names from
at I have the right to make this authoriz- ly liability on account of said Buthorizat	ation and I agree to hold Mr. Hope Compley harmless from
y reality on account or said authorizat	- n 10.
eroby authorize the Interment in lot i	X Paulyn & rac
la under bood.	X4903 N. Delay Street
	According to 100 miles
Name of resident Asides of Good	(1/24) 966 -6242 EFCER
	((24) 966 -6242
	Invoice A
E 40000	
OCK OCCUPY # E 16932	Acci. 0

FEB 22 2002 16:13

619 527 3403

PAGE, 01

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2-23-02

a LINER.	Funeral date, time
nurch, Chaper, Graveside	DAX DAUS MORNING
Funeral cars must grove befo	re 3:30 p.m. of regular work day or an extra charge of \$
it be applied and bifled to unde	usigned.
12431 Grava	Paw
rave space & Care Fund	2-7171
dditional spaces and care fund	
pening/Closing & Setup	375.0
urisi Container	190.00
andling Fees	145-00
ower vases - Marker setting fe	B
cording and filing fee	<u>45.00</u>
des taxes	14.73
335.4403	14.73 769.93
335 4 Done 1 - 2000	Paid receipt number
11	W IOn D / Balanco due
nereby certify t am the	of the above named decedent a disposition of remains 22 above indicated 1 certify and represent authorization and 1 agree to hold Mt. Hope Cametery normless from uthorization and interment.
eroby authorize the interment id under dood.	IN 1011 X Alexand D. Offer X 8724 VIA DIEGO CT
nature of recorded saider of dead	XLAKESIDE 920
	1619 5615947
	invoice #
ork Orger . E 169	

FEB 22 2002 16:13

619 527 3483

PAGE, 01

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

MT. HOP	E CEMETERY
INTERME	NT ORDER
Pre- rund INTERME City of	San Diego Date 2-25-02
You are hereby authorized and instructed, subject	ect to your rules and regulations, to inter the remains
Church, Chapel, Graveside	: Mortuary.
	regular work day or an extra charge of \$
will be applied and billed to undersigned.	regular work day or all extra charge or \$
8	Section 2 Division/Black 11
Grave space a care r one	nA-hB-mannamannamann-man-man-man-man-man-man-
Additional spaces and care fund	ממארנ
Opening/Closing & Setup	
Burial Container Handling Fees PAID	185.00
Flower vases – Marker setting fee	45.00
Sales taxesMT. HOPE CEMETARY	14.38
CITY OF SAN DIEGO, C.	10101000
Paid rec	ceipt number VISA 874.37
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	
I hereby authorize the interment in lot I hold under deed.	XBattye R. Hausett XBS85 Inno dale Jane
Signature of recorded holder of deed	X Law Suigo, Ca. 92114 Cir C19-479-2813 Zip Code Temphone
Work Order # E 16933	Invoice #

#### Mt Hope Cemetery **Agreement Confirmation**

05/18/2002

Agreement Number: E-16933-T

Agreement Date:

02/25/2002

Purchaser:

Hansett, Bettye R

8585 Innsdale Lane

Purchaser Number: 94/

Phone: 619-479-2813

Child Protection: N

San Diego ,CA 92114

Beneficiary:

3 SUE SHACKELTON Counselors:

Qty Category	Description of	Contract Items	Price		Tax	Allowance
1 Burial Vaults 1 Handling Fee	Single Grave #5 Top Seal Vault #5 Top Seal VIt H Recording Fee		375.00 250.00 185.00 45.00		0.00 19.38 0.00 0.00	
Division	Section	Blk / Row	Lot	Grave	Depth/Lvl	
BASE PRICE	855.00		AP 19 VI	No.		STATE OF THE STATE OF
SALES TAX	19.38					
TOTAL CASH PRICE	874.38					
TOTAL DOWNPAYMENT	874.38					
TRANSFER ALLOWANCE	0.00	-				
DISCOUNT OR ALLOWANCE	0.00					
FINANCE CHARGE	0.00					
TOTAL OF PAYMENTS	0.00					
DEFERRED PAYMENT PRICE	874.38					
NUMBER OF INSTALLMENTS	1					
REGULAR PAYMENT OF	0.00					
ODD PAYMENT OF	0.00					
DATE FIRST PAYMENT DUE	06/18/2002					
PAYMENT PLAN	MONTHLY					

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 05/18/2002

Contract Number: E-16933-T

Contract Date: 02/25/2002

Purchaser: Hansett, Bettye R

8585 Innsdale Lane

Purchaser Number: 94 /

Phone: 619-479-2813

Child Prot: N

San Diego ,CA 92114

Beneficiary:

CONTRACT ENTERED BY:

Counselors: 3

SUE SHACKELTON

Qty Category	Description o	f Contract Item	s Pri	ce	Tax	Allowance	Addl, Desc.
1 Opening/Closing	Single Grave		375.	00	0.00		*
1 Burial Vaults	#5 Top Seal Van	ılt	250.	00	19.38		
1 Handling Fee	#5 Top Seal VIt	Handling	185.	00	0.00		
1 Misc Fees	Recording Fee		45.	00	0.00		
Property							
Division	Section	Blk / Row	L	ot (	Grave	Depth/Lvl	THE PARTY IN
BASE PRICE		855.00		NUMBE	R OF	INSTALLMENTS	
SALES TAX		19.38		REGUL	AR PA	YMENT OF	0.0
TOTAL CASH PRICE		874.38		ODD PA	YME	NT OF	0.00
TOTAL DOWNPAYMENT		874.38-		DATEF	IRST I	PAYMENT DUE	06/18/2002
TRANSFER ALLOWANCE		0.00 -		PAYME	NT PL	AN: MONTHLY	
DISCOUNT OR ALLOWANCE		0.00 -					
				SOURC	E:	Walk-in	
FINANCE CHARGE		0.00 @	0.000%	AMORTIZ	ZE		
TOTAL OF PAYMENTS		0.00					
DEFERRED PAYMENT PRICE		874.38					
ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION			-	
I V P/N Trust		855.00	1.0000				
R S Equity		-112.00					
A Interest		0.00					
R S Tax Recovery		19.38					
R S Cost of Goods		112.00					
R V Late Charge		0.00					The Robert Co.

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2-25-2002

ia LINER	Funeral, date, time FRI DA	4 MAR. IST
Type of Burial Container Church, Chapel, Graveside	PAGEDA	6 Mortuary.
Il Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra char	ge of \$
vill be applied and billed to undersigned.		
1112		
ot 5 Grave Row	Section Division	/Block
Grave space & Care Fund		895.00
pening/Closing & Setup	201	375.00
Burial Container	PAID	190.00
landling Fees	FEB 9-8 2007)	145.00
lower vases - Marker setting fee		
Flower vases – Marker setting fee	MT. HOPE CEMETAR	45.00
ales taxes	OTT OF SAN DIEGO	14.73
ipper cheek	Pain Total Due	1664.73
- Mila	aid receipt number B 7699	1664.7
00,0	Balance	tue Ø
hereby certify I am the Wufe		e named decedent
hat I have the right to make this authorize	ition of remains as above indicated. I ce ation and I agree to hold Mt. Hope Ceme	ertify and represent tery harmless from
iny liability on account of said authorizati	on and interment.	+000
hereby authorize the interment in lot I	X Mirley # 11	menery
old under deed.	X SUGUENTE	an or,
ignature of recorded halitier of deed	X &. T. Ca	92/14 Est Code
	X 619-262-	4571
	Invoice #	
Vork Order # E 16934		

& Provint on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

### MT HOPE CEMETERY [-16934

#### GRAVE BLIND CHECK FORM

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

		Street, Square, Square		
	1 X	d.	White !	Halloce
	7	6	anagy	

		-	-	-	1
		1 X	Q.	3 white	halper
		7	6	Junga	
Interment space for FRIDAY 3 Interment Date: 3 Lot: 115 Grave Grave Laid out by:	ve:	Row:	Sect		Div: 11_
Agrees with Legal				1)10	f. e. hr
Agrees with Map:			No		
Blind Check & Vo	erified By: _	Kennet	olling	Date:	2/27/0

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

E16934 NS (a)

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			DATE OF DEATH 4. SEX
Floyd		Douglas	Mitchell		03/26/1940 0	2/24/2002 M
SA CITY OF DEATH			58 COUNTY OF DEAT	H-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MAIL OF INFORMANT	ING ADDRESS AND ZIP CODE
San De	tego		San Diego		Shirley J. Mitche	II. Wife
	-Ragsdale M	A-FUNERAL DIRECTOR OR PERSON Ort.; 5050 Federa San Diego, CA 921	al Blvd	FAPPLICABLE	846 Winston Dr. San Diego, CA 921 A SIGNATURE OF APPLICANT—TEN	
ACKNOWLEDGMENT OF A		chrowledge as applicant that the proposed dis 376 of the Health and Safety Code, and was put			dette will	02/26/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE LY FOR THE DISPOSITION SPECIFIED DIRECTOR DISPOSAL ONTEDS OF CALFORNIA.		98. DATE PERMIT P 02/28/200	SSUED 9C. SIGNATURE OF LOCA	L REGISTRAR ISSUING PERMIT 2203667
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		rds; P.O. Box 852 San Dlego, CA 921	22		OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CAUFORN	*
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORO	ER'S USE ONLY
B. CREMATION	SE		E TEMPORARY ENVA	DRNIA PIDE OF CALIFORNIA	(Name and Addr	
BURIAL	ME. Mope C	San Diego, CA		3/1/02	Xenneth	Callins
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERSON	N IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	ddress of California Facilit	Y RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSO	N IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	OF PLACING WITH THE	URE OF PERSON IN CHAPIGE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O INTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSITI	

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

## gre-neck

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-25-02

You are hereby authorized and instructed, sub	eject to your rules and regulations, to inter the remains
or Kande &	white of
in a Sylvandt F	uneral, date, time
Church, Chapel, Graveside	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 2177 Grave Row	Section 3 Division/Black 8
	Br. Section Sivision/Bloom
Grave space & Care Fund	14 1000
Additional spaces and care fund	CONTROL OF THE PROPERTY OF THE
Opening/Closing & Ptu A	105.00
Burial Container	\$5.00
Handling Fees FEB 2.5	60.00
Flower vases MARKETSETTING TO THE TARK	VC 5B
Recording ON VIONES AN DIEGO	45.00
Sales taxes	4.13
Paid st	Total Due 269, 13
	Balance due
I hereby certify t 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 2 3
	Address
Signature of recorded horder of deed	City alluhed Zip Code
	Telephone
- 4000	Invoice #
Work Order # E 16935	Acct.#

4655 No. Victoria St. Apartment 318 Shoreview, MN 55126 February 14, 2002

Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102

Dear Sir/Madam:

Enclosed you will find a check for \$269.13 to cover the prepayment for the burial of the ashes of Randa Forney Burkholder in Lot 2176 or 2177, adjacent to that of her husband, Dallas Burkholder. The lot is in Section 3, Division 8.

At the time of her death (she is 106 years old) I will have the ashes shipped to you and Greenwood Mortuary will refile the permit.

You may contact me at the above address if there is any change in your charges. This amount was given to me by my niece who visited your offices last spring.

Sincerely yours,

Barbara & Burkholder

Barbara J. Burkholder (Mrs. Everett)

# A way of San Single City of San

Date 2-26-2002

Xo				
You are hereby authorized and instructed,		les and regu	lations, to inte	or the remains
of CARMEN Wilhel	m 080			9
ina ASK VALIT	Funeral, date, ti	me WEC	3/6/03	
Church, Chapel Graveside Church	09:00:	Bishop	15	Mortuary.
All Funeral cars must arrive before 3:30 p.r	n. of regular work	day or an ex	dra charge of	\$
will be applied and billed to undersigned.				
Lot 1367 Grave Row		3		. 9
Grave space & Care Fund C - 152	Section	19	Division/Bloc	Ø
Additional spaces and care fund				
Opening/Closing & Setup	PAIL	)		105,00
Burial Container				55.00
Handling Fees				60.00
Flower vases - Marker setting fee	T UODE CEM	FTARV		
Recording and filing feeOIT	Y OF SAN DIE	GC,		45.00
Sales taxes	***************************************			4.26
bwen from		Total Due.		269,26
gishers Mor	d receipt number	K-24	707	269-26
			alance due	-
I hereby certify I am the X 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 and I agree to	above indica	ted. I certify	ned decedent and represent narmless from
I hereby authorize the interment in lot I hold under deed.	Sastature Address	Bishow	mort	itrej
Signature of recorded holder of dead	City Le Talaphone	619 4	14103 S 100 CA 166-44	+ 91745
Work Order # E 16936	Invoice #			

Traited on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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Buckley	Buckley	Fisher	It u back			MATERIAL IN
1363 1364 number 3	Jones Jones	paulavera	1362			
					1	*
		CArm				4
Interment 1	Date: M	arch le,	02 T	ime:	1: 30 am	
Lot: 136	I Grave		Row:	_ Sect: _	3 Di	v: 8
Grave Laid	d out by: _	NF.				
Agrees wit	th Legal Ca	ard: 🗆 Ye	s [	J No	Flog Gr	graves
Agrees wit	th Map:	J Yes				
Blind Chec	ck & Verif	ied By:	Ken Ca	lina	_ Date:	3/5/02

E16936

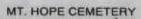
#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

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

IA. NAME OF	DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST	(FAMILY)		2.0	ATE OF BIRTH	3. DATE	OF DEATH	4. SEX
Carmen Jacoste								5/2002	F		
SA. CITY OF	DEATH				TY OF DEATH O	UTSIDE CALIF. 6	NAME REL	ATIONSHIP, FULL N		THE REAL PROPERTY AND PERSONS NAMED IN	P CODE
El Ca			**			Diego	Joseph	A. Jacos	ste, No	ephew	
7A. TYPED NAI	ME AND AD	DRESS OF CALIFORN	IA-FUNERAL DIRECTOR C	OR PERSON ACTING AS 5	UCH 78 CALIF L	IGENSE NUMBER		dar Stree			
Bisho							and the second second second	on, Calif		CONTRACTOR STATE	
3444	Citru		Lemon Grove,				A. SIGNATUR	E OF APPLICANT	Person taking per	not BB. DAT	E SIGNED
ACKNOWLEDG	GMENT OF AP	PLICANT Section 10	cknowledge as applicant that the 1376 of the Health and Salety Code	and was authorized personn to	ess is one of the drapo Soction 7100 at the Heal	Mi and Safety Code	87		-	02/28	3/2002
PERMI	IT	SIONS OF THE CALIF	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAF	ETY CODE	NT OF FEE PAID	G. Mitche		SIGNATURE OF LO	OCAL REGIS	TRAR ISSUIN	G PERMIT
AUTHORIZATI		IN THIS PERMIT.	TY FOR THE DISPOSITION	AND DESCRIPTION OF THE PERSON	00		31741	2202677			
LOCAL REGI	CANADA CA	And the second section of the latest land to the second land to the se	orran of disposal outside of Egisthar of district	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	- Annual Property of the Party	02/28/200	the same of the same of	2203677			
ANY CHANGE IN	N DISPOSI-	IF DEATH OCCURRE	D IN CAUFORNIA	CASE RADIOSCI —	IF DISPO	IS OF REGISTRAR ( ISTION IS TO OCCUR			DRNIA		-
PERMIT TO SHO DISPOSITION	OW FINAL		County Healt								
THE STREET		BOX 63ZZZ,	San Diego,	GA 92186-322	2		1.	EOD COS	ONEDIC	USE ONLY	,
CO ALCOHOL:	EED DIOP	The second second	PALITABLE ITEMS	- 142 Links 22			100				
Section 1	ALC: UNIVERSE			L E TEMPO	DRARY ENVAULT	MENT		UName and		REMAINS LO	DIGATED A
X A BURI		DES ENTOMBMENT)		31 31 31 31					Address2		
X A BURI	MATION		AINS OTHER	F. DISINT			100	Commo and	Audress)		
X A. BURI X B. CREE C. DISP THAN	MATION O	OF CREMATED REM	AINS OTHER	G. SHIP I	N TO CALIFORNI				Address)		•
X A. BURI X B. CREE C. DISP THAN	MATION (	OF CREMATED REM	AINS OTHER	G. SHIP I					Kodress/		
X A. BURI X B. CREE C. DISP THAN	MATION O	OF CREMATED REM METERY SE	DDRESS OF CALIFORNIA	G SHIP II	N TO CALIFORNI SIT TO OUTSIDE		, tic. sic	GNATURE OF PER		ARGE OF BI	JRIAL
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X A BURI X B. CAE C. DISP THAN D. SCIE	MATION POSITION ( N IN A CE ENTIFIC US	OF CREMATED REM METERY SE 11A NAME AND A Mount Hop 3751 Mark	DDRESS OF CALIFORNI e Cemetery et St., San	G SHIP II III III TRANS A CEMETERY  Diego, CA 92	N TO CALIFORNIA	OF CALIFORNIA  18. DATE BURIED  3 - 6-02	1 /	SNATURE OF PER	ASON IN CH	lans	s
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A BURI  B CAR  C DISP  C DISP  CREMA  BURI  CREMA  SCIENT  USE  TRANS	MATION POSITION IN IN A CE ENTIFIC US AL ATION TIFIC E USIT NG AT SEA	of CREMATED REM MEYERY SE  11A. NAME AND A MOUTH HOP 3751 Mark 12A. NAME AND A Leneda, I 14065 Hwy 13A. NAME AND A 14A. NAME AND A REMAINS OR	DDRESS OF CALIFORNIA COMMENTS OF CALIFORNIA BUS., E1 DDRESS OF CALIFORNIA DDRESS OF CALIFORNIA CREMATED REMAINS A	G SHEP II  II TRANS  A CEMETERY  Diego, CA 92  A CREMATORY  Cajon, CA 9  A FACILITY RECEIVING  STATE OR COUNTRY IN RE TO BE SHIPPED  INE, OR OTHER DESCRI	N TO CALIFORNIA SIT TO OUTSIDE  2102  PEMAINS  WHERE	OF CALIFORNIA  1B. DATE BURIED  3 - 6 - 0 2  12B. DATE CREMATI  3 - 1 - 0 2  13B. DATE RECEIV  14B. DATE SHIPPE	ED 120 SH	GNATURE OF PER GNATURE OF PER GNATURE OF PER DORESS AND SIGNET PLACING WITH	RSON IN CH RSON IN CH NATURE OF THE CARRIE	HARGE OF FA	ACILITY - CHARGE NUMBER AATED RI





#### INTERMENT ORDER

City of San Diego

Date 2-26-2002

To Visit In the last of the la	mon
n a LI NOV	Funeral, date, time FRI. MARCH 15+ 11.
Church, Ohapel Graveside	: OA BURIAL Mortuary.
All 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	ed
ot 219 Grave 5 A	ow Section _2 Division/Block
Grave space & Care Fund	- 570.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
landling FeesFEB 7	7.786)
	CEMETARY 45.00
Sales taxes	1473
rulti	Total Due
229-275 brieger	Paid receipt number K-59671 1664-73
W 1	Balance due
hereby certify I am the X 2/3 and this is your authority to make dis that I have the right to make this author any liability on account of said author	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
hereby authorize the interment in lot old under deed.	1 x flow meeon
ligneture of recorded holder of deed	X SAN Diego 92/02 Say 6/9) 263-3665 Epicode Yellephone
	Invoice #
Nork Order # E 16937	The state of the s

G Franks on recycled paper

## MT HOPE CEMETERY [-16937

#### GRAVE BLIND CHECK FORM

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

			1000	*		
	3 ojala	4	5 X			
				100		
Interment	space for:	Norr 3-1-2	OO ERICATION	00'     	00	
			Row:			Div: 12
Grave Lai	d out by: _	NF	*			
Agrees wi	th Legal C	Card:	Yes [	J No	Does	E. Dang
Agrees wi	ith Map: [	J Yes				

Date: 2/2

Blind Check & Verified By: \_ New Collins

E 16937

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

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

NORRIS IB. MIDDLE		CAMMON, JE		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX	
-	SAN DIEGO		58. COUNTY OF DEATH		1. NAME, RELATIONSHIP, FULL OF INFORMANT FLORA MC COY-S	MAILING ADDRESS AND ZIP CODE
		CRESATIONNA BURYAL CHAPEERSON A	-a - a	F. LICENSE NUMBER APPLICABLE 1357	824 42ND ST. SAN DIEGO, CA	92102
-	ACKNOWLEDGMENT OF A		ipon stated became is one of the	dispositions authorized by	BA SIGNATURE OF APPLICANT	Person tolong person, 88, DATE SIGNED 02/27/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THES PERMIT 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: THE PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	02/27/20 J. BENY/	02	OCAL REGISTRAR ISSUING PERMIT
T	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RAIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITALTH RECORDS P.U. BOX 85222 SAN DIEGO, CA 92186-5222			OF DISTRICT OF DISPOSITION- UR IN ANOTHER DISTRICT IN CAUR	
10	A BURIAL ONCLU		E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	L Disposition thame and	RONER'S USE ONLY N PENDING—REMAINS LOCA Address)
	BURIAL	MI. HOPE CEMETERY 375 FMAR SAN DIEGO, CA 92102	KET ST.	3-1-02		RSON IN CHARGE OF BURIA
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	HY	128 DATE CREMA	TED 12C. SIGNATURE OF PE	RSM IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
CMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		148, DATE SHIPP	PED 14C. ADDRESS AND SIG OF PLACING WITH	INATURE OF PERSON IN CHARGE THE CARRIER
0	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 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

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

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 2 - 26-02

You are hereby authorized and instructed, sut		er the remains
	-10	m II m
in a Type of Bursar Corpains	uneral, date, time Jues Mar	7th 2.00
Church, Chapel, Graveside 1001100	uruanly: 6000 had	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 & Grave & Row	Section 3 Division/Bla	
Lot Grave X Row	Section Division/Bt	BEK _
Grave space & Care Fund	1 1337 1	
Additional spaces and care fund		
Opening/Closing & Setup		8
Burial Container		_0
Handling Fees		0
Flower vases - Marker setting fee		
Recording and filing fee		0
		8
uffe 1	Total Due	0
poxe when the ball of Paid in		
reatilisma-6 Paldri	eceipt number	- PX
Tom# 200	Balance due	
I hereby certify I am the and this is your authority to make disposition	of the above na 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 a	and I agree to hold Mt. Hope Cemetery and interment.	harmless from
I hereby authorize the interment in lot I	*	
hold under deed.	Signature	
	Address	
Signature of recorded traider of deed	City	Zip Codu
	Tempore	
	Invoice #	
Work Order # E 16938	Acct. #	

## MT HOPE CEMETERY [-16938

	GF	RAVE BL	IND CH	ECK FOF	RM		
block ma	rked with marker's in	"X". Plac	e the name opriate sp	which the e's, lot # ar ace(s) that eliver	nd grave #	of all ent to	
							N. W.
	4 Huntuy	3 Huntry	2 X	Hubbard Hubbard			- 12 C
					<i>X</i>		DIVI
Intermen	t space for:	Ite	Ien H.	Nichol:	50~	+1	H
Intermen	t Date: 3	3-5-20	02.	Гime:	2:00	,	
Lot:	Grav	e:	Row:	Sect: _	<u>3</u> Di	v:	
Grave La	aid out by: .		WEST .			Wall	Ne
Agrees v	vith Legal (	Card: 🗆 1	res	□ No	. flag	no to	
Agrees	with Map:	☐ Yes		No			
Blind Cl	neck & Ve	rified By			_ Date: _	The same	

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

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

IA. NAME OF DECEDEN	T-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				ATE OF DEATH 4 SEX
HELEN		H.	WICHOLS	ON THE REAL PROPERTY.	6	2/27/1916" 82	720/2002 F
SA. CITY OF DEATH			58 COUNTY OF DEAT	H-OUTSIDE CALIF., E		LATIONSHIP, FULL MAILING	
SAN DIEC	0			H DIEGO	THOR	STILSON: GRE	AT NEPHEN
			PERSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER	4036	SOUTH CENTER	BOULEVARD
GOODBODY HO		027 EL CAJON I	BOULEVARD	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COL		TLE, WASHINGTO	
		AN DIEGO, CA			BA. SIGNAT	JRE OF APPLICANT—Person ton	
ACHNOWLEDGMENT OF APP			opened dispersion stated lenser is one of the divine authorized pursuant to Section 7100 of the		> ( /EL	torce as ar	02/28/200
PERMIT 8	HONS OF THE CALIF	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET	y cop€	AID SB. DATE PERMET		SIGNATURE OF LOCAL RI	EGISTRAR ISSUING PERMIT
AUTHORIZATION OF I	N THIS PERMIT	TY FOR THE DISPOSITION SP	\$7.00			2203682	
	The second secon	O HIGHT OF DISPOSAL OUTSIDE OF C	THE STATE OF THE S	02/28/200		T OF DISPOSITION	
ANY CHANGE IN DISPOSE TION REQUIRES A NEW	IF DEATH OCCURR			DRESS OF REGISTRAR DISPOSITION IS TO OCCU		EN DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX				-		
10. AUTHORIZED DISPOS		CA 92186-522	42		1	FOR CORONER	'S HEE ONLY
X A. BURIAL CINCLUD	sees the constraint of		T e reveseur eur	ALIE WAS AFFAIT		A TOTAL OF THE PARTY OF THE PAR	AS TAXABLE DISTRICT
B CREMATION	ES ENTOMOMENT)		E TEMPORARY ENV	AULIMENT		(Name and Address)	NG-REMAINS LOCATED (
C. DISPOSITION O		AINS OTHER	G. SHIP IN TO CALIF	ORNIA			
D. SCIENTIFIC USE				SIDE OF CALIFORNIA			
	TIA NAME AND A	DDRESS OF CALIFORNIA	CEMENERY	118 DATE BURIED	110	SIGNATURE OF PERSON IN	CUADOE OF BURIAL
BURIAL	A STATE OF THE PARTY OF THE PAR	PE CEMETERY	orme in.	Million Marie Saverns	110000	1/ -	Orienda Or Bornina
	3751 HAR	KET STREET, S	AN DIEGO, CA 9210	12 3-5-02	10/	KIND F.	lum .
Na I	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	ED 120	BIGNATURE OF PERSON IN	CHARGE OF CREMATION
CREMATION				1	1	//	
9						0	
	THE RESERVE OF THE PARTY OF THE						
3:1	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138 DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
3:1	13A. NAME AND A	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC	14A. NAME AND A	DDRESS IN RECEIVING ST.	ATE OR COUNTRY WHERE	138. DATE RECEIV	D 14C	ADDRESS AND SIGNATURE	OF PERSON IN CHARGE
SCIENTIFIC	14A. NAME AND A		ATE OR COUNTRY WHERE		D 14C		OF PERSON IN CHARGE
SCIENTIFIC USE	14A. NAME AND AI REMAINS OR	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED		D 14C	ADDRESS AND SIGNATURE	OF PERSON IN CHARGE
SCIENTIFIC USE TRANSIT SCATTERING AT SEA	14A. NAME AND AI REMAINS OR 15A. ADDRESS, NE	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED  E, OR OTHER DESCRIPTION SUF-		D 14G.	ADDRESS AND SIGNATURE OF PLACING WITH THE CAI SIGNATURE OF PERSON IN	OF PERSON IN CHARGE RRIER
SCIENTIFIC USE	14A. NAME AND AI REMAINS OR 15A. ADDRESS, NE	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPPE	D 14G.	ADDRESS AND SIGNATURE OF PLACING WITH THE CAI	OF PERSON IN CHARGE RRIER

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



Crestally gray

REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENTORDER

City of San Diego

		Date X A /	000
You are hereby authorized and instructe	ed, subject to your rules and	regulations, to inter	the remains
of Glen D. Ful	ler/Jimm	y Fulle	r_
in a	Funeral, date, time	1	
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 104 Grave 1 Row	Section _ 2	Division/Block	12
Grave space & Care Fund			895,00
Additional spaces and care fund			-
Opening/Closing & Setup	PAID		750,00
Burial Container			380.00
Handling Fees	AR 0.2.2004	3	320.00
Flower vases - Marker setting fee			
Recording and filing fee MOUNT	HOPECEMETER	Υ	90,00
Sales taxes			30 42
	Total	Due	x 69.40
	Paid receipt number 2-5	4640	616.00
		Balance due _	1848.45
I hereby certify I am the and this is your authority to make dispo- that I have the right to make this authori any liability on account of said authorize	zation and I agree to hold M	of the above namindicated. I certify a t. Hope Cemetery h	nd represent
I hereby authorize the interment in lot I hold under deed.	Signature	D. Jul 48+h	
Signature of recorded holder of dued	Address and San	Diego, 0 266-09	A 92103 59
Work Order # <b>E</b> 16939	Acct. #		

This information is available in alternative formats upon request.

O streeted on recycled paper

Fuller, Glen D. & Jimmy Fuller 1619-48th St., S.D.	CA 92102	(619) 266-09	1–16939 159,
	DEBIT	CREDIT	BALANCE
2/27/2002 Opened pre-need lot & trust account, 25%	895.00		200
down on account. R-54690	1,569.45		2,464.45
Lot 104, Grave 1, Section 2, Division 12		616.00	1,848
4/5/2002 R-54840 Coupon #1		77.00	1,7715
4/30/2002 R-54916 Coupon #2		77.00	1,694.45
6/5/2002 R-55077 Coupon #3		77.00	1,617.45
7/25/2002 R-55240 Coupon #4		77.00	1,540.45
3/5/2003 R-55980 Coupons 6, 7, 8		231.00	1,309.45
4-9 03 2500128 9,10111		23100	1107845
42103 C56150 1213	DAID	154 8	1994 45
10-3 03 RSLB312 14	PAID	770	847 15
7-203 =1,433		7700	77049
8/2/15/2-36626 16+17 M	AR 0 2 2004	15400	6/645
18-2-13 54744 18		7700	\$3945
11-4 03 Russes 19 MOUNT	HOPE CEMETERY	7700	442 45
12-5 03 510979 70		7700	285 45
12-12 03 90997 21		7700	30
2-9 04 57194, 72+23		1540	15445
8-30 02 55354 #5,		77 00	77 45
3-2 04 51273 24		2045	-

PHILED	GLEN & JIMMY 1619 - 48th Street, San Diego,	CA	92	102					(619)	266	-091	59
Politick,	Jun a Jimii 1015 - 40th Street, San Diego;	Un	74	.02					(02)		43-	
2-27-02	Opened Pre-need Lot & Trust.		D	EBI	T		¢	REDI	T	BAL	ANCE	
2-27-02	Lot 104, Grave 1, Section 2, Division 12			8	95	.00					-	
	Pre-need Trust includes: TWO Opening/Closing Double-Depth Container, Handling Fees, TWO	7	12									
	Recording and Filing Fees, and Sales Taxes.			156	9.	45				2	,46	4.45
2-27-2002	25% down payment R-54690.							616	.00	1	,84	8.45
4-4-2003	R-54840 Coupon No. 1			X				-77	00	. 1	,77	1.45
4-30-02	R-517 16 " 2 804	-	an	2				77	100	1	69	4.45
6-3-09	R-55077 " 3	Ko						77	.00	16	117	, 45
7-25-02	B- 55240 " 4							77	- 00	10	40	.45
8-30-0	1 R- 55364 " 5		00	L	60	4.0	0	m	100	14	43	00
	11 11 11 11 11 11 11 11		1	U,	+	col.	THE	0,00	to	por	54	nust
3-703	Marked delinquent motiles	)				1						
4-1603	Cancel thest manis absorbed			H	H							
	May Cary										H	
		-		+	+			+				
					1							
					11							
	FULLER, GLEN D. & JIMMY FULLER E-16939											



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Grack marker	Address:				
In part Payment of	u- hud It a thus	)	ollars (\$ .	77.00	)
Lot - \0 4 Grave	Row Se	ection		Division \	2
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlai Containers Handling Fee Recording & Misc, Feee Pre-Need Trust Sales Tax	67007 77184 — 100 77181 — 100 77181 — 100 77185 — 100 77185 — 100 77185 — 63033 — 9022 — 60101 78390 —	23 54	60

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55077

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

Date: 6-5 -02 From: Address: Dollars (\$ 77.00 Payment of Division Grave Row Section Block 00 NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 80% Sales 77184 Acct. No. of Lots Opening/ Closing 100 77181 Burial 100 Containers 77182 BALANCE DUE -100 77185 Handling Fee Recording & Misc. Fees 100 Pre-Need Lot X Al Need Pre-Need 63033 On Acct Trust 9022 Pre-need Trust Cash Check Sales Tex 60101 78390 TOTAL PAID AC-212 (Rev. 5-94)

JAL	RECE	IPT
1	j) _	
֡	SAL OF	CIAL RECE

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55240

From MS. Glen D. FULLER	Address: On RECOLD		5	, 20	02
Seventy-Seven of Pre	00		ollars (\$	77.00	)
Lot 104 Grave	RowSe	oction_2		Division 2	
Invoice No	NOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 90% Sales of Lots	67007 77184 — 100 77184 —	48	$\infty$
w.o. E-16939	PAID	Opening/ Closing Burist Containers	77181 — 100 77182 —		
	JUL 2 5 2002	Handling Fee Recording & Misc. Fees	77185 — 100 77183 —	20	
Pre-Need Lot  At Need  On Acct  Pre-need Trust  Cash  Check  Check		Pre-Need Trust Seles Tax	63033 9022 — 60101 78390 —	24	00
AC-212 (Rev. 5-94) 2765		TOTAL PAID		77.	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: MS GLEN i	FULL	ER Address:	on rec	te: Lord	8/30	, 20	05
Beventy-	Sever	) Address.	7. 1		Dollars (\$ _	77.00	
In Port Paymer	ntot Te	theed lo	y trust	- acco	unt		
in 104	Grave		Row	Section 2		Division Block	1
Invoice No.		NOT VALID FOR PURPOSE STA	ATED UNLESS STAMPED	O CREDIT 20% Sales Can 80% Sales	67007 77184		
Acct. No				of Lots Opening/ Closing	77184 100 77181		
BALANCE DUE 314	H03 45			Buriel Containers	100 77182 ——		
BALANCE DUE				Handling Fee Recording & Misc, Fees	77185 — 100 77183 —		/A A
Pre-Need Lot At Need □ Pre-need Trust ☑ Cash □	On Acct Check			Pre-Need Trust 77 10 Sales Tax	60101 - 60101	114	00
AC-212 (Rev 5-94)	2780	ISSUED BY Jau	lete C	TOTAL PAID	78390	77	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55980

100

03

From: Mx. Alen	D. Full	4 Address:	161941	Date: 19	uch so	a 9210	2
Two-Hund	red Thir		10+++	rust ac	Dollars (\$	231.0	
Lot 104	Grave	1	Row	Section	2 -	Division 18	2.
Myoice No		IT VALID FOR PUI AMPED "PAID" IN	RPOSES STATED UITHIS SPACE	CREDIT 20% Sales 80% Sales of Lots Opening Closing Burial Container Handing I Recording	s 100 77184 — 100 77181 — 100 s 77182 — 100 Fee 77185 — 8 100	231	00
Pre-Need Lot At Need   Pre-need Trust Cash   AC-212 (Rev. 10-02)	2914	EUED BY Pau	house (	Misc. Fee Pre-Need Trust Sales Tax	63033 77186 — 60101 78390 —	231,	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56128

	Dat		9 ,20 63
From: Glin Fulles	Address: [619 4847]		2102
Two Hundred The	ity one 700/100	Dollars	(\$ 231.00
in Part Payment of	primud let +	trust	
Lot 164 Grave		Section 2	Division /2
Invoice No. E 16939	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	-
Acct. No.	STANICED FAID IN THIS SPACE	20% Sales Care 77184 80% Sales 100	
W.O	PAID	of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 1078.45		Burial 100 Containers 77182	
	APR 0 9 2003	Handling Fee 77185 Recording & 100	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY	Misc. Fees 77183 Pre-Need 63033 Trust 77186	231 00
Pre-need TrustX Cash Check X	CITY OF SAN DIEGO, C.	Sales Tex 60101 78390	-
AC-212 (Rev 10-02)  This information is similarly in alternative formits from topus		TOTAL PAID S	231 00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56312

From: Men Julles	dollous 10/10 (8th	e: 9 9 9 1 1 Dollars (	02, 20 (8)
in Pauf Payment of Lot 104 Grave	pre mid lat	+ trust	Division Block
Invoice No E 16939 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.  PAID	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 847. 45	JUN 0 3 2003	Burial 100 Containers 77182 - 100 Handling Fee 77185 -	
Pre-Need Lot At Need     On Acct     Pre-need Trust Cash   Check	MT. HOPE CEMETARY CITY OF SAN DIEGO: CF	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	77 80
AC-212 (Rev. 15-02)  This information is assistant in allegant formation formation and an arms.	1	TOTAL PAID \$ .	77 00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56433

From: Glen Juller Seventy Soven	Address: 1419 48th of	- SO 9	20 B 2103, 20 B
in Payment of	ore med lot	Section _ a	Division NO
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 Closing 77181 Bunal 100	
Pre-Need Lot / At Need On Acct	JUL 0 2 2003	Containers 77182 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77183 Pre-Need 63033	77 00
Pre-need Trust / Cash Check / AC-212 (Rev. 10-02)	CITY OF SAN DEGO, CA	Trust 77186 - Sales Tax 60101 78390 - TOTAL PAID \$	77 00

OFFICIAL RECEIPT		CITY OF SAN DIE	O, CALIFORNIA		5662	6
CANARY	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE (619) 52		169	39	
m = 40 0	2 10		Date: Opt	moes	2,20	3
Dre Hundred Fr	Fulle Address	- and c	n secored	Dollars (\$	15400	
in Part Payment of	Ple-nu	dlot 4	trust acc	out	Division (2)	
Lot 104 Gra	ve	Row	Section		Block /2	
Invoice No. E 16959  Acct. No.  W.O.  BALANCE DUE \$ 616.45	NOT VALID FOR STAMPED *PAID*	PURPOSES STATED UI IN THIS SPACE	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185		
Pre-Need Lot At Need On Acc	X	Puller	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 77186 — 60101 78390 —	154.	00
AC 212 (Rev. 10-02) This information is available in alternative formats upon it	SISSUED BY	purped	TOTAL PAID	s	154	00

OFFICIAL RECEIPT		CITY OF SAN DIEGO,	CALIFORNIA	5	674	A
	TO CUSTOMER  CEMETERY  AUDITOR	MOUNT HOPE C	AND DESCRIPTION OF THE PARTY OF		· ·	•
		(619) 527-3	Dark	2		03
From Dering Lu	Len. Addre	ss: 1614 484	hat 81	9210		_
Jung Dem	4			The state of the s	77.0	0
in paux paymen	nt of pre-ne	ed				
Lot 104	Grave /	Row	_ Section _2	Divi Bloc	sion /	7
Invoice No E 16939		R PURPOSES STATED UNLES OF IN THIS SPACE.	CREDIT	67007		
Asct. No.		BAID	20% Sales Care 80% Sales of Lots	77184 ——— 100 77184 ———		
W.O 52G. UF	3	PAID	Opening/ Closing Burial	77181 ———		
BALANCE DUE 3919	0	CT 0.2 2003	Containers Handling Fee	77182 ——— 100 77185 ———		
Pre-Need Lot At Need Or	Acct MT. I	HOPE CEMETARY	Recording & Misc. Fees Pre-Need	100 77183 ———	77	00
	Check	DE SANDIEGO CO	Trust Sales Tax	77186 ——— 60101 78390 ———		00
AC-212 (Rev. 10-02) This information is available in alternative formats	ISSUED BY	an complete	TOTAL PAID	8	TO	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AGDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Glen Jule.	Address: 1619 48 th	Nov. 4 94 80 9	2003 2102 \$ 77.00
in Payment of Payment of Grave	Row_s	ection Q	Division 12
Invoice No. = 16939  Acet. No. = 1500	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	
Pre-Need Lot / At Need On Acct	MOUNT HOPE CEMETERY	Buriel 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pro-Need 63033 Trust 77186	77 00
Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in atternative formats upon request	ISSUED BY Lam Hotel	Seles Tex 60101 78390 TOTAL PAID \$	77 00

#### OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 56979 WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK AUDITOR (619) 527-3400 Date: Dollars (\$ Payment of Division Lot Grave Row Section Block Invoice No. NOT VALID FOR PURPOSES STATED UNLESS CREDIT STAMPED PAI 67007 20% Sales Care Acct. No. 77184 80% Sales 100 of Lots 77184 W.O. Opening/ DEC 0 5 2003 Closing Burial 100 BALANCE DUE 365 Containers 77182 100 Handling Fee 77185 MOUNT HOPE CEMETERY Recording & 100 Misc. Fees 77183 Pre-Need Lot On Acct Pre-Need 63033 Trust 77188 Pre-need Trust Sales Tax 60101 Cash Check/ 78390 ISSUED BY

TOTAL PAID

AC-212 (Ray, 10-02)

This information is available in atternative formats upon request

CITY OF SAN DIEGO, CALIFORNIA

56997

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

From: Glen Julear	Address: 1619 48th	e: Dec. 12 st. 80.	92102
in Payment of	, ore, need	Dollars (	37.W)
Lot 104 Grave	Row	Section 2	Division 12
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  DEC 1 2 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 Handing Fee 77185 Recording 8 77185	
Pre-Need Lot / At Need On Acct	MOUNT HOPE CEMETERY	Misc Fees 77183 - Pre-Need 63033 Trust 77186 -	סט רך
Pre-need Trust Cash Check  AC-212 (Rev. 10-02)  Trus information is evaluable in alternative formats upon neque:	ISSUED BY COM HOLDER	Sales Tax 60101 78390 - TOTAL PAID \$ _	770

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFOR	NIA 57194
WHITE CANARY PINK	MOUNT HOPE CEMETE (619) 527-3400	RY
From: Glen Jull	WY Address: 1619 48th of	Feb 9 2002
in Aut / Promote	on a much	Dollars (\$ 154 W)
, in Payment of Grave	Row Secti	on 2 Division 12
Acct. No	DAID 8	EDIT 67007 % Sales Care 77184 100 Lots 77184
W.O	FEB 0 9 2004	pering 100 osing 77181 ontainers 77182 ontainers 100
Pre-Need Lot / At Need On Acct	MOUNT HOPE GAMINET	anding Fee 77185 scording & 100 scording & 100 scording & 100 scording & 77183 sc. Fees 77183 sc. Fees 63033 sst. 77186
Pre-need Trust Cash Check  AC-212 (Rev. 10-02) This information is available in alternative formats upon requi	ISSUED BY TOWARDS	1AL PAID \$ 15H @

OFFICIAL RECEIPT	CITY OF SAN DIEGO,	CALIFORNIA 57	27
WHITE	TO GUSTOMER MOUNT HOPE C	EMETERY	776 0 0
PINK	AUDITOR (619) 527-34	100	
	Window Street	in inha	-
	1011	Date: Vilaruia , 2	009
From: Glen Jull	Address: 1619 4845	st 80 92182	1
rion. Go or your	Address. TVI I	On	1/5
		Dollars (\$	4
in sull Payment	ot -MI Mul	U.	
1 119	1000	2 Division	12
Lot 107 G	rave Row	Section Section	-
Invoice No. E-16939	NOT VALID FOR PURPOSES STATED UNLES	SS CONTRACT	-11
Acct. No.	STAMPED "PAID" IN THIS SPACE	CREDIT 67907 20% Sales Care 77184	1
	PAID	80% Sales 100 of Lots 77184	
W.O	_ IAID	Opening/ 100 Closing 77181	
BALANCE DUE	MAD 0 0 con	Burtal 100 Containers 77182	1
DAL HOLDOL	MAR 0 2 2004	100	
		Handling Fee 77185 ————————————————————————————————————	-
Pre-Need Lot At Need On A	MOUNT HOPE CEMETERY	Misc Fees 77183	U
		Trust 77186 77186 60101	1
Pre-need Trust Cash Che	ISSUED BY Cum tetza	) Sales rax 60/101 78390	
AC-212 (Rev. 10-02)	SX ISSUED BY	TOTAL PAID \$ 77	4
AC-212 (Hev. 10-02)	2 contract	TODAL MID	1

Crew Supt

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2 - 27-2002

You are hereby authorized and instructed, su		nter the remains
	Tames Bell	-
In a Type of Buriel Container	Funeral, date, time	200
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 104 Grave 12 Row -	Section Division/B	leck 18
Grave space & Care Fund		898.00
Additional spaces and care fund	CONTROL OF THE PROPERTY OF THE	
Opening/Closing & Setup.	20 375.00	75000
Burial Container	1 1 ( /	380.00
Handling Fees	1 1	320.00
Flower vases - Marker setting fee		
Recording and filling fee	D45.00	90.00
Sales taxes		2945
	Total Due	2464.4
Paid	receipt number R-54689	1016.00
Fau		1848.45
I hereby certify I am the	of the above r	amed 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 ;	and I agree to hold Mt. Hope Cemeter	y and represent y harmless from
I hereby authorize the interment in lot t	Islan D. Zu	ller
hold under deed.	1619-48+h	st.
Signature of recorded holder of deed	San Diego	CA 9210
	San D! eqo,  to 19-266-0	959
F 10010	Invoice #	
Work Order # E 16940	Acct. #	

3 6 11

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-27-03

of ASHLEY MOI	
in a	Funeral, date, time FRI 3-1 10:0
Church, Chape, Graveside	: Mortuary
All Funeral cars must arrive before 3:30 p.m.	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot US3 Grave Row	Section Division <del>/Block</del>
Grave space & Care Fund	160.0
Additional spaces and care fund	
Opening/Closing & Setup	<u>125.0</u>
Burial Container	)
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	1
VSINGOSS CROSS	Total Due
	Balance due
	of the above named deceder on of remains as above indicated. I certify and represer on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Sgnature
	Address
Signature of recorded holder of deed	City Zup Curd
Signature of recorded holder of deed	Cey Zip Gud Telephone
Signature of recorded holder of deed  Work Order # E 16941	

#### INTERMENT ORDER

City of San Diego

Date 02-27-2002

You are hereby authorized and instructed, so	bject to your rules and regulations, to inter the remains
or_ 1) and Blan	Kinship
ina T.S. Vault	Funeral, date, time FRJ. Man 18+12:00
Church, Chaper, Graveside	: Featherhail Monuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
	Section_   Division/Block_ [ [
Grave space & Care Fund	896.00
Additional spaces and care fund	PAID
Opening/Closing & Setup.	37500
Dunai Container	
Handling Fees	IOPE CEMETARY 185 0
Flower vases – Marker setting fee	OF SAN DIEGO, Cr.
Recording and filing fee	45.00
Sales taxes	[4:38]
*	Total Due
100 06-04 Paid	receipt number Wayard 874.30
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	Secondary
hold under deed.	¥
Signature of recorded holder of deed	Address
	City Zip Code
	Invoice #
Work Order # E 16942	Acct. #
REA-104 (7-96) This inform	ation is available in alternative formats upon request.

d Pround 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.

			*			
	aufor	5 Dennisor	6 X	7 Aller		
Intermen	nt space for:	Jan arch 1	· Blay	rime:	12	00
Lot:	Grave	<u>S</u>	Row:			oiv: #

Agrees with Legal Card: Yes

Blind Check & Verified By: tennell Co

Agrees with Map: TYes

E-16942

#### 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	C. LAST (FAMILY)				3. DATE OF I		4. SEX
Jane Rosier		Rosier	Blankenship				02/26/2		F
54	CITY OF DEATH	SE	COUNTY OF DEATH	-OUTSIDE CALIF	B. NAME, F	RELATIONSHIP, FULL MAI	LING ADDRESS	AND ZIP	CODE
	San Diego		San Dies	to		Blankenship	, son		
100		DORESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTIN		F. LICENSE NUMBER	3730	Catamarca Dr	- 100		
1		11 Mortuary				iego, CA 921			
	6322 El Ca	jon Blvd., San Diego, CA 92115	i	FD1083	BA. SIGNA	TURE OF APPLICANT-You	on taking pennit		
	ACKNOWLEDGMENT OF AF	PLICANT I berefy acknowledge as applicant that the proposed disposition Section 10376 of the Health and Selviy Code, and was authorized to			> CO	ne		02/28/	2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT ONES NO MONT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	02/28/20	02	c. signature of Loc. 2203678	AL REGISTRA	A ISSUING	PERMIT
1	IT CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-		RESS OF REGISTRAR		CT OF DISPOSITION— HER DISTRICT IN CAUFORN	ЩА		
+1		San Diego, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS	L	-		FOR CORO	NER'S HISE	ONLY	
-	The state of the s	MANAGEMENT CONTROL OF THE PROPERTY OF THE PROP	TELEBOOLOU FINA	III THAFTE		100000000000	Marine Cons	= 411111111	
	B. CREMATION		TEMPORARY ENVA	ULIMENI		I. DISPOSITION P		IAINS LOC	ATEU AT
	Recording to Commission of the Conference of the	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFO						
	BURIAL	Mt. Hope Cemetery 3751 Markets San Diego, CA 92102	et St.	3-1-0	1	SIGNATURE OF PERSO	ON IN CHARG	E OF BUR	IIAL O
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		128. DATE CREMA	TED   120.	SIGNATURE OF PERSO	ON HE CHARGE	OF CREM	MATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY REC	EIVING REMAINS	13B. DATE RECE	VED 18C.	SIGNATURE OF PERSO	ON IN CHARG	E OF FAC	ILITY
DMPLETE AL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COU REMAINS OR CREMATED REMAINS ARE TO BE SHIP		148. DATE SHIPP	ED 14C.	ADDRESS AND SIGNAT OF PLACING WITH TH		ISON IN C	HARGE
3	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 DISTRICT O		15B, DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSIT		DICENSE NI OF CREMAT MAINS DISP —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.



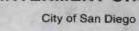
#### INTERMENT ORDER

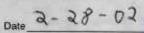
City of San Diego

Date 2-28-2002

Jo.	
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
or Evelynis Charl	A STATE OF THE PARTY OF THE PAR
7 700 . 1	
Type of Burial Cooperat	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 68 Grave 2 Row	Section 3 Division/Block 12
Grave space & Care Fund	459
Additional spaces and care fund	
Opening/Closing & Setup	375.00 75.0.00
Copering Cooling & Setup	380.00
Burial Container	PAID
Handling Fees	PAID 320.00
Flower vases - Marker setting fee	FFR 2.8-7007
Flower vases - Marker setting fee	5.00 90,00
Sales taxes	MT. HOPE CEMETARY 29.45
C	CITY OF SAN DIEGO, C. 1569.45
n.u.	receipt number R-54693 1569-KS
Paid	rx.
	Balance due
I hereby certify I am the	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Evelyn Borns Signature Signature Son Classiament D1. Address Son Diego Caly 9x117 City Coly 2000000000000000000000000000000000000
Signature of recorded holder of deed	Son Dugo Calif 92117
Organismo de resolutido (natural de dalla)	Cety 858 - 173 - 0534 Zep Code Telephone
	Invoice #
Work Order # E 16943	
Work Order #	Acct. #

#### INTERMENT ORDER





You are hereby authorized and instruction of DONNA	ted, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time
Type of Buriel Container 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 undersigned	rd.
Vot 85 Grave 8 Ro	w Section Division/Block _ \ \ \
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
	14.73
SEE 1	Paid receipt number R-51692 500.0
E-17001	Paid receipt number K-9167 500.0
	Balance due 164
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 authorization in the said author	of the above named decedent resistion of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from ration and interment.
I hereby authorize the interment in lot I hold under deed.	× signature 17420 LISBON St.
Signature of recorded holder of deed	X CG19) 2639611 20000
	Invoice #
Work Order # E 16944	Acct. #

This information is available in alternative formats upon request.

REA-104 (7-96)

From Liner to D.D

Talk to Downa

new total bal.
18 Olcay She
understands

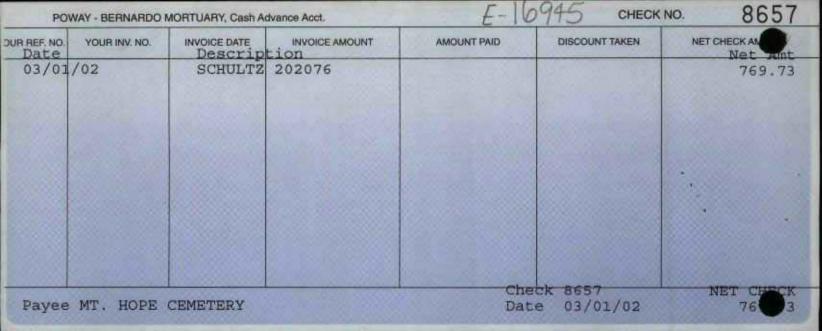
#### INTERMENT ORDER

City of San Diego .

Date 3-1-02

na LINER	Funeral, date,	uma Te	ES 75/2	2 100
Church, Chapel, Graveside DE/	( )			
All Funeral cars must arrive before 3.	30 p.m. of regular wor	k day or a	n extra charge	of \$
will be applied and billed to undersign	ned.			
Lot 897 Grave F	Row Section	_ /	Division/BI	8
LOT O / Grave	low Section	on_ •	Division	ock
Grave space & Care Fund				
Additional spaces and care fund				
Opening/Closing & Setup P. A	עו			375.00
Burial Container	4 7nn7			190.00
Handling Fees MAR 0	4 7(117			145.00
Flower vases - Marke Mertippers.				
Recording and filing GITY OF SA	N DIEGO, C:			45.00
		and the delication of the second		14.73
			ue	269.73
	Paid receipt numbe	0	54715	769.7-
	r aid receipt numbe		Balance due	8
1			WATER CONTRACTOR	A PART OF A
baraba andibit am the	the state of the s	a about la		amed decedent v and represent
hereby certify I am the Analysis and this is your authority to make dis	sposition of remains as	s above in	White State Committee of the Committee o	CONTROL OF THE PARTY OF THE PAR
hereby certify I am the and this is your authority to make dishat I have the right to make this authory liability on account of said autho	orization and I agree to	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make di- hat I have the right to make this auth- any liability on account of said autho	orization and I agree trization and interment.	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make dis hat I have the right to make this auth any liability on account of said autho hereby authorize the interment in ic	orization and I agree trization and interment.	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make dichat I have the right to make this authory liability on account of said author hereby authorize the interment in ic	rization and I agree to	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make dis hat I have the right to make this auth	rization and I agree trization and interment.	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make di- hat I have the right to make this auth- any liability on account of said autho- hereby authorize the interment in lo hold under deed.	rization and I agree trization and interment.	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make di- hat I have the right to make this auth- any liability on account of said autho- hereby authorize the interment in lo hold under deed.	torization and I agree torization and interment.  It I Signature X Address X Telephone	o hold Mt.	Hope Cemeter	y harmless from
and this is your authority to make di- hat I have the right to make this auth- any liability on account of said autho- hereby authorize the interment in lo- hold under deed.	it I X Signature X Address X Telephone	o hold Mt.	Hope Cemeter	y harmless from

© Prompt on recycled paper



## MT HOPE CEMETERY E-16945

#### GRAVE BLIND CHECK FORM

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

			with the church	Strature Strature		
	Tuturpho	Foreyout	TYX	898	899 Broome	Hudson
Interme	nt space for: nt Date:	1-502	7	Time:	1:00	iv: 8
Grave I	with Legal ( with Map:	Card:	res [	J No	- 20 or	the part
Agrees	with Map: \	J Yes	٥	No .	Date:	

E-16945

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

836

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH	4. SEX
	Norma		Lorraine	Schultz				/28/2002	F
5/	CITY OF DEATH			58. COUNTY OF DEATH	-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP	CODE
	Escondido			San Diego			e G. Schultz -	Sister	- 1
7A		SECOND SE	A-FUNERAL DIRECTOR OR PER		IF. LICENSE NUMBER		5 Caminito Vec		
		nardo Mortu			NON-THE H	San 1	Diego, CA 9212	8	
	13243 Pow		way, CA 92064		1195	BA. SIGNA	TURE OF APPLICANT—Ferson b	THE RESIDENCE OF THE PARTY OF T	SIGNED
	ACASCANIEDGMENT OF M	Section 10	caproviedge as applicant that the groupse 376 of the Health and Safety Code, and war	s authorized pursuant to Section 7100 of th		>7	Halmberro	03/01	/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPRIED TO A HEALTH AND SAFETY CITY FOR THE DISPOSITION SPECIFIC OF MIGHT OF DISPOSAL OUTSIDE OF CALIFO	ODE FIED	98. DATE PERMIT 03/01/20 J. Holm	002	2203787	REGISTRAR ISSUING	PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. Box 6	The state of the s	1 # 1			ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		
10	. AUTHORIZED DISP	OSITION(S) CHECK A					FOR CORONE	R'S USE ONLY	4
The party of the last	B. CREMATION		AINS OTHER	E, TEMPORARY ENVA	RNIA		L DISPOSITION PEND (Name and Addres		CATED AT
-	BURIAL	Mt. Hope C	DERESS OF CALIFORNIA CEN Cemetery 3751 30, GA 92102	Market St.	3-5-03	1	SIGNATURE OF PERSON	CHARGE OF BUR	•
BLE ITEMS	CREMATION	12A. NAME AND AL	OPHESS OF CALIFORNIA CHE	MATORY	12B. DATE CREMA	TED   12C	SIGNATURE OF PERSONAL	CHARGE OF CREM	MATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C.	SIGNATURE OF PERSON	N CHARGE OF FAC	LITY
OMPLETE A	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATUR OF PLACING WITH THE C		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O INTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION		TED RE- 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.

#### INTERMENT ORDER

City of San Diego

Date 3-1-02

a LINER	Funarai, date, time 1 100 PM Tues, Merch 5 79 Zoo
hurch, Chapel, Graveside DE/i VE	ERY ONLY POWAY- BETNARDO MONHAY.
	m. of regular work day or an extra charge of \$
If be applied and billed to undersigned	
ot 897 Grave Row_	Section / Division Black _ 8
rave space & Care Fund	
dditional spaces and care fund	
pening/Clasing & Setup	375.00
urial Container	190.00
andling Fees	145.00
ecording and filing fee	45,00
aloc tares	_14.13
The A services	manning the state of the state
BAA 1949 MINISTER WAS INCOME.	Total Due
	Total Due
	Total Due
Pa	Total Due
Parereby centify I am the \( \frac{1}{2} \) SISTE	Balance due
Parereby centify I am the \( \frac{1}{2} \) SISTE	Balance due
hereby centify I am the \( \sum_{507E} \) and this is your authority to make dispositional I have the right to make this authorization is a solid authorization.	Balance due  of the above named decedent ion of remains as above indicated. I cartify and represent ion and I agree to hold Mt. Hope Cemetery harmless from in and inferment.
Pathereby centify I am the \( \frac{\frac{1576}{50576}}{50576} \) and this is your authority to make dispositional I have the right to make this authorizate.	Balance due  Balance due  Of the above named decedent  Son of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.  A June Y Separate  V Separate  V Separate  Sep
Pathereby centify I am the \( \sum_{1500} \) \(	Balance due  Balance due  Of the above named decedent  Ion of remains as above indicated. I certify and represent  Ion and I agree to hold Mt. Hope Cemetery harmless from  In and interment.  A Juke Y Arkeut  Signature  X 10555 CAMINITO VE CINO3, #39  X 200000000000000000000000000000000000
hereby centify I am the SISTE and this is your authority to make disposition in the sufficient to make this authorization is said authorization areaby authorize the interment in lot I aid under deed.	Balance due  of the above named decedent ion of remains as above indicated. I cartify and represent ion and I agree to hold Mt. Hope Cemetery harmless from in and inferment.
hereby centify I am the SISTE and this is your authority to make dispositions in the right to make this authorization is said authorization areaby authorize the interment in lot I old under deed.	Balance due  Balance due  Of the above named decedent  Ion of remains as above indicated. I certify and represent  Ion and I agree to hold Mt. Hope Cemetery harmless from  In and interment.  A Juke Y Arkeut  Signature  X 10555 CAMINITO VE CINO3, #39  X 200000000000000000000000000000000000
hereby centify I am the SISTE and this is your authority to make disposition in the sufficient to make this authorization is said authorization areaby authorize the interment in lot I aid under deed.	Balance due  Balance due  Of the above named decedent  Ion of remains as above indicated. I certify and represent  Ion and I agree to hold Mt. Hope Cemetery harmless from  In and interment.  A Juke Y Arkeut  Signature  X 10555 CAMINITO VE CINO3, #39  X 200000000000000000000000000000000000

### Poway-Bernardo Mortuary Family Owned and Operated

March 1, 2002

Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102

(619) 527-3400 FAX (619) 527-3403

To The Staff at Mt. Hope:

I, Ferne G. Schultz, am the sole surviving next-of-kin of my sister, Norma Lorraine Schultz.

Our mother, Ethel C. Schultz, who is burried in your cemetery, purchased Lot 897 Section 1 Division 8 for my sister, Norma, to be buried in.

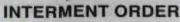
My sister has been mentally handicapped all her natural life and never married or had children. Our mother, Ethel, wanted to make sure Norma had a proper place of burial.

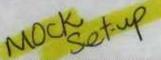
So, as Norma's only surviving family member, I authorize her to be buried in Lot 897 Section 1 Division 8.

13243 Poway Road Poway, CA 92064

858.748.4101 Fax 858.748.4069 Thank-you. I Schelt

Ferne G. Schultz





City of San Diego

		The second second
in a	Funeral, date, time WEDS	Mar. 6th
Church, Chapel, Graveside	RAGSDA	NOTUREY.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra char	ge of \$
will be applied and billed to undersigned.		-
	VA SEC	HON
Lot Row	Section Division	n/Block
Grave space & Care Fund		mar
Additional spaces and care fund	PAID	
Opening/Closing & Setup		****
Burfal Container	MAR 0 6 2002	****
Handling Fees	MT. HOPE CELLS	
Flower vases – Marker setting fee	CITY OF SAN DIEGO	# 600
Recording and filing fee	- OLGO, C3	\$ 50,00
Sales taxes		# conn
Stole to Debut Paid	PAID P. HON	1 30,00
Paid Paid	receipt number R - 54n 36	8-
	Balance o	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 remains as above indicated. I ce n and I agree to hold Mt. Hope Ceme	e named decedent ertify and represent tery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
note and a deca.	Address	-
Signature of recorded trades of dired	√ <sub>City</sub>	Zip Coste
	Taluphone	
	Invoice #	
Work Order # E 16946	The state of the s	

F-16946

### MESSAGE CONFIRMATION

03/01/2002 10:56 ID=SD MT. HOPE CEMENTERY

DATE

S.R-TIME

DISTANT STATION 1D

PAGES

RESULT

03/01

00'24"

92631507

CALLING

MODE

01

DK

0000

03/01/2002

10:52

SD MT. HOPE CEMENTERY > 92631507

NO.611

P01

MT. HOPE CEMETERY INTERMENT ORDER.

City of San Diego

Balance due

are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral date, time WED'S MOR . 6+41:30 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. Section Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Satup..... Handling Fees .... Flower vases - Marker setting fee ..... Recording and filing fee .....

Paid receipt number

#### INTERMENT ORDER

City of San Diego

Date 3 - 01-2002

Value of health authorized and leading and a significant	black to unit sides	and constation	no to leter	the remains
You are hereby authorized and instructed, sur	Damina	116Z	ns, to me	me remains
ina NO ASH VAULT	Funeral, date, time	· Tues	Mar	5th 9:0
Church, Chapel, Gaveside) With es	& Unly	Humphr		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work da	ay or an extra	charge of \$	
will be applied and billed to undersigned				
16 399 Grave Row	Section _	4 01	vision/Bleck	8
Grave space & Care Fund				500.00
Additional spaces and care fund	D A 1	0		
Opening/Closing & Setup	PAI	ט		105.00
Burial Container	MAR D 1-2	002		
Handling Fees				
Flower vases - Marker setting fee	IT. HOPE CEN	METARY		33.78
Recording and filing fee	T OF SAN D	EGC U		45.00
Sales taxes			······· ,	
		Total Due		73.78
Paid r	receipt number _	R-5476	13 4	73.78
	1.	Bala	nce due	8
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 ab	ove indicated	. I certify an	ed decedent id represent rmless from
I hereby authorize the interment in lot I hold under deed.	Summer 352	Sug DA.	May. Krisil	Court
Signature of recorded holder of deed	K Ch	de Visto	. CA	91914
	X (g. )	9-216-	2739	Zip Gode
- 40047	Invoice #_			
Work Order # E 16947	Acct. #			

# MT HOPE CEMETERY E-16947

#### GRAVE BLIND CHECK FORM

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

UND GARDED

\*\*AND Philles Calend\*\*

	/	/	39 9 <sub>K</sub>	hoo Martin	401 Phillips	402 ENERVA
				=	- F	
Interment Lot:39	Date:	3-5-	02 1 Row:	ime: 9:0	0 A.V	^
Agrees w	ith Legal C	ard: 🗆 Y			Do	Tore 1

E-16947

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

61

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

TA NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE ARMAZ	1G. LAST (FAMILY) DOMINGUE	17.	MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX
SA. CITY OF DEATH	ity	RINGE	5B COUNTY OF DEATH		08/24/1940 02/1 8 NAME RELATIONSHIP, FULL MAILING AD OF INFORMANT LUZ MESA, DAUGHTER	
Humphrey C	hula Vista a CA 9191	A—FUNERAL DIRECTOR OR PERSON  Mortuary—753 Broad  O  Showholde as applicant that the proposed day  of at the Health and Safety Code, and was author	ACTING AS SUCH 7B. CAL	F. LICENSE NUMBER APPLICABLE  -964 dispositions authorized by	2524 OAK KNOLL COUR CHULA VISTA, CA 919  8A. SIGNATURE OF APPLICANT—PERSON LIMITE.	14
LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT ONES IN	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DIGHT OF DISPOSAL OUTSIDE OF CALFORMA.	\$7.90	03/04/20	902 2203891 IS >	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	W DEATH OCCURRE Vital Recor San Diego	ds - P.O. Box 852 CA 92186-5222	1 11 0		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
8. CREMATION	OF CREMATED REM		E. TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	RNIA	FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	Mt. Hope (	DRESS OF CALIFORNIA CEMETE Cemetery 3751 Mar CA 92102		3/5/01	2 Reput	HARGE OF BURIAL
CREMATION	12A NAME AND AL	DRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CI	HARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	IVED 13C, SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		IDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE COOF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' NTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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

#### MT. HOPE CEMETERY INTERMENT ORDER

### DIS INTERMENT City of San Diego

Date\_3-4-02

00

of SVSEIN 3		-WENHUKS	1 4/-
In a Type of Burial Container	Funeral, date, ti	me TUES - MAG	2ch 12m 10
Church, Chapel, Graveside		BAIVIEW	Mortuary.
All Funeral cars must arrive before 3.30	p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigned	d		
212		2	0
Lot Grave Rov	Section	Division/Bi	ockO
Grave space & Care Fund			
Opening/Closing & Setup		,	
Bunal Container MAK 1	<b>a</b> \		
Burial Container MAR Handling Fees MT. HOPE CEMETA Flower vases 6 M2 (0) Setting fee	3,		
Flower vases GMX ROF Setting fee			
Recording and filing tee 0.5 W	CRMENT	FEE	400.0
Sales taxes			11.00
		Total Due	400.00
	Paid receipt number	1-51/09	400,00
		Balance due	
hereby certify I am the			amed decedent
and this is your authority to make dispo that I have the right to make this author any liability on account of said authoriza	ization and I agree to	above indicated. I certifi hold Mt. Hope Cemeter	y and represent y harmless from
hereby authorize the interment in lot I hold under deed.	Signature	See 1	.L
	Address	Mullo	<i>N</i>
Signature of recorded holder of deed	City	Ta In Land	Σφ Code
	Telephone		
	Telephone Invoice #		

O Printed on recycled paper

E-16948

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

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

1/	JOSEPH	NT-FIRST (GIVEN)	18. MIDDLE SCOTT	IC. LAST (FAMILY)	ST		DATE OF BIRTH	3. DATE 0	OF DEATH	4. SEX
6/	SAN THEGO	PUBLIS		58. COUNTY OF DEAT	W DINGO	OF INFOR	LATIONSHIP, FULL M MANT RD ELMSHIP			CODE -
7.4	BAYVIEW HE	MORIAL FUNE MAY EL CAJON	, CA 92021	FD	1709	13822 REDMO	NE SOTH S ND, WA 980 RE OF APPLICANT—F	T. 52	nt SB. DATI	
	ACKNOWLEDGMENT OF A		asowinder as applicant that the proposed dispos 76 of the Heulth and Salvin Code, and was authors				LITTER		03/05	12002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFICAND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED MIRIT OF DISPOSAL OUTSIDE OF CALFORNA.	97.090	03/05/20 R CURTIC	02	2203979	CAL REGIST	TRAR ISSUM	G PERMIT
10	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL SCHOOL	GISTRAR OF DISTRICT OF DEATH DIN CAUFERNIA BOX 8522 CA 92186-5222		DORESS OF REGISTRAR DISPOSITION IS TO OCC			RHIA.	100	•
10	AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS				FOR COR	ONER'S L	USE ONLY	
一大学 大学 一大	B. CREMATION		UNS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			L DISPOSITION (Name and A		REMAINS LO	CATED AT
	BURIAL	11A NAME AND AD	DRESS OF CALIFORNIA CEMETER	y site	11B. DATE BURIE	0 110 8	KSNATURE OF PER	SON IN CHA	ARGE OF BU	IRIAL
BLE ITEMS	CREMATION		THE WAY VISTA, CA		128. DATE CREMA	TED   12C, S	IGNATURE OF PERS	SON IN CHA	RGE OF CRI	EMATION
LL APPLICA	SCHENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. 8	IGNATURE OF PER	SON IN CHA	ARGE OF FA	CILITY -
COMPLETE	TRANSIT	MARINAMA COLO	DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	TERY	148. DATE SHIPP		DORESS AND SIGN F PLACING WITH T			CHARGE .
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA DISTRIC		15B DATE OF DISPOSITION		IGNATURE OF PER HARGE OF DISPOS		OF CREM MAINS D —IF APPL	ATED RE-

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

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-M	AKE NO ERASURES.	WHITEOUTS OR O'	THER ALTERAT	IONS			
JOSEPH	ENT-FIRST (GIVEN)	18 MIDDLE SCOTT	1C. LAST (FAMILY) ELMENHU	RST	2 DATE MONTH, 01/0	OF BIRTH		OF DEATH DAY YEAR 30/1957	4 SEX
SAN DIEGO			ENTER STATE	TH-OUTSIDE CALIF.	6. NAME, RELATION OF INFORMANT	ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE			
BAYVIEW ME	DDRESS OF CALIFORNI EMORIAL FUN WAY EL CAJO		SON ACTING AS SUCH 78. C.		13822 NE REDMOND,	80TH S WA 980	ST.		E SIGNED
ACANOWLEDGMENT OF A	APPEICANT I hereby a Section 10	acknowledge as applicant that the proposes 1376 of the Health and Safety Code, and was	d disposition stated herein is one of I authorized personnt to Section 7100 of	he dispositions authorized by the Health and Safety Code	* 4 ( 'L	while	e,		5/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. MOTE: THIS PERMIT GVES IN	JED IN ACCORDANCE WITH PRI CORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF IO RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	RNA \$7.00	PAID 98 DATE PERMIT 03/05/20 R CURTIC	002	03979	CAL REGI	STRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL REC	EGISTRAP OF DISTRICT OF DIST	I ii	DDRESS OF REGISTRAR DISPOSITION IS TO OCCU			RNIA	REAL	
10. AUTHORIZED DISP	POSITION(S) CHECK AS	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	
B. CREMATION	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	AINS OTHER	E TEMPORARY ENV			DISPOSITION (Name and Ac	PENDING- ddress)	REMAINS LC	OCATED AT
BURIAL	11A, NAME AND AD	ODRESS OF CALIFORNIA CEM	ETERY	1 11B. DATE BURNEL	11C. SIGNATI	URE OF PERS	SON IN C	HARGE OF BU	RIAL
CREMATION	CREMATIC	DORESS OF CALIFORNIA CREE ON SERVICES INC. IUNE WAY VISTA,	•	128. DATE CREMAT	ED 12C. SIGNATI	JRE OF PERS	ON IN CH	ARGE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATI	URE OF PERS	SON IN CH	HARGE OF FA	CILITY
TRANSIT	SUNSET H	DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO ILLS MEMORIAL CI TH PLACE BELLEVI	BE SHIPPED EMETERY	14B DATE SHIPPE		S AND SIGNA CING WITH TH		PERSON IN	CHARGE *
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FIGIENT TO IDE	REST POINT ON SHORELINE, OF INTIFY FINAL PLACE AND CA DI	R OTHER DESCRIPTION SUF-	15B. DATE OF DISPOSITION	15C SIGNATI CHARGE	URE OF PERS		OF CREMA MAINS DI —IF APPL	ATED RE-
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY COPY 1 OF THE RESPONSIBLE FOR DISPOSITION O	REMAINS OR SUNSET H 1575 145' 15A ADDRESS, NEAFFICIENT TO IDE THE PERMIT ACCOLUMN COMPLETING DOCUMNED OR THE	CREMATED REMAINS ARE TO ILLS MEMORIAL CI TH PLACE BELLEVU REST POINT ON SHORELINE, OF	BE SHIPPED IMETERY JE, WA 98007 R OTHER DESCRIPTION SUF- STRICT OF DISPOSITION TO THE STATED PLACE PERMIT WITHIN 10 DA THE POINT WHERE TI	15B. DATE OF DISPOSITION CE OF DISPOSITION YS OF DISPOSITION HE CREMATED RE	15C SIGNATI CHARGE	JRE OF PERS OF DISPOSI N IN CHAR	ON IN ITION	ISO.	OF CREM. MAINS DI —IF APPL

COPY 1

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

VS9 (REV. 6)

				-	B-	1687
Name ELMEN	HURST,		eph	Scott		
	Last	First		Midd	ile	Ashes
Buried	243	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		8 .
	Lot	Grave	Row	Section	BDc.	Div.
3/30/19: Date of Dea	5.7	4/3/ Date of	1957 F Burial	Age. Q	rs. Mos.	27 Days
San Dia		f.		·W		M
P	lace of Death			Race		Sex
hurst. Grandso	m. Bernard Elli on of H C. Ch Wed. 2 p.m. N hurch. Sherrill 1	orth dor-				
FORM 972						

1

- Carteri



E-16948

#### THE CITY OF SAN DIEGO

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

DISINTERMENT FEE \$400.00

MONTH YEAR

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

JOSEPH SCOTT ELMENHURST

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Delta de

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

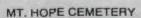


E-16948

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of Dalifana	
county of Riverside	$\Lambda_{l}$ , $\Lambda_{l}$
on February 21, 2007 before me, _	Christie Christensen
personally appeared Elizabeth and	BERNARD EMERHURST
	sonally known to me ved to me on the basis of satisfactory evidence
within execu and the person	the person(s) whose name(s) is/are subscribed to the instrument and acknowledged to me that he/she/they ted the same in his/her/their authorized capacity(ies), nat by his/her/their signature(s) on the instrument the h(s), or the entity upon behalf of which the person(s) executed the instrument.
_ F TEN C 10777700	ESS my hand and official seal.
My Comm. Expires Sep. 21, 2004	rutio / howsterser
CATO	Signature of Notary Public
	e valuable to persons relying on the document and could prevent nt of this form to another document.
	n or and roun or another dyournon.
Description of Attached Document	D. L. Pomue on Printer
Title or Type of Document: (Luthary to	District Officer
Document Date: 2/11/02	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name	Signer's Name: JEH. Elmentural
♥ (findividual)	丞 Individual
Corporate Officer	☐ Corporate Officer
Title(s): □ Partner — □ Limited □ General	Title(s): ☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact	☐ Attorney-in-Fact
☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Other: ☐ FIGHT THUMBPRINT OF SIGNER Top of thumb here	☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Other: ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Other: ☐ Other: ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Other: ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐
Signer Is Representing:	Signer Is Representing:





#### INTERMENT ORDER

City of San Diego

Date 3 - 4-02

or DESSIE S	TARKES	
ina LINER	Funeral, date, time TV	ES 3-5 11:00
Church, Chapel, Graveside	1 43:	BURIAL Mortuary.
All Funeral cars must arrive before 3:30 will be applied and billed to undersigned	Maria San San San San San San San San San Sa	extra charge of \$
Lot 48 Grave 12 Row	Section	_ Division <del>/Block</del> 12
Grave space & Care Fund		<u>845.00</u>
Additional spaces and care fund		2220
Opening/Closing & Setup	PAID	3/5.00
Burial Container	W. S. S.	140.00
Handling Fees	MAR II 4 2002	145,00
Flower vases - Marker setting feeM	HOPE CEMETAR	וואס המ
Recording and filing fee CIT	OF SAN DIEGO	45.00
Sales taxes		14-13
	Total Du	6 1.73
^	Paid receipt number 11711	1
X Day	· alater	Balance due
and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization.	sition of remains as above indication and I agree to hold Mt. I	of the above named decedent licated. I certify and represent Hope Cemetery harmless from
, therefore a share and the forest test to the t	X Regin ?	1 Santu
I hereby authorize the interment in lot I hold under deed.	> 7/2 8 7	acmak ave
Signature of recorded holder of deed	- Y San D	1530 CA 92114
	X telephone 4 470	164-5568
F 16040	Invoice #	

## MT HOPE, CEMETERY [-16949

#### GRAVE BLIND CHECK FORM

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

open 3	4	3	6			
9	10	Roberta 11	QX B			
	1					
					#	
Interment s	space for: _	JES	sie s	STARK	ES	PH 1
Interment 1	Date: Tu	es 3	-5 T	ime:	11:00	
		76			D	iv: 13_
Grave Laid	out by: _					
Agrees wit	h Legal Ca	ard: 🗆 Y	es C	J No	gallo	Levi
Agrees wil	th Map:	J Yes		No		
Blind Chec	k & Veril	ied By:			Date: _	

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

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

16949

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE M.		1C. LAST (FAMILY) STARKES		2. DATE OF BIRTH MONTH, DAY, YEAR 07/18/1928	3. DATE OF DEATH MONTH DAY, YEAR 02/27/2002	4. SEX		
SAN DIEGO			SANIE DIEGO	SAN DIEGO REG		E RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
	TYPED NAME AND AL	ON BLVD., SAN DIE		F APPLICABLE S	AN DIEGO, CA SIGNATURE OF APPLICANT	92114 From tuning partil, 8B. DAT	E SIGNED	
	ACKNOWLEDGMENT OF A	Section 10376 of the Health and S	It that the proposed disposition stated hereis is one of the alety Code, and was authorized pursuant to Section 7100 of t	he Health and Safety Cade.	Manage Ser	igara	بالناف	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDA SIONS OF THE CALIFORNIA HEALTH A AND IS THE AUTHORITY FOR THE DISPONITION THE PERMIT UNES NO BIGHT OF DISPOSAL (	SITION SPECIFIED \$7.00	03/05/200	The state of the s	IGAL REGISTRAFI ISSUIN	IG PERMIT	
	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DI VITAL OCCUPANTS POLICE SAN DIEGO, CA 921	30X 85222 ; *		DISTRICT OF DISPOSITION— A ANOTHER DISTRICT IN CALIFO	RNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY	1	
	B. CREMATION	3E		ORNIA SIDE OF CALIFORNIA	(Name and A			
2.5	BURIAL	MT. HOPE CEMETERY 3751 MARKET ST., S	SAN DIEGO, CA 92182	3-5-02	11C. SIGNATURE OF PER	SON IN CHARGE OF BI	JRIAL	
CABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CAL	IFORNIA CREMATORY	128, DATE CHEMATED	MATED 12C BRUNATURE OF PERSON IN CHARGE OF			
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			FORMA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILI			
				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHAR OF PLACING WITH THE CARRIER		
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		SHORELINE, OR OTHER DESCRIPTION SUF- ICE AND CA <u>DISTRICT</u> OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SETION I OF CREA	MATED RE- MSPOSER	

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

#### INTERMENT ORDER

City of San Diego

Date 3-4-2002

or Suyun si	uveno	-
na Lines	Funeral, date, time FRI - MARCH 8th	1:
Church, Shapel, Graveside	: D. D. Memorial Mortus	iry.
All Funeral cars must arrive before 3:60 p	p.m. of regular work day or an extra charge of \$ 150	.00
will be applied and billed to undersigned.		
ot 188 Grave 5 Row	Section 2 Division/Stock 12	_
Grave space & Care Fund	875.0	00
Additional spaces and care fund		
Opening/Closing & Setup	PAID 375.0	0
Burial Container	MAD 0 7 2002 190.0	0
landling Fees	MAR U 7 2002 145, 00	0
lower vases – Marker setting fee		
Recording and filing fee	TTY OF SAN DIEGO, CA 45.0	10
Gales taxes		3
ide to	Total Due 1664	73
ngchect 896 P	Paid receipt number K-54740 /664	73
12)692	Balance due	
hereby certify I am the	of the above named deced	ent
hat I have the right to make this authorization liability on account of said authorizations.	ation and I agree to hold Mt. Hope Cemetery harmless fro	om
hereby authorize the interment in lot I lold under deed.	( Signature	-
Rymature of recorded bolder of dead	Adores	
disauma o saccurate contac o meto	Cey Zoc	ode
	Invoice #	
Vork Order # <b>L</b> 16950	Acct. #	

O Present on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E- 16950

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Gutie	me Garza	5 X	6		
118	a	10	11	12		
						1
Interme	ent Date:_	Fri Ma	r.8th	Time:		Div: 12
Grave I	Laid out by	N.F	P.N.	١.		- RV
Agrees	with Lega	l Card: 🗆 Y	es .	□ No	(De	June
- William	11/2-01/2	Yes		No		9
Blind C	Check & V	erified By: _	Ken a	Clars	Date	: 3/7/62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) IR. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH 91938AR dayre Bayovean SARAH в. STEVENS SA. CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF A NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE NATIONAL CITY SAN DIEGO DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CHLIF LICENSE NUMBER 5051 KLUMP AVE.#203 NORTH HOLLYWOOD, CA 91601 2441 UNIVERSITY AVE. BA SIGNATURE OF APPLICANT PRIOR LINE PRIME BB. DATE SIGNED SAN DIEGO, CA 92104 PD-1575 041200 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by oben 19376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A, AMOUNT OF FEE PAID 96. SATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/05/2002 2203971 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF \$7.00 J. JOHNSON LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI DEATH OCCURRED IN CAUFORN 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 X A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Addresa) **B. CREMATION** F. DISINTERMENT G. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY 3751 MARKET ST BURIAL SAN DIEGO, CA 92102 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 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 15D, LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION OF 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.

03/04/2002 16:09 619-6920896 SAN DIE 03/04/2002 14:29 SD MT. HOPE CEMENTERY + 96920096

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby sutherized and instructed, subject to	
	ral date, time FRY = MARCH 8th 1:00
Church Chapoi, Graveside	D. D. Mamorial Monuage
All Funeral cars must arrive before 3.60 p.m. of regi	juliar work day or an extra charge of \$ _150.00
will be applied and billed to undersigned.	
Lot 188 grave 5 Row	
Grave space & Core Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	145,00
Flower vases - Marker setting fee	ACTION SECTION OF THE PROPERTY
Recording and filing tee	45,00
Spies laves	
hiller to	Total Dut
was check 89% Paid receipt	( number
extens up. (1)	) ( _ Balance due
! nereby certify I am the Advance of and this is your authority to make disposition of remained I have the right to make this authorization and it any liability on account of said authorization and into	agree to hold Mt. Hope Cometery harmless from
	Sharla a Sollliam Santier
I hereby authorize the interment in lot I hold under deed.	244 University memorial
Digitaliums of Pasification of Comme  X	619-692-3090
	Invelor #
Work Order # 16950	Acot #
The information is	s available is allowables formale years sequest

## MT. HOPE CEMETERY INTERMENT CROER

City of San Diego

Date 3-4-2002

You are hereby authorized and instr	ucted, subject	to your rules a	nd regulati	ons, to inter t	he remains
of Garnik SI	nagery	<i>ian</i>			
ONRIE WELFT	Fune	ral, date, time	WED	3-6	11.0
Type of Busin Comainer	1/2		MAV	25%	and the same of
Church Chapel, Graveside		;	IN (IT Y C	213	_Mortuary.
All Funeral cars must arrive before :	3:30 p.m. of re	gular work day	or an extra	charge of \$	
will be applied and billed to undersig	gned,				
/					10
Lot 5249 Grave	Row	_ Section	Di	vision/Black	10
Grave space & Care Fund			835	80 -T	295.00
Additional spaces and care fund	275	***************************************		·····	
Opening/Closing & Setup	Z 2	AID	751	)	75.00
Burial Container			380	.00 -2	50-00
Handling Fees	MAR (	0.4.2002	************	·00 +	85.00
Flower vases - Marker setting fee					
Recording and filling fee 2 5	CITY OF S	AN DIEGO,	1 70	.00 =	45.00
Sales taxes	0111 01 0	ATT DIEGO,	cr 29	.45 -	19.38
a ted to mayor		Tot	al Due	19	169.38
a year were	Paid recei	R.	- 5471	18 19	69.38
mas	Paid recei	ot number 10	- 110	(	2
1	11-		M Bala	ince due	C ANT
	ughte	r	of the	above name	a decedent
and this is your authority to make d	exposition of re	mains as abov	Mt Hoon	d. I certify and	represent
any liability on account of said author	orization and in	nterment.	C .	Contratery Har	
		rdring	Sha	percal	
hereby authorize the interment in I	ot I	Signature / 1 × 1	11110	1	CI.
hold under deed.		X 47	14 Ka	insas c	37
Signature of recorded holder of deed		Say	n Die	Do 15	2116
Africance or recorded torons of great		26191	648	-D854	Zip Code
		Tendphane	- 10	7-21	
		Invoice #			
Work Order # E 16951	1	Acct. #		ESSE	
		The second second	1000	THE RESERVE AND ADDRESS.	The second second second

O Printed in recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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135 H.F. 130 B.C. 10.07 Jun

JUAN

MAN GLAND

and or colored

in cour

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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						
			· ·			
5246 BOSLUY	5247 Bosley	5248 Collins	544X1	5250	5251 Alons <sup>a</sup>	
				4	-	
Interment		Garn	nik Sh	ageri	jan	
Lot: 524	9 Grave		Row:	Sect	: Di	v: <u>10</u>
Grave Lai	d out by: _	N.F.	· DIN	1		
Agrees wi	th Legal C	Card: Y	es [	J No	F199°	roport
Agrees wi			2 0			2/0/02
Blind Che	ck & Ver	ified By: _	Kern Co	llive	Date: _	3/5/02

-16951

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 DATE OF DEATH 1A NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 4. SEX 1B. MIDDLE 1C. LAST (FAMILY) 02/13/19328 03/03/2002 Garnik Shageryan M 8 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE SA CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE San Diego Irina Shaqaryan, Daughter San Diego TA. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUICH 78. CALIF. LICENSE NUMBER 4544 Kansas Street -IF APPLICABLE Mayer Mortuary San Diego, CA 92116 2859 Adams Avenue, San Diego, CA 92116 FO1424 HA. SIGNATURE OF APPLICANT-Person taking permit, 8B. DATE SIGNED 03/05/2002 I sereby acknowledge as applicant that the proposed disposition stated herein to one of the dispositions authorized by Spotion 10376 of the Health and Safety Code, and was authorized pursuant to Soction 71(0) of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A AMOUNT OF PEE PAID, 9B, DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/05/2002 2203956 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT 7,00 NOTE: THIS PERMIT CIVES NO HIGHE OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW P.O. 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 I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CHEMATION 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 TTA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery BURIAL 3751 Market St., San Diego, CA 92102 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ISA. 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 148. 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 158 DATE OF SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER

COPY 2 IS RETAINED BY 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

IF APPLICABLE

### INTERMENT ORDER

City of San Diego

Date\_3-4-02

-31	-	w	•	

4	The same of the sa	
You are hereby authorized and instruc	ted, subject to your rules and regulations, to i	inter the remains
of JAMES BE	LL 15 int	
a star a selection to an	MP Funeral date, time 300 3-1	8 11,00
Church Chapel, Graveside	RAGSDALF	Mortuary.
	, AN 169 B. 1 C. D	***************************************
	00 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	ed	
LON 13	2	17
Lof 10   Grave 17 Ro	Section 2 Division/	Hock 1×
Grave space & Care Fund		845.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		380.00
Handling Fees	MAD O G 2002	320.00
Flower vases - Marker setting fee	MT HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO.	45.00
Sales taxes		29-45
	Total Due	2044,45
	Paid receipt number R-54 689	616.00
	Paid R- 34735 Balance du	1428.45
X		
and this is your authority to make dist	position of remains as above indicated. I certification and I agree to hold Mt. Hope Cemete zation and interment.	
remove a result and development	X 40. D.	7000
I hereby authorize the interment in lot hold under deed.	X 11019 HBT st.	- Co
Serviture of recorded holder of deed	- X San Diego, CA	92102
	1/619 Delote-0959	Zip Code
	Invoice #	
Work Order # E 16952	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.

				0		
3 panera	4 Salle	Dell	0			NEW I
	4 Saller Modison	II	12 X			
					10	
Interment	space for:	Jam	es B	ell		
Interment	Date: 3-	8-02	т	ime:	:00	
	_ Grave			Sect: _	2 D	iv: 12
Grave Lai	d out by: _	NF. P	N.0			
Agrees wi	ith Legal Ca	ard: 🗆 Y	es [	J No	· 18	3/5/05 3/400
	ith Map:			No	2	O Gar
Blind Che	ck & Veri	fied By:	Ken Ca	Olivo	_ Date:	3/6/02

E16,952 No

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECE	DENT-FIRST (GIVEN)	1B. MIDDLE	IC LAST (FAMILY)	TEMES		MONTH, DAY, YEAR MON	ATE OF DEATH 4. SEX
SA. CITY OF DEATH	a Vista		58. COUNTY OF DEATH		B. NAME, F	RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP GODE
Anderson	-Ragsdale M	na-Funeral Director or Per Ort.; 5050 Feder n Diego, CA 9210	ral Bivd.   -	F APPLICABLE	1619 I San D	48th St. lego, CA 92102 TURE OF APPLICANT—Person tal	1
ACKNOWLEDGMENT OF		acknowledge as applicant that the propose 3376 of the Health and Salety Code, and was			de	Les Wheles	103/07/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORINIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIE NO MINING OF DISPOSAL OUTSIDE OF CALFO	900E FIED \$7.00	98. DATE PERMIT 03/07/20	02	C. SIGNATURE OF LOCAL R	EGISTRAR ISSUNG PERMIT. 2204132
ANY CHANGE IN DISPOS TION RECURRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DE IN CAUFORNA DES; P.O. Box 85	5222	DRESS OF REGISTRAR ( DISPOSITION IS TO OCCUP		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DR	SPOSITION(S) CHECK A	The state of the s			1	FOR CORONER	'S USE ONLY
B CREMATION	N OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		(Name and Address	NG-REMAINS LOCATED AT
BURIAL	Mt. Hope	DORESS OF CALIFORNIA CEN Cemetery; 3751 N San Diego, CA 92	Market St.	3-8-02	110.	SIGNATURE OF PERSON I	CHARGE OF BUF
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATE	ED 1RC.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PERSON II	CHARGE OF FACILITY
TRANSIT	14A NAME AND A REMAINS OR	DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO	OR COUNTRY WHERE BE SHIPPED	148, DATE SHIPPE	D 14G.	ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETE	FICIENT TO ID	AREST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND CA D	R OTHER DESCRIPTION SUF- ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15G.	SIGNATURE OF PERSON III CHARGE OF DISPOSITION	OF CREMATED REMAINS DISPOSER  I P APPLICABLE

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

### INTERMENT ORDER

City of San Diego

Date 3-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
TS VALLE THURS 3-7 1'D
Church, Chapel, Graveside Funeral, date, time TTVN 5-7 100 Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Lot 25 Grave C Row Section 3 Division/Bleck 2
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup P A D
Burial Container 250 90
Handling Fees MAR 0.6 2007
Flower vases - Marker settling fee CEMETARY
Recording and filing Try OF SAN DIEGO
Sales taxes
Paid receipt number R-SY733 87Y-38
Balance due
I hereby certify I am the
I hereby authorize the interment in lot I hold under deed.  X Danne Annual Hendley GL
Signature of securded holder of deed 75 an D1200 CH - 7/210/2 pcode 10/19 2359382 zp code 15/19 2359382
619 459 - 0 186
Work Order # E 16953 Acct. #

## MT HOPE CEMETERY [-) 18953

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 = 16953

Woods.	Moode	Deem	5	
	R X C			YAV
Interment space for: Julie  Interment Date: Www 3-	de 8	nice	00	
Lot: 25 Grave:				iv:
Grave Laid out by:				
Agrees with Legal Card:	Yes [	J No	thy	en
Agrees with Map:  Yes			C	mer
Blind Check & Verified By: _			_ Date: _	

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

HEE DI ACY INV ONLY MAVE NO EDASHDES WHITEOUTS OF OTHER ALTERATIONS

A. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	Jennings-P	rice	MONTH DAY, YEAR MONTH	OF DEATH 4. SEX
A. CITY OF DEATH	Diego	SB. COUNTY OF DEATH	-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT IVIS Price, Jr., Hus	DRESS AND ZIP CODE
A. TYPED NAME AND AD	ogess of California Funeral Director of gsdale Mort.; 5050 Fede San Diego, CA 921	PERSON ACTING AS SUCH 78. CAL	APPLICABLE S	020 Federal Blvd. All an Diego, CA 92102 SIGNATURE OF APPLICANT Person taking in	116
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the p Section 10396 of the Health and Safety Good. a	proposed disposition stated hereo is one of the and was authorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code	Alltre Wella	103/04/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH SIONS OF THE CALIFORNIA HEALTH AND SAFE AND IS THE DISPOSITION SON THE DISPOSITION SON THE PERMIT. NOTE THE PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF PEGISTRAR OF DISTRICT.	PECIPIED \$7.00	103/05/2002	SUED 9C. SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT 2203945
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vitam Records; P.O. Box San Diego, CA	85222	ISPOSITION IS TO OCCUR	IN ANOTHER DISTRICT IN CALIFORNIA	
A. BURIAL (INCL)		E TEMPORARY ENVA	RNIA	FOR CORONER'S  L DISPOSITION PENDING (Name and Address)	Charle Control
BURIAL	Mt. Hope Cemetery; 375 San Diego, CA	1 Market St.	3-7-02	11C SIGNATURE OF PERSON IN C	HARGE OF BURN
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATED	12C, SIGNATURE OF PERSON IN CO.	HARGE CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	13G, SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING S REMAINS OR CREMATED REMAINS AR		14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELIN FIGURET TO IDENTIFY FINAL PLACE AND		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER OF APPLICABLE

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

## INTERMENT ORDER

City of San Diego

Date 3-4-03

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
in a	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	. Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot_25 Grave_CRow	Section 3 Division/Bleek 2
Grave space & Care Fund	
Additional spaces and care fund	JENNINGS
Opening/Closing & Setup	1
Burial Container	ZENNIN-
Flower vases - Marker Atting 10	
Recording and filing fee	45.00
MT. HOPE CEMETAR	Total Due 45.00
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of dead	City Zip Code
	Telephone
	Invoice #
Work Order # E 16954	Acct.#



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



E-16954

### OWNERSHIP AND INTERMENT PRIVILEGES

TO Kay V. Drago			for the sum of \$_495.00	(DOLLAR)
LEGAL DESCRIPTION	Lot 25, Grave	C,	Section 3, Division 2	
AS DESCRIBED ON PURCHASE	ORDER NUMBER_	E	5866	
endowed care. Subject to all rules and essentials for care and operation of the	d regulations now in fo ne Cemetery. The right	orce o	nty Recorder of San Diego County. To be held for bur or may hereafter be adopted, including the right to eby conveyed for interment privileges shall not be st be recorded in the office of Mount Hope Cemeter.	ingress and egress with relinquished without th
stone, vaults or other improvements of be assumed by legal owner or represe	of like nature that is all entatives of plot. In no terioration, but reserve	case es the	does not undertake or agree to make any repairs or may hereafter be erected or placed on said lot o will the Cemetery Division be responsible for dan e right to remove any object that detracts from t	r plot. Cost of same shall nage, malicious mischiel

Flat Marker Only

Cemetery Manager

Real Estate Assets Director

This information is available in alternative formats upon request.

PY-584 (Rev. 4-95)

Mount Hope Cemetery [ 16954

3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE

01/14/1986

E5866

TO:

Kay Drago 750 E. Carson Blvd. Space 27 Carson, CA 90745

DESCRIPTION OF CHARGE

AMOUNT

Purchase of cemetery lot as follows: Lot 25 Grave C Section 3 Division 2

\$495.00

This lot is reserved for you. You may pay in full or send payments as you wish.

E-16954

## POWER OF ATTORNEY

KAY	DRAGO				
The undersigned (jointly are REDRIC E. ZARSE, a stormey for him and his national actions pertaining to the salarcel of cemetery property	licensed and bonde me, place and stead le, disposal, use, or described as follow	ed cemetery broke I and for his use a r to give burial rig ws:	r in the State of ad benefit to pe this to any other	f California, erform and sign r party or par	his true and lawful gn in his place in all
Nivia	HOPE C	1 - ST	GA NUT	7	Section 3
2141210		201 201	OICHVE		-6-11-00
herever the context so recludes the plural.	quires, the masculin	ne gender includes	the feminine a	xay	and the singular Scrops
Signature				Signat	ure
ALI  Tate of Aliforn  March 29  ersonally appeared,		of Jax	ange	les	and for said State
ersonally known to me (or amels is an subscribed to his her their authorized e ntity upon behalf of which	the within instrum apacity(ies), and th	nent and acknowled	dged to me tha	t he she they	executed the same
	fficial seal		-		A B. WILLIAMS

## OPTIONAL INFORMATION

×

TITLE OR TYPE OF DOCUMENT _	Power Of Attorney		
DATE OF DOCUMENT		NUMBER OF PAGES	
SIGNER(S) OTHER THAN NAMED	ABOVE		

### INTERMENT ORDER

City of San Diego

Date 3-4-02

JESS LEA JO	HNSON
na LINER	Funeral, date, time FR1 3 - 8 100
Church, Chapel, Graveside	HUMPHREY Mortuary.
All Funeral cars must arrive before 3:30 p	m, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
or 360 Grave Row	Section 2 CHINESE
Grave space & Care Fund	Bre-Ned -
Additional spaces and care fund AA	23.78
Opening/Closing & Setup	PAID 375.00
Burial Container	190,00
landling Fees	MAR Un 195.00
lower vases Marker setting fee	HOPE CEMETAR) 125.00
Recording and filing fee	Y OF SAN DIEGO - 45.00
Sales taxes	14.73
	Total Due
Pa	aid receipt number R-54734 918.51
* /	Balance due
hereby certify I am the and this is your authority to make disposi hat I have the right to make this authorization any liability on account of said authorization	tion of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
hereby authorize the interment in lot I old under deed.	Mary Truise John Sor
ignature of recorded holder of deed	One Ze Code
	Invoice #

# MT HOPE CEMETERY E-16955

### GRAVE BLIND CHECK FORM

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

					-	
			360 X			
BOK.			297			
1: N	HOM	295	296			
nterment s	space for:	Joi	NSON	*		
nterment l				ime:		
ot:	_ Grave:_	360	Row:	Sect: _	2 Di	v: China
Grave Laid	d out by:	F	Huck			
Agrees wit	th Legal Car	d: 🗆 Y	es C	J No		
	th Map:					
Blind Che	ck & Verifi	ed By: _	Kennet	t Calle	Date: _	3/7/

E-16955

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

TA NAME OF DECEDING	ENT—FIRST (GIVEN) 18. MIDDLE LEA	IC. LAST (FAMILY) JOHNSON	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY YEAR 03/02/2002 M
San Diego		SE COUNTY OF DEATH—OUTSIDE ENTER STATE SAN Die	
Humphrey	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A Chula Vista Mortuary—753 Broa ta CA 91910	IE ADDITIONAL	NUMBER 2554 CLOVE STREET SAN DIEGO, CA 92106  8A SIGNATURE OF APPLICANT—Person Uning permit, SB. DATE SIGNED
NOVINOWLEDGMENT OF A	I heady actualishe in undirect that the proposed disco-	shos stated herein is one of the dispositions and	thorized by 103/07/2003
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA NEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERIMIT.  NOTE: THIS PERIMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	BA. AMOUNT OF FEE PAID, 98, DA	TE PERMIT ISSUED OC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 07/2002 2204141  FLORES
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA Vital Records - P.O. Box 852 San Diego CA 92186-5222	1 IF DISPOSITION	REGISTRAR OF DISTRICT OF DISPOSITION—
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
B. CREMATION		E. TEMPORARY ENVAULTMENT   F. DISINTERMENT   G. SHIP IN TO CALIFORNIA   H. TRANSIT TO OUTSIDE OF CAL	LIFORNIA  L DISPOSITION PENDING—REMAINS LOCATED A'
BURIAL	Mt. Hope Cemetery 3751 Mar San Diego CA 92102	ket Street	TE BURIED I II.C. SIGNATURE OF PERSON IN CHARGE OF BURIAN
CREMATION  CREMATION  SCIENTIFIC	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY 128, DA1	TE CREMATED   12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B, DA	TE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		TE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH PICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		TE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE HUMBER OF CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER IF APPLICABLE

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

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date\_3-5-02

	bject to your rules and regulations, to inter the remains
of WINFIELD (Jim in a Double Depth I Type of Bunal Container Churco	Funeral, date, time Fri 3/8/02 1100
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 144 Grave 5 Row	Section / Division/Block / /
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375-00
Burial Container	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Paid	Total Due
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery 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
Work Order # E 16956	Invoice #



### INTERMENT ORDER

City of San Diego

Date 3-5-02

You are hereby authorized and instructe	d, subject to your rules and regulations, to inter the remains
OF RODNEY D.	IVY .
ina LINER	Funeral, date, time FR1 3-8 1:30
Church, Chapel Graveside	: RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
1 22 1	2 12
Lot 38 Grave Row	Section Olivision/Block
Grave space & Care Fund	873.00
Additional spaces and care fund	552.0
Opening/Closing & Setup	3/5.00
Burial Container	AID 190.00
Handling Fees	7 2002
Flower vases - Marker setting fee	11/10
Recording and filling fee M.I. HURE	CEMETAR) VS.00
Sales taxes	IN DIEGO . 14. 73
	Total Due 1667 / 73
	Paid receipt number K- 37191 1009-77
	Balance due
that I have the right to make this authoriza any liability on account of said authoriza #EcTOR	of the above named decedent sition of remains as above indicated. I certify and represent tation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded holder of deed	Address
	CN 239-7422 ZPCOUN
	Telephane
The second second	Invoice #
Work Order # E 16957	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.

		PERFZ \	BAIRD 2	3	JO FRENCH
Interment space for: _ Interment Date: FRI Lot: 38 Grave: Grave Laid out by:	3-8	Row:	ime: _\` Sect: _		iv: _\2_
Agrees with Legal Ca	ırd: 🗆 Y	res [	J No	My	- CON
Agrees with Map:  Blind Check & Verif				_ Date: _	3/7/02

E-16957

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

	U	SE BLACK INK ONLY-M	TAKE NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS	Fou	mel	
1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIF	THE 3. DATE	E OF DEATH	4. SEX
Rodney		Dale	lvy		02/18/199	3 03/0	3/2002	M
SA. CITY OF DEATH			SB. COUNTY OF DEAT	H-OUTSIDE CALIF., (	NAME, RELATIONSHIP, F	ULL MAILING AF	DORESS AND Z	IP CODE
San D	Company of the Compan		San Diego		Hector V. My	, Booth	er	
	agsdale Mor	t.; 5050 Federa Diego, CA 9210	1 Blvd.	F APPLICABLE	3352 Durant S San Diego, CA NA SIGNATURE OF APPLICA	92113	permit, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby Section II	acknowledge as applicant that the propositi 1376 of the flegith and Safety Code, and was	d disposition stated become a one of the nutherized pursuant to Section 7100 of the	dispositions authorized by in Health and Safety Code.	Kelleche	Eller	_ 03/0	7/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT NOTE: THIS POINT GIVES A	JED IN ACCORDANCE WITH PRICOGNIA REALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIFIC TO RIGHT OF DISPOSAL DUTIESE OF CALIFOR	900E FIED \$7.00	03/08/200	**		22042	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DI D IN CAUCONNA ords; P.O. Box 8 an Diego. CA 92	5222		OF DISTRICT OF DISPOSITI			
10. AUTHORIZED DISP					FOR	CORONER'S	USE ONL	Y _
B. CREMATION		AINS OTHER	E. TEMPORARY ENVI	DRNIA		ITION PENDING and Address)	3—REMAINS L	OCA1
BURIAL		opress of California dem emetery; 3751 M San Diego, CA 9	akket St.	3/8/02	11C. SIGNATURE OF	PERSON IN C	CHARGE OF B	URIA
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATE	D 12C. SIGNATURE OF	PERSON IN C	HARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF	PERSON IN C	CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE	OF PLACING W			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF D		15D. LICENSE OF CREA 1 MAINS 0 	NATED RE- HISPOSER

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

Pre-Need Trust

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 3-6-02

	chtel	
in a Type of Burial Container	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 42 Grave 6 Row_		
Grave space & Care Fund	912	-0
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Opening/Closing & Setup	PAID	190.00
Handling Fees	776767676767	145.0
Flower vases – Marker setting fee	1AR U b 7007	
Recording and filing fee	HOPE CEMETARY	45.00
Sales taxes CITY	OF SAN DIEGO, C.	14.73
	Total Due	769.7:
Paid n	eceipt number VISA	769.7
	Bala	nce 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 and I agree to hold Mt. Hope C	above named decedent I certify and represent temetery harmless from
I hereby authorize the interment in lot I hold under deed.	Sonimum 14 SAL	rustone
Bignature of recorded holder of deed	X 703 - 465	4989 ZID COOK
Work Order # E 16958	Invoice #	

### INTERMENT ORDER

City of San Diego

Date 3-7-2002

Gua Witte	subject to your rules and regulations, to into	ar the remains
ina Double Depth" and he	ery Only Merkly-Mitch	
	m. of regular work day or an extra charge of	
will be applied and billed to undersigned.		
Lot 9 Grave 1-T Row_	Section Division/Bla	The second second second
Grave space & Care Fund		126,00
Additional spaces and care fund	y	
Opening/Closing & Setup		483.00
Burial Container		123.01
Handling Fees		745.03
Flower vases - Marker setting ree		
Recording and filling ree		45.00
Sales taxes		900
PROMOT Hobbi 3987 PE	Total Due	736,54
1 468 : 664 30	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 na tion of remains as above indicated. I certify tion and I agree to hold Mt. Hope Cemetery on and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature E 1694	
Signature of recorded holder of deed	Your John Action of the Community of the	Ze Cudu
E 16050	Invoice #	
Work Order # E 16959	Acct. # 0 00952	-

REA-104 (7-96)

This information is available in alternative formats upon request

E16959 gv

### APPLICATION 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		1G. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR		
	EVA		-	WITTER		08/11/1919 02/27/2002 F
5/	CITY OF DEATH	SAN DIEGO		ENTER STATE	0.W DTW00	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS - PUBLIC ADMINISTRATOR
7,8	MERKLEY-MI	ODRESS OF CALIFORNI		PIFTH AVENUE,	CALIF LICENSE NUMBER	5201 A RUFFIN ROAD SAN DIEGO, CA 92123 BA SIGNATURE OF APPLICANT—Fersion taking permet, BB. DATE SIGNED
	ACKNOWLEDGMENT OF A			proposed disposition stated herein is one of and was authorized pursuant to Section 7100 o		-Rose M. Zuelo: 03/07/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFI TY FOR THE DISPOSITION IN RIGHT OF DISPOSAL OUTSIDE OF	ETY CODE SPECIFIED \$7 00	98. DATE PERMIT 03/07/20 R.M. ZUL	002 2204134
	ON REQUIRES A NEW LEMIT TO SHOW FINAL	# DEATH OCCURRE				OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM.	AINS OTHER	E TEMPORARY EN		L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
-	BURIAL		CEMETREY, 3 CA 92102		3-12-0	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS  14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE				13B. DATE RECEN	YEO, 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
DAPLETE AL	TRANSIT				14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
30	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN 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.



## INTERMENT ORDER

City of San Diego

Date 3-7-1002

	to your rules and regulations, to inter the remains
	eral date time Tues Mar. 12th 11:00
	Only! Merkly-Mitchell Morway.
The same of the sa	agula work day or an extra charge of \$ 150.00
	adding wast day or as ayles cualde or \$ 13-7-
will be applied and billed to undersigned.	
Lot 9 GraveL-T Row	Saction Division/Buock 13
Greve space & Care Fund	······································
Additional spaces and care fund	
Opening/Crosing & Setup	
Surial Conteiner	
tanding Fees	
lower vaces - Marker setting (66	
Recording and filing iss	
iales cares	
	Total Due
Paid race	ipt number
hereby certify I am the Y Public 2 A send this is your authority to make disposition of that I have the right to make this authorization and only liability on account of said authorization and	of the above named decedent remains as above indicated i certify and represent d agree to hold Mt. Hope Cemetery harmless from Interment.
hareby supported the interment in let I hold under deed.	5201A Puffing
Signature of recorded military of Goed	1 858 694-353)
E 400E0	Invoice #
Nork Order # E 16959	Acri. #
REA-108 (7-86) This Information	n is available in alternative formats upon request.

in Printed on recorded payors

E - 16959

### City of SAN DIEGO MEMORANDUM

FILE NO .:

DATE : March 22, 2002

TO: Ernest Hamilton, Auditor's Office

FROM: Paulette Crawford, CAII, Mt. Hope Cemetery, 527-3400

SUBJECT: Cancel Invoice

Please cancel Invoice # 360746. I billed in error.

Thank you,

Paulette Crawford

Attachment

## INTERMENT ORDER

City of San Diego

Date 3-7-2002

Church, Chapel, Graveside Deliver	Funeral, date, time Tues, Mar, 12th 11:00  ry Only: Merkly-Mitchell Mortuary.  of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	of regular work day of an extra crisings of a _ 10 - 1
/	
Lot Grave Row_	Section Division/Block /3
Grave space & Care Fund	126,00
Additional spaces and care fund	
	1183.00
Burial Container	17201
Handling Fees	
Flower vages - Marker setting ree	
Recording and fifing iss	
Sales taxes	963
PAncy Hobbi 3687 Paid	receipt number
I have by 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 indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Segnature Additions
Signature of recorded honger of deed	V Coy Zp Code
	/ Telaphore
	Invoice # 36074 6
Work Order # E 16959	

### INTERMENT ORDER

City of San Diego

Date 3-7-07

You are hereby authorized and instructed, s	ubject to your rules and regulations, to i	nter the remains
or ANTONIA NOBL	ES	
na tis VAULT	Funeral, date, time MON 3-1	1 10:00
Church Chapet Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day or an extra charge	61\$ VIE
will be applied and billed to undersigned		
Lot 2798 Grave Row	Section Division/B	tock
Grave space & Care Fund	u- reed 2-8249	-0
Additional spaces and care fund		775 00
Opening/Closing & Setup	- 810	315.00
Burial Container	PAIP	4 50.00
Handling Fees	MAR 0.8 20112	183:00
Flower vases - Marker setting fee	TAR U U C -	UE 00
Recording and filling fee	HOPE CEMETAN	10 18
Sales taxes CIT	OFSANDIE	874.38
	Total Due	0703
Paid	receipt number 17 - 34 143	0 14.30
Xe	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	n of remains as above indicated. I certi on and I agree to hold Mt. Hope Cemeter	named decedent fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	XW-Vines Noll	5
Signature of recorded holder of deed	A Addresia	F 12/13
	(6/9) 262-1569	
	Invoice #	
Work Order # E 16960	Acct. #	JE ME

© Personal on 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.

TUKER	2797 NOBLES	379.B	2799	2800 DONE BOOKE	2801 BOON F
Interment space for:	ANTO	NIA NO	BLES	10:00	
38856	re:	Row:		t: I	Div: 10
Agrees with Legal (			□ No	*ly	on Grave
Agrees with Map:	☐ Yes	O	No		

Blind Check & Verified By: Kenneth Colliny Date: 3/11/02

E-16960

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
ANTONIA		L	NOBLES			5/2002 F
A CITY OF DEATH			58 COUNTY OF DEAT	HOUTSIDE CALIF., 6	NAME, FIL ATIONSHIP, FULL MAILING A OF INFORMANT	DOFFESS AND ZIP CODE
SAN DIEGO			SI	N DIEGO	HALLACE V. BOBLES -	SON
		A-FUNERAL DIRECTOR OR PERSON CYPRESS VIEW CRA		E ADDI MARI E	3928 HEMLOCK ST SAN DIEGO, CA 92113	
	Commission Commission	AN DIEGO, CA 9211	The state of the s		A. SIGNATURE OF APPLICANT—Pursus taking	permit, 88. DATE SIGNED
ADANOMLEDGMENT OF A	porturency     hereby a	cknowledge as applicant that the proposed dis 376 of the Heelth and Safety Code, and was auth	position stated herein is one of the		Paneette Vale to	03/08/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O RIGHT OF DISPOSAL OUTSIDE OF CALFURNIA.	-	03/11/200 P Valenti		ISTRAR ISSUNG PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RE	EGISTRAR OF DISTRICT OF DEAT D N CALFORNIA CORDSPO BOX 85 O. CA 92186-5222	1 15	DRESS OF REGISTRAR C	P DISTRICT OF DISPOSITION— IN ANOTHER STRICT IN CALIFORNIA	
O. AUTHORIZED DISPI	The second secon	The second secon			FOR CORONER'S	S USE ONLY
BURIAL (INCL)  B. CREMATION  C. DISPOSITION THAN IN A CC  D. SCIENTIFIC US  BURIAL	OF CREMATED REM. EMETERY SE	AINS OTHER  DDRESS OF CALIFORNIA CEMETE  EMETERY 3751 MAR	The second second	DRNIA	(Name and Address)	CHARGE OF BUI
53/25		, CA 92102		13-11-02	1. Kon F	Lamore
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE				138. DATE RECEIVE	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPEI	0 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARI		
			THER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON IN	150. 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.

## INTERMENT ORDER

City of San Diego

Date 3-8-02

a	Funeral, date, time WEDS MAC 13
hurch Chapel Graveside	: AZ+lan-Funepanasonu
Il Funeral cars must arrive before 3(b)	p.m. of regular work day or an extra charge of \$ 150
be applied and billed to undersigne	ed
ot 1209 Grave Ro	ow Section Division/Block9
of / NV / Grave Ho	W Section Division/Block
irave space & Care Fund	
dditional spaces and care fund	PAID
pening/Closing & Setup	125.
urial Container	AR 0.8 2002
andling Fees	_ 0
lower vases - Marker setting (177)	HOPE CEMETARY
ecording and filing fee	THE DIEGO FO
ales taxes	0
ad polotio	Total Due
Parist 33- 1824	Paid receipt number R-54748 270.
# Pa(619) 233	Balance due
hereby certify I am the X La	M.C.C. of the above named deced
nd this is your authority to make disp nat I have the right to make this author ny liability on account of said authoriz	position of remains as above indicated. I certify and repre- prization and I agree to hold Mt. Hope Cemetery harmless fi zation and interment.
	. XMaria Ahumada
hereby authorize the interment in lot I old under deed.	Somme Tronces
	Address GO
	- Kan Die Go A 9210
gnature of recorded holder of deed	
gnature of recorded holder of deed	\$619/ 233-08 24"
gnature of recorded holder of deed	Aughors 1 23 - 08 24

C Printed us recycled paper

# MT HOPE CEMETERY [-16961

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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.					
		17Q	}	Rolling	Rollins
Interment space for:	Ang	vela Esp	me:_	(St/1/6)	ovn)
Lot: 1209 Grave					iv:9
Grave Laid out by:	UF.	PAU:D			UNON
Agrees with Legal C	Card: OY	es [	J No	Flo	der
Agrees with Map: (	□ Yes	01	No		
Blind Check & Ver	rified By: _	ROBERT.		Date:	3/12/02

E16961

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY) ESPACES-Alt	umada	2 DATE OF BIRTH 3 DATE OF DEATH 4 SE MONTH DAY YEAR 03/05/2002 03/05/2002		
5/	San Di	ego	58. COUNTY OF DEATH	n Diego	B. NAME, RELATIONSHIP, FULL MAILING ADD OF INFORMANT	
7/	Ponece	odress of California—Funeral director or Pers uria Aztlan a Mesa Blvd., LA Messa, CA	91941 Fd-	1658	MO21 J ST. Man DTego, CA 92102 MA. SIGNATURE OF APPLICANT—Person bang pe	STORE SECURITION SECUR
	ACKNOWLEDGMENT OF A	Section 1937h in the realth and Salety Cook, and with	uthorized pursuant to Section 7(50 of the	e Health and Safety Code.	Marca Com	03/11/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO SIONS OF THE CALIFORMA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. MUTE: THIS PERMIT GIVES NO HIGHT OF DESPOSAL DUTSING OF CALFORN	s 7.00	Mancy Lop 03/11/200	issued 90 Signature of Local Regis	STRAR ISSUING PERMIT
7	Y CHANGE IN DISPOSI- ICH REQUIRES A NEW EIMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE VICAL RECORDS P.O. Box 852 San Diego, CA 92186-5222			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
Service and the service of	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	I. DISPOSITION PENDING- (Name and Address)	REMAINS LOCATED AT
	BURIAL	San Diego, CA 92102	rket St.	3-13-02	, /	HARGE OF BURIA
HIE TTEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	IATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF PERSON OF	ARGE OF CREMATION
SOIENTIFIC 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	138. DATE RECEIV	PED 13C. SIGNATURE OF PERSON IN CH	HARGE OF FACILITY
				14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRIE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISO LICENSE NUMBER OF CREMATED RE MAINS DISPOSER IF APPLICABLE

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

F16961

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

STILLBORN 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 MONTH, DAY, YEAR 03/05/2002 a DATE OF DEATH MONTH DAY, YEAR 03/05/2002 Angela Esparza-Ahumada SA. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MARLING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE San Diego San Diego Maria E. Ahumada - Mother 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 3021 J St. Funeraria Aztlan San Diego, CA 92102 Fd-1658 7856 La Mesa Blvd., La Mesa, CA 91941 SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED I bereby actionwhose as applicant that the proposed disposition stated herein is one of the dispositions softwared by Section 10376 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT CONE 03/11/2002 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 9A. AMOUNT OF FEE FAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT Nancy Lopez 2204322 AUTHORIZATION OF LOCAL REGISTRAR \$ 7.00 NOTE: THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA. 03/11/2002 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANT CHANGE IN DISPOSI-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION Vital Records P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY I DISPOSITION PENDING-REMAINS LOCATED AT X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT (Name and Address) B. CREMATION F DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B DATE BURIED I IA. NAME AND ADDRESS OF CALIFORNIA CEMETERY I LIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery, 3751 Market St. BURIAL San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSONUM 12B. DATE CREMATED CREMATION CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED, 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ALL 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 148. DATE SHIPPED COMPLETE TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 158. DATE OF 150 LICENSE NUMBER SCATTERING AT SEA DISPOSITION OF CREMATED DE MAINS DISPOSER —IF APPLICABLE DISPOSITION OTHER THAN IN A CEMETERY COPY I OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS9 (REV.6/91)

## INTERMENT ORDER

GRAVE OF

City of San Diego

Sks Right Side You are hereby authorized and instructed,	Date 3 - 11 - U	1100
or MARY GIG	LITTO A	
ina ASH VAULT	Funeral, date, time Weds' Mar. 20	14 1:00
Church, Chapel, Graveside Wit	wass only: Menkley Mitchell	
All Funeral cars 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 3 Row_	Section 2 Division/Black	1
Grave space & Care Fund	RE- NEED D-790)	0_
Additional spaces and care fund		
Opening/Closing & Setup		5.00
Burial Container	PAID 5	5.00
Handling Fees	_6	0,00
Flower vases - Marker setting fee	MAR 1 3 ?002	
Recording and filing fee	A CONTRACTOR OF THE PARTY OF TH	15.00
Sales taxes	CITY OF SAN DIEGO, C+	1.26
	Total Due	9.26
Pa	id receipt number R-54759 269	9,26
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	ion of remains as above indicated. I certify and inon and I agree to hold Mt. Hope Cemetery harm and interment.	decedent represent aless from
I hereby authorize the interment in lot I hold under deed.	Smark Sigle X Signature 140 GU12	NO OTS
Signature of recorded holder of deed	X SAN DIE 60 0 Transprone 222-5670	1210 Zip Code
Work Order # E 16962	Invoice #	

E-16962

## MT HOPE CEMETERY

OVERSIZE

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 = 16962

	opaco.	-	1			bea
GRA	re of	ALFIC	e;er;	770		
	COLDIAG	e:oson	78 X 3	DRADFORD	RONANS	Beynut 6
	7	8	FOY	10	11	15
Interment	space for:	MARY	Gi 6	L: 770	A	
Interment	Date: WE	p 3-2	0 7	Time:	100	
Lot: 78	_ Grav	e. 3_	Row:	Sect:	<u>a</u> _ p	riv: 11
Grave La	id out by:					
Agrees w	ith Legal (	Card: DY	'es	□ No	My	on
Agrees w	vith Map:	□ Yes		No	G	mul
Blind Ch	eck & Ve	rified By: _			Date:	

-16962 a 25758

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12041

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

MARY AHN	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY) GIGLITTO		MC	DATE OF BIRTH		72002	4. SEX
SA. CITY OF DEATH	SAN DIEGO		SE COUNTY OF DEAT	H-OUTSIDE CALIF.	OF INFOR	LATIONSHP, FULL M MANT GIGLITTO -		RESS AND ZE	CODE
BEARDSLEY-M	ITCHELL PU	NERAL HOME, 1818	SUNSET	LIF. LICENSE NUMBER IF APPLICABLE		UIZOT STRE	ET 2107		•8
ACKNOWLEDGMENT OF A	DOLLCANT I bereby a	GO. CA 92107 retrowledge as applicant that the proposed 876 of the Health and Saliety Code, and was a	disposition stated herein is one of the		BA. SIGNATU	RE OF APPLICANT	terson taking parm		8/2002
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSU	AED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY COI TY FOR THE DISPOSITION SPECIFIE	VI- 9A. AMOUNT OF FEE P	03/08/200	02 2	SIGNATURE OF LO	CAL REGIST	RAR ISSUIN	3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF RI	O RIGHT OF DISPOSAL DIFFERS OF CALFORD EDISTRAR OF DISTRICT OF DE ED IN CALIFORNIA  222, SAN DIEGO,	5222 BE AD	R.M. ZUI	OF DISTRICT		RNIA		
B. CREMATION	OF CREMATED REM		E. TEMPORARY ENV.	ORNIA		FOR COR  i. DISPOSITION (Name and A	PENDING-F		
BURIAL	MOUNT HOPE SAN DIEGG,	DDRESS OF CALIFORNIA CEME CEMETERY, 3751 CA 92102	MARKET STREET,	118. DATE BURIE	D 110. S	MANUAL OF PER	SON IN CHA	ange of Bu	RIAL D
CREMATION		DDRESS OF CALIFORNIA CREM CREMATORY, 1625 , CA 92626		128 DATE CREMA MAR 1 2 200		GNATURE OF PEA		E. Wed	
SOIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. 8	IGNATURE OF PER	SON IN CHA	ARGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148, DATE SHIPP		ODRESS AND SIGN F PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		168. DATE OF DISPOSITION		IGNATURE OF PER PHANGE OF DISPOS		OF CREM MAINS DI —IF APPL	ATED RE-

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

## INTERMENT ORDER

City of San Diego

Date 3-11 - 2002

11) notos Saha	subject to your rules and regulations, to inter	the remains
ina Ash Vault	Funeral, date, time Fri. Mah 22	2:001
Church, Chapel, Graveside	1	Mortuary.
All Funeral cars must arrive before 3.30 p.r	m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
Lot 23 Grave 2 Row_	Section Division/Block	3
Grave space & Care Fund		10
Additional spaces and care fund	PAID	
AND THE RESIDENCE OF THE PARTY		105.00
Opening/Closing & Setup	MAR 10 7007	W W 167
Handling Fees	HOPE GEMETARY -	60,00
	Y OF SAN DIEGO, C.	
Recording and filing fee		45,00
Sales taxes	·······	4.26
Pai	Total Oue	69.26
( a)	Balance due _	0
	of the above name on of remains as above indicated. I certify an ion and I agree to hold Mt. Hope Cemetery has a nad interment.	nd represent
I hereby authorize the interment in lot I hold under deed.	Sgnishire	
Signature of recorded holder of deed	City	Zip Code
	X Telephone	Zip Clion
Work Order # E 16963	Invoice #	
Work Order # L 10000	Acct. #	

	GR	AVE BL	IND CHE	ECK FO	MA	
block mar	ked with "	X". Place	e the name	e's, lot # a	grave is f and grave at are adja- akwloo0/	# of all
			A X	3 Gilbert	4 mcCaugher	15
		-				
Interment	Date:3 Grave	3-22	Row:	Cime:	her \$ 2:00 D	B & B
	id out by: _ ith Legal C ith Map: [			J № . <	L) mag	ere?
	eck & Veri				Date:	

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

\*2777

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

1/	WALTER	NT-FIRST (GIVEN)	ALLEN	SCHUMACI	IER, JR.	03/16/Y92		YEAR
5/	SACRAMENTO			5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.	6. NAME, RELATIONSHP, FOR INFORMANT MARGARET A. I		
7.8	SACRAMENTO	D NEH. LAWN	A-FUNERAL DIRECTOR OR PER	BLVD.	F APPLICABLE	9381 FOREST V	ISTA WAY	
	SACRAMENTO	D, CA 95824		- 1	7D 974	BA. SIGNATURE OF APPLICA	A CONTRACTOR OF THE PARTY OF TH	
	ACKNOWLEDGMENT OF A	Section 10	cknowledge an applicant that the propose 376 of the Health and Salety Gode, and wo	authorized pursuant to Section 7100 of t	he Health and Safety Code.	MATANIA	mps - 0	MANAGEMENT OF THE PARTY NAMED IN
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR CRINIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI ID HIGHT OF DEPOSAL OUTSIDE OF CALIFO	ODE FIED	98. DATE PERMIT Y.VANKED 03/13/20	eprin .	PTH • 700	
13	OY CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION.	7001-A, E	EGISTRAR OF DISTRICT OF DE IN CAUFORNIA AST PARKWAY, ST 10, CA 95823	1 1	DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSITION OF ANOTHER DISTRICT IN CRANS STREET  GA 92186		
10	AUTHORIZED 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	ORNIA		TION PENDING—REMA	AINS LOCATED AT
	BURIAL	SAN DIRCO	CHESS OF CALIFORNIS CEN	HARKET ST.	3-22-0	1/	F Kana	OF BURIAL
ABLE ITEMS	CREMATION	SACRAHENT	OCHESS OF CALIFORNIA CRE O MEM. LAWN, 61 CRAMENTO, CA 95	00 STOCKTON	128. DATE CHEMA	TED 120 SIGNATURE OF	PERSON IN CHARGE	OF CREMATION
LL APPLIC	SOIENTIFIC USE	13A. NAME AND AS	DORESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF	PERSON IN CHARGE	OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP		SIGNATURE OF PERI	ON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND GA C		16B. DATE OF DISPOSITION	15C. SIGNATURE OF DI	SPOSMON !	DICENSE NUMBER OF CREMATED RE- MAINS DISPOSER IF APPLICABLE

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

E-16963

Sacramento, California May 30, 1991

To whom it may concern;

I hereby request permission be granted to my sister, Mariann McDonald, to arrange for my burial at Mt Hope Cemetery, next to my grandfather, Emil F. Schumacher in lot 23, grave # 2, Section 1, Block division 3, in the Gilbert Plot, at the time of my death.

Sincerely yours

Walter A. Schumacher
701 Fairgrounds Dr # 214

Sacramento, Ca, 95817

## INTERMENT ORDER

City of San Diego

Date 3-13-2002

611 1 7	ject to your rules and regulations, to inter the remains
or the Thomps	
ina Fi	uneral, date, time SuT, M9KCh16, 12:00
Church, Chapel, Graveside	: PAGSDALE Mortuary.
All Funeral cars must arrive before 3:80 p.m. o	f regular work day or an extra charge of \$ 150,00
will be applied and billed to undersigned.	
Lot 45 Grave 10 Row	Section 2 Division/Bleek 12
Grave space & Care Fund	295.00
Additional spaces and care fund	Service O.T. Fee 600.00
Opening/Closing & Setup	22210
Burial Container	050 40
	18500
Flower vases - Man rating fee Flo	wer Vas (TRION) 46.93
Recording and filing fee	lic no
TIAN 10	1938
MT HOPE CEMETARY	Total Due
	eceipt number R-54761 2416.31
	Balance due
I hereby certify I am the	daughter of the above named decedent
and this is your authority to make disposition in	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization ar	nd interment.
I hereby authorize the interment in lot I	X Colo Wollows
hold under deed.	Cose For Position St
Signature of recorded hotter of deed	Itronal City Ca
The second secon	X 619-263-1301 Z&Code
	Telephons
- 40004	Invoice #
Work Order # E 16964	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.

			#			
l	2	3	4	Shinger	6 iver	
1	8	9 DINITE	$u_{\mathrm{x}}$			

1	8	9 DINH Le suns	(0 <sub>X</sub>			
Interm	nent space for	or:8	thel T	homps	202	
Interm	nent Date:	Sat, Ma	ir. 16th 7	Γime:	3	12:00
Lot:	45 Gr	ave: 10	Row:	Sect:	-3 1	Div: 17
Grave	Laid out b	y: NF	· DAV	0.0		
Agree	es with Lega	al Card:	Yes (	□ No	49	T.0
Agree	es with Map	: 🗆 Yes		No		a da
Blind	Check & Y	Verified By:	ROBULT		Date	3/1/2

E1696A

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	Tho	mpson		MONTH DAY, YEAR MONTH.	OF DEATH 4. SEX
SA CITY OF DEATH	lego		58. COUNTY OF ENTER STATE Sam Dide		OF INE	RELATIONSHIP, FULL MAILING AD DRIMANT WITDURN, Grandd	Security of the second
Anderson-Ra	agsdale Mor	t.; 5050 Federal Diego, CA 92102	ON ACTING AS SUCH 7	G. CALIF LICENSE NUMBER —IF APPLICABLE FD 1329	Natio	La Posado St. onal City, CA 91 TURE OF APPLICANT—PERSON DAINE	
ACKNOWLEDGMENT OF AP		acknowledge as applicant that the proposed 0376 of the Health and Safety Code, and was a			No.f-	be William	03/14/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALM AND IS THE AUTHORI' IN THIS PERMIT.	UED IN ACCORDANCE WITH PRO- FORNIA HEALTH AND SAFETY CO. TY FOR THE DISPOSITION SPECIFI NO ROBERT OF DISPOSAL CRITISDS OF CALFORN	0E E0 €7 00	03/15/2	STATE OF THE PARTY	CS. Demand of the Carlo Harcon Contractor	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		EGISTRAR OF DISTRICT OF DE ED IN CAUPOND. Box 85 San Diego, CA	5222	E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC		CT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS		VIYOU		FOR CORONER'S	USE ONLY
B. CREMATION	SE .	DDRESS OF CALIFORNIA CEME		π.		L DISPOSITION PENDING (Name and Address)	
BURIAL		Cemetery; 3751 ) San Diego, C/	Market St.	3-16-0	-	KUM F.	Leaven
CREMATION  CREMATION  SCIENTIFIC	12A NAME AND A	DDRESS OF CALIFORNIA CREA	MATORY	128, DATE CREMA	TED   120.	SIGNATURE OF PERSON IN	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAI	INS 138 DATE RECE	VED 13C.	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPP	ED 14G.	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, UCENSE 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.



## INTERMENT ORDER

City of San Diego

Date 3-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Cynthia Denise Smith
in a 1. O Vautt Funeral, date, time FRI. 1200 Vav. 1
Church Chape (Graveside) : teathering ! !! Mortuary.
All Funeral cars must arrive before 3:80 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.
Lot 243 Grave 8 Row Section 2 Division/Glock 12
Grave space & Care Fund 895,00
Additional spaces and care Pd A.I.D.
Opening/Closing & Setup 345.00
Burial Container MAR 1.3 2002 260.00
Flower vases Market Property OF SAM DIEGO COMPANY AND 23.78
Recording and filing fee
Sales taxes 19.38
Total Due
Paid receipt number R - 54763 1793.16
Balance due
I hereby certify I am the WOODW of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
& Rode & Shawe
I hereby authorize the interment in lot I hold under deed.
Signature of recorded holder of deed  Signature of recorded holder of
Invoice #
Work Order # E 16965 Acct. #
REA-104 (7-96) This information is available in alternative formats upon request.

C Printed on recorded paper

## MT HOPE CEMETERY E-16965

## GRAVE BLIND CHECK FORM

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

	Lucero	7	3	Andrews	
	Shell	ø <sub>X</sub>			
		2 Ryan	Mado		
Interment space for	or: Cynt	hia D	· Sma	th	
Interment Date:	3-15-	02 1	ime:	12:00	
Lot: 243 Gr					12
Grave Laid out b	y: N.F.	PAIL	P		
Agrees with Lega	al Card: Y	es (	J No	or or	e .
Agrees with Lega Agrees with Map	: 🗆 Yes	0	No F	9	
Blind Check & V	Verified By:	EUBORT		Date:	3/14/00

E16965

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS Find IA. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE 1G. LAST (FAMILY) 4. SEX Smanson-Swith Cynthia Dealse SA. CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIF CODE OF INFORMANT SAN DIERO San Biezo Betty Jean Thomas, mother 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 2787 Aggo Ct. -IF APPLICABLE Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92154 San Diego, 6A 92115 FD1083 8A. SIGNATURE OF APPLICANT-Person being permit, 8B. DATE SIGNED I burshy acknowledge an applicant that the proposed disposition shifted berson is one of the dispositions authorized by unalesta ACHNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Cody, and was authorized pursuent to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/13/2002 2204457 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AUTHORIZATION OF \$7.00 T.Truesdale LOCAL REGISTRAR MOTE: THIS PERMIT GIVES MO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA DON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. PO Box 85222, San Diego, CA92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT Diame and Address) B. CREMATION 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 I IA. NAME AND ADDRESS OF CALIFORNIA CEMETERY , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 118. DATE BURIED Mt. Hope Cemetery 3751 Market St. BURIAL 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 13B, DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C, SIGNATURE OF PERSON IN SCATTERING AT SEA 15D, UCEHSE NUMBER 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 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 3-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to int	ter the remains
of JOSELYN KNESDALE	
in a WILBERT VAULT Funeral, date, time FR 1 3-15	11:00
Church Chapel Graveside : Residule	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 Row Section Division/Ble	rote 10
Grave space & Care Fund	-0
Additional spaces and care fund	
Opening/Closing & Setup A	375.00
Burial Container FAID	
Handling Fees MAR 1.4.2002	
Flower vases – Marker setting fee  MT HOPE CEMETARY  Recording and filing fee  CITY OF SAN DIEGO, CA	
Paid receipt number R-54754  Balance due	420.00
I hereby certify I am the	and represent
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	T.#223 92101 749
Work Order # E 16966   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.

r	_				
				-	
	2617 Linds	24.13	5019	2080	268 1 KUBF RF
					•
Interment space for Interment Date: I	or: \	elyn !	digsh	de ;,00	*
Lot: 2678 Gr	ave:	Row:	Sec	:	Div: 10_
Grave Laid out b	y: NF	. P	RU. C	)	
Agrees with Lega	ıl Card: 🗆 Y	es l	□ No	. 4	leg m
Agrees with Map	: 🗆 Yes	0	No		0.000
Blind Check &	Verified By:	Popat:	1 1 1 1	Date	e:5.13.02

E-16966

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

110

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

IA. N	AME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			ATE OF BIRTH	3. DATE O		4 SEX
	Jocelyn	Nicole	Ragsdale		09	728/1985	03/07	/2002	F
5A. C	ETY OF DEATH	ajon	San Diego		6. NAME, REL.	ATTONSHIP, FULL MA			CODE
		tagsdale Mort.; 5050 Federal San Diggo, CA 92102	ACTING AS SUCH 78. CAL	F. LICENSE NUMBER APPLICABLE	850 Sat San Die	te St. #2 ego, CA 92 E OF APPLICANT—IN	23 101		E SIGNED
A	CKNOWLEDGMENT OF A	PLICANT I bereby acknowledge as applicant that the proposed dispo- Section 10376 of the Health and Safety Code, and was author			but	re Wheen		03/12	/2002
	PERMIT FORIZATION OF AL 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 ONE NO NIGHT OF DEPOSAL OUTSEE OF CALFORNIA.	9A. AMOUNT OF FEE PA \$7.00	98. DATE PERMIT	02	SIGNATURE OF LOC		284428	
TION	HANGE IN DISPOSI- REQUIRES A NEW IT TO SHOW FINAL DISPOSITION.	VITAL RECORDS; P.O. Box 8522 San Diego, CA 92186-5	2   #0	RESS OF REGISTRAR ISPOSITION IS TO OCCU			MIA		
10. A	UTHORIZED DISP	DSITION(S) CHECK APPLICABLE ITEMS				FOR CORG	DNER'S U	SE ONLY	
1000	B. CREMATION	3E	E. TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTSI	RNIA DE OF CALIFORNIA		I DISPOSITION F	(dress)		
	BURIAL	Ht. Hope Cemetery; 3751 Mar San Diego, CA		3-15-0		SNATURE OF PERS	ON IN CHA	RGE OF BU	PIAL
APPLICABLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMAT	ED 120. SIG	SNATURE OF PERS	ON BY CHAS	NGE OF CHE	EMA
ILL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	VED 13C. SIG	ENATURE OF PERS	ON IN CHA	RGE OF FA	CILITY
COMPLETE	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		DRESS AND SIGNA PLACING WITH TH			CHARGE
SC	CATTERING AT SEA OR SPOSITION OTHER AN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION		NATURE OF PERS		SD. LICENSE 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 3-13-02

You are hereby authorized and instructed	, subject to your rules and regulations, to inter the remains
or JAMES W	I, RAY
ina T.S. vault	Funeral, date, time Mar. 20th 11:00
Type of Burnel Commencer Church, Chapel Graveside	& D Mennial Mortuary.
	.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
1/	
Lot 80 Grave 5 Row_	Section 2 Division/Block
Grave space & Care Fund	MATA
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	250.00
Handling Fees	MAR 1 4 2002 185.00
Decording and files too	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 45.00
	10 30
Sales taxes	Total Due
D.	aid receipt number M/C PALO 1669.38
	ex ex
	Balance due
I hereby certify I am the and this is your authority to make disposi	of the above named decedent ition of remains as above indicated. I certify and represent
that I have the right to make this authoriza any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
	X Vanne Ch
I hereby authorize the interment in lot I hold under deed.	Signature (X)
1/2	Address Address
lightfure of recorded bodger of deed	City Diego CAT 7241
	XLE19 262-3233
	Invoice #
Work Order # E 16967	Acet #

## GRAVE BLIND CHECK FORM

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

2	3 THORNTO	V 4	80 X 3	6	ועסך	16
8	ROSE	16	()	14		
			es W.7		.00	
	Grave		Row:	Sect: _	2 D	iv: 1/
			es C	J No	*Dy	min
The state of the s			Robert		_ Date:	3/18/02

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A STATE OF THE PARTY OF THE PAR	NT-FIRST (GIVEN)	1B MIDDLE	unio di	IC LAST (FAMIL	n		2. DATE OF BIRTH	3. DAT	2/2002	4. SEX
JAMES CITY OF DEATH		WOODWOR	TH	RAY	EATH-OUTSIDE CALIF.		06/1//1925 RELATIONSHIP, FULL			M
SAN DIEGO				ENTER STATE	SAN DIEGO		SSA CHERRY-			COOL
The second secon	DRESS OF CALIFORNI	A. FUNERAL DIRECT	TOR OR PERSON	ACTING AS SHOH 7B.	CALIF LICENSE NUMBER		TRINIDAD V		ND	
SAN DIEGO	MEMORIAL C	HAPEL			Ed-1575	SAN	DIEGO CA 92	2114	OPTION BR DATE	SIGNE
ACKNOWLEDGMENT OF AP	movement   1 hereby a	chrowledge as applicant t	that the proposed drapo	coition stated feesie is one	of the depositions authorized by Dot the Health and Safety Code.	> 70	Pon Han		03/15	
PERMIT JTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND Y FOR THE DISPOS	SAFETY CODE	9A AMOUNT OF FE	03/19/	2002	90. SIGNATURE OF L 2204867	OCAL REG	DISTRAR ISSUM	G PERM
-	NOTE: THIS PERMET GIVES IN	Chick the Road Branch Control of	the state of the s	\$7.00	ADDRESS OF REGISTRAL	-	OCT OF DISPOSITION		-	
ON REQUIRES A NEW SMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	5222	102833		# DISPOSITION IS TO OCC				6	-
100000000000000000000000000000000000000	DITION(S) CHECK A	CA 92186	-2222	- 1			EOP CO	DONED!	S USE ONLY	
B. CREMATION	and the contract of the contra	PERMILE HEMS	E	E TEMPORARY E	THE STATE OF THE PARTY.		L DISPOSITION (Name and		G REMAINS LO	
B. CREMATION	OF CREMATED REM			F. DISINTERMENT					G-REMAINS LO	
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REMATERY SE	AMS OTHER  DDRESS OF CALIF		F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C	LIFORNIA	ED   110		Address)		CATED
B. CREMATION C. DISPOSITION OF THAN IN A. CE D. SCIENTIFIC US	OF CREMATED REMATERY SE	ODRESS OF CALIF	SAN DIEGO	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C	LIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURIE	DZ 110	(Name and	Address)	CHARGE OF BU	CATED
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMOMETRY SE  11A. NAME AND AC  MT HOPE  3751 MA  12A. NAME AND AC	ODRESS OF CALIF	SAN DIEGO ORNIA CREMATO	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C	LIFORNIA  OUTSIDE OF CALIFORNIA  118. DATE BURIE  3 - ZO = C	ED , 110	SIGNATURE OF PE	Address)	CHARGE OF BU	HIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKETERY SE  11A NAME AND AC MT HOPE 3751 MA  12A NAME AND AC 13A NAME AND AC 14A NAME AND AC	ODRESS OF CALIF	SAN DIEGO ORNIA CREMATO ORNIA FACILITY	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO CA TY O CA 92102 DRY RECEIVING REMAIN	LIFORNIA  OUTSIDE OF CALIFORNIA  118. DATE BURIE  3 - ZO = C	DZ   110	SIGNATURE OF PE	RBON IN RBON IN RBON IN	CHARGE OF BU	HIAL

COPY 2

INTERMENT ORDER

3-13-2002

7	ubject to your rules and regulations, to inter the remains
- Eula	
Type of Burnai Container	Funeral, date, time
hurch, Chapel, Graveside	: RAESDALE 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	
ot 45 Grave 11 Row_	Section 2 Division/Brock 12
irave space & Care Fund	100500
dditional spaces and care fund	V 000,00
pening/Closing & Setup	375.00
urial Container	
andling Fees	18500
lower vases - Marker setting fee	10
ecording and filing fee	1 45.00
ales taxes	
	Total Due
Paid	receipt number
	Balance due
hereby certify I am the Secretary I am the Secretar	of the above named decedent n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in fot I old under deed.	1740 La Possalas
gradure of recorded holder of deed	Cor 19-263-1301 Sep coo 9
F (0000	Invoice #
Vork Order # E 16968	Acct. #

REA-104 (7-96)

MT. HOPE CEMETERY	
- term INTERMENT ORDER	
District City of San Diego	
Disinterment INTERMENT ORDER  City of San Diego  Date 3-13- Zo	207
You are hereby authorized and instructed, subject to your rules and regulations, to inter the	remains
of Tula Lee Thompson	
in a T.S. Vacut Fungral, date, time WEDS Apr. 11:0	0
	fortuary.
All Funeral cars must arrive before 3:30 p.m. of regular Work day or an extra charge of \$	
will be applied and billed to undersigned.	,,-
7 112	12
Lot 45 Grave 11 Row Section 2 Division/Bleek	4
Grave space & Care Fund	0
2	0.00
	5.00
Burial Container	-
	5.00
Flower vases – Marker setting fee MAR 2 1 2002	
MI. HOPE GEMETARY	15.00
Sales taxes CITY OF SAN DIEGO, CA	0/10
Total Due	05.00
Paid receipt number K - 54764 S	00.00
R-54764 Pallance due	05.00
I hereby certify I am the	
( ) T() H	Juna .
I hereby authorize the interment in lot I hold under deed.	DID
- VIAteomen II II	La 9/95
grand daughturn of temples 19-263-1301 Temples 19-263-1301 Temples 19-263-1301	
granda Wat 688-07-ter 9:00 am Invoice #	
Work Order # E 16969 Acct. #	

O Printed on recycled paper

This information is available in alternative formats upon request.

REA-104 (7-96)

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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.			Vinent	
	5			
			1	
Interment space for:  Interment Date:  Lot: 100 Grave  Grave Laid out by:	3 Row:	Time: So	ect: 2 1	
Agrees with Legal C	ard: 🗆 Yes	□ No	Flag	d'or do

Blind Check & Verified By: Rober

F16969

A205-10

### GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT, REFORE SIGNING THIS DOCU-MENT, 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 PERSON-AL 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 UNDER-STAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU, YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, ETHEL THOMPSON 1827 WILSON AVENUE, NATIONAL CITY, CA 91950 the undersigned Grantor, do hereby make and grant a general power of ariomey to EXILA CARROLL & Lorrain Thompson of 1740 LA POSADA STREE of 1740 LA POSADA STREET, NATIONAL CITY, CA 91950

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

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

(A) Real estate transactions (B) Tangible personal property immuctions (C) Road, share and commodity transactions (D) Banking transactions (E) Business operating transactions (F) Insurance transactions (G) Gifts to charities and individuals other than America-in-Face " (If trust distributions are involved or tax consequences are anticipated, consult an attorney,) (H) Claims and litigation (1) Personal relationships and affairs (1) Benefits from military service (K) Records, reports and statements. Nov. 6/35

If your state requires 8 "h" x 11" forms, cut off the bottom of this page at the dotted line.



E16469

(£ -r )

(L) Full mut unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons, whom any attorney-in-fact shall select.

(M) Access to safe deposit bostes)

ET (N) All other matters

Ditrolde Provisions

(O) If the blank space in the block in the left is initialed by the Grantor, this power of attneney shall not be affected by the subsequent disability or incompetence of the Grantor.

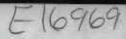
Other Terms

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Witness  Witness  Witness  Witness  County of Sons Disco On November 25,2000 perfore me. Journ Witness  Control of the Property of the one of the bose of magalactors evaluated for the personally whose markets of the attracted for the within instrument and acknowledged to me that the shelper executed the same in instrument and acknowledged to me that the shelper executed the same in instrument described or which the personal and acknowledged to me that the shelper executed the same in instrument described or which the personal action, executed the improvest.  WITNESS my hand and affectal seat.  WITNESS my hand and affectal seat.  Significant  The Witness  Convenience of the seat of the seat of the instrument of the personal convenience of the instrument of the personal convenience of the instrument of the personal convenience of the seat of the se	Signed under sent this	day of		fpwi.
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Winesa  State of CAL 6 Colons 170  County of Son. Discord  On Novernous 25 2000 infore me. Joseph Wiles the (personal) whose numerical information in an of or proved or one our after losses of superfacetory evolution) to be the (personal) whose numerical information in personal particular signature of the information in an of the information of the info		Sel.	Thomason	
State of CAC (Collegative County of Sec. )  On November 25, 2000 inclore me, Joseph OD Flore, appeared personally known as me for proved as me on the base of singletony or section of the account of the within instrument and acknowledged to me that tender; be not the personally whose manages, industrial count in yield and the within instrument and acknowledged to me that tender; they recented the same in tenderated and convicted count in yields and the manages of the instrument the personal or the entity upon behalf of which the personal accel, executed the manages of the instrument the personal or the entity upon behalf of which the personal accel, executed the manages of the instrument the personal or the entity upon behalf of which the personal accel, executed the manages of the instrument the personal or the entity upon behalf of which the personal accel, executed the manages of the instrument the personal or the entity upon behalf of which the personal acceleration and the manages of the instrument of the personal or the entity upon behalf of which the personal or the entity upon the instrument of the personal or the entity upon the instrument of the personal or the entity upon the instrument of the personal or the entity upon the instrument of the personal or the entity upon the instrument of the personal or the entity upon the ent	Witness	Change		
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On November 23, 2005 Indone me. Josef W. P.C		F.		
Fractice Triver Park  personally known to me of the boson of misslacions evolution) to be the personally whose manach is show whether instrument and acknowledged to me that devidently be received the some in devidently elementary depictually and this by define their signature by on the instrument till personally, or the entity upon behalf of which the personally acted, executed the trajement.  WITNESS my hand any official day.  Signature  This (III and III and III)	a few management of the property	before me - hours (a)	Dick	minesped
the within instrument and acknowledged to me that he halve feet executed the same in her her dispersal contributions of the instrument till personary or the entity upon behalf or which the personary acted, executed the instrument.  WITNESS my hand used affected soul.  Signature  1 Tea. (1) Jes. (2) Jes. (3) Jes. (4) Jes. (4) Jes. (4) Jes. (5) Jes. (6) Jes. (6) Jes. (6) Jes. (7)	Enter Trumpand			, personally known
ity first, and this by Jershur Beer significant or the instrument life personally or the entity upon behalf of which the personally acted, executed the instrument.    Ones W. POCK   Correlation   180045	to me for proved to me on the bost	e of migisfactory evidence) to subsed to me that betalisations	he the person(s) whose nur executed the sume in health	tic(s) injury authoritied to obtain funitorized come
WITNESS my hand uses affected tout.  Significant  Signifi	itytiest, and this by her her/their si	gnature(e) on the instrument	the personal, or the entity	upon behalf of which the
Significance of Time (U. Jack) Significance of the Committee Confidence of the Committee of	person(s) acted, executed the impr	annent,	10	HN W. POLE
Significant Service Se	WITNESS my hand and official of	77		
CAN COUNTY, EACHING Mach (7, 2022)	Signature to the colored	K-	Son Son	Diego County F
The second His	7.11		Wy Clomin	Enthire Marry 17, 2000
(Seal)	(Seal)		Type of ID	

If your state requires 8 Ye is 1.1" forms, out off the bottom of this page at the dotted line.





## THE CITY OF SAN DIEGO

## AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

disinter the remains of:  Eula Lee Thompson
from Lot 106 Grave 3 Section 2 Row Block
Division And to remove the same to and reinter said remains in Lot 45
Grave Section Row Block Division 12
Cometery Mount Hope Cometany
The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.
Signature Relation to deceased Address  I hereby authorized the above disinterment:
(Lot owner must sign if not legal custodian) Date

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





THE CITY OF

## SAN DIEGO

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

Monday through Friday • Gates open daily

## **QUITCLAIM DEED**

In consideration of an even exchange to new let:
In consideration of an even or change to very let:  Lot 45, Section 2, Division 12, Brane 12
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Trount Hope
DO HEREBY REMISE RELEASE AND OUTTCLAIM to Mount Horse
Cemetry
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 106 Grave 3 Row Section 2 Division/Block 11
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
WITNESS my/our hand this 13th day of March 2002
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:  Brulett (1 Crawledd France of Thompson
2 1 1 C 11 1 Somain Thompson
Bulett y. Crawford
Witnesses



## INTERMENT ORDER

City of San Diego

Date 3/14/02

Jan Harla	ubject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time TH v R 3-31 1.0
Church, Chapel (Graveside) Chur	ch : RA95 dA/E 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.	M.S.
Lot 87 Grave 3 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	375.00
Burial Container	190.00
Handling Fees MAR 18 2007	190.00 145.00
Flower vases MACHOPETICEMETAR	
Recording antimotes AN DIEGO, Cr	45.00
Sales taxes	14.73
Paid	Total Due 1664.73
I hereby certify I am the All Market disposition that I have the right to make this authorization any liability on account of said authorization	Balance due  Sauda Col the above named decedent in 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.	+ Interior Section + Section + Papanual H
Signature of recorded holder of deed	+ Man Duy - Ca 92119 - Cally - 266-1168 Execute - Tellaphone
Work Order # E 16970	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.

			-			
THE S		1/3	DAVIS			
	1	2 8	7 <sub>X</sub> 3	9	5	6
	7	8	9	10	11	12
Interment 87	space for: Date: THO ( Grave: d out by:	3 R	tow:	ime: \\',		" 75
Agrees wi	th Legal Car	d: Yes		J No	My or	w
Agrees wi	ith Map: 🗖	Yes		No		
Blind Che	ck & Verific	ed By: Ze	OBERT	* S & L S	_ Date: 3	-19-02

E-16970

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DE

TA NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
Joe		Frank	Howard,	Sr.	05/28/1911 03/13/2002 M		
	al City		San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joyce Mosley, Daughter		
Anderson-I	Ragsdale Mo	A-FUNERAL DIRECTOR OR P PT.; 5050 Fede Diego, CA 9210		ALIF. LICENSE NUMBER HF APPLICABLE D 1 3 2 9	6/34 Akins Ave. #510 San Diego, CA 92114 BA. SIGNATURE OF APPLICANT—PERON LINE (1981), 88. DATE SIGNED		
ACKNOWLEDGMENT OF A	nes wast   I hereby a	cknowledge as applicant that the prop-	cost disposition stated herein is one of the was authorized pursuant to Section 7100 of	e dispositions authorized by the Health and Safety Code	Dette Wellen 103/19/2002		
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE IN HIGH OF DISPOSAL OUTSIDE OF CALL	PROVE SA. AMOUNT OF FEE ST. 00	Of the Party Control of Control o	ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D IN CALIFORNIA rds; P.O. Box n Dlego, CA 92	85222 "		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPO	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	The state of the s			FOR CORONER'S USE ONLY		
B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT.		L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
BURIAL		Cemetery; 3751 San Diego, C	Market St.	3/21/02	D , 11C. SIGNATURE OF BURISON IN CHARGE OF BURISA		
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY			128, DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
USE				13B. DATE RECEI	VED ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ON OTHER			15B. DATE OF DISPOSITION	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 3-15-02

of Beatrice Lope,	× 229657 9.0
ina T. S vault   Fi	ineral, date, time Mon . MARCH 18th
Church Chape Graveside	: Guada lupana Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day of an extra charge of \$ 150.00
will be applied and billed to undersigned	
Lot \$2 Grave 12 Row	Section 2 Division/Block 12
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Seturn	375.00
Burial Container	25000
	185.00
Flower vases – Marker setting fee	
Recording and filing the SAN DIEGO, C	
The state of the s	19.38
	Total Due
Paid re	cerot number R - 31 7 70 1 16 9 3
PIP	Balance due
I hereby certify I am the Marke disposition of that I have the right to make this authorization and liability on account of said authorization and liability of said authorization and liability on account of said a	of the above named decedent of emails as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from its interment.
I hereby authorize the interment in lot I hold under deed.	Signature 1 STERLING, CT.
Signature of recorded holder of deed	SAN DIEGO, G. 92103 City 865-2136
Work Octor # E 16971	Invoice #

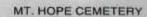
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

31

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

1/4	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	TC. LAST (FAMIL	Y			DATE OF DEATH 4 SEX
	BEATRICE -		LOPEZ	A STATE OF THE PARTY OF THE PAR		4-2-5-5-5-5-5-6-4	3/12/2002 F	
5/	CITY OF DEATH			58. COUNTY OF I	EATH-OUTSIDE CALIF.	OF INFOR	MANT	ING ADDRESS AND ZIP CODE
110	SAN DIEGO			SAN DIEG	Annual Control of the	CARLOS	ROMO LOPEZ	-HUSBAND Ster
TA	GUADALUPAN		, 2601 IMPER		—IF APPLICABLE  D-1425	SAN DI	TERLING CF MGO, CA. 92	5047 5047 50 105
-	ACKNOWLEDGMENT OF AF	to contract   1 bereby a	cknowledge as applicant that the	proposed disposition stated herein is one and was authorized pursuant to Section 710	of the dispositions authorized by	116	Chanes.	03/15/200
		THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.		TH PROVI- ETY CODE SPECIFIED			SIGNATURE OF VOOR	L REGISTRAR ISSUING PERMI
AN	V CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT D IN CALBORNIA RDS P.O. BOX CA. 92185-52	85222	ADDRESS OF REGISTRAR  # DISPOSITION IS 10 OCC			
10	AUTHORIZED DISPO		COLD IN COLD I				FOR CORO	NER'S USE ONLY
The same named and	B. CREMATION		AINS OTHER	E TEMPORARY I  F DISINTERMENT  G. SHIP IN TO CA			L DISPOSITION PE (Name and Add	NOING REMAINS LOCATED (
	BURIAL		THE RESIDENCE OF THE PARTY OF T	751 MARKET ST.	3-18-02	The state of	IGNATURE OF PERSO	N IN CHARGE OF BURN
BLE ITEMS	CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREMA	TED   12G. S	IGNATURE OF PERSO	HAN CHARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNI	A FACILITY RECEIVING REMAIN	IS 13B. DATE RECE	VED 13C, 8	IGNATURE OF PERSO	IN IN CHARGE OF FACILITY
COMPLETE A	TRANSIT  14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPP		DORESS AND SIGNAT F PLACING WITH THE	URE OF PERSON IN CHARGE CARRIER
õ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHOREL ENTIFY FINAL PLACE AND	INE, OR OTHER DESCRIPTION S CA <u>DISTRICT</u> OF DISPOSITION	IF 158. DATE OF DISPOSITION		IGNATURE OF PERSO HARGE OF DISPOSITI	

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



## INTERMENT ORDER

City of San Diego

Date 3-15-07

ina T.S. VAULT	Funeral, date, ti	ine Tai	3-	29 13:
Church, Chape, Graveside	;	-	wood	Mortuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work	day or an extr	ra charge	of \$ \$ to
will be applied and billed to undersign	ed		-	
Lot 430 Grave Ro	ow Section		Division/#	ack 10
Grave space & Care Fund	re-ned	E-1191	6	_
Additional spaces and care fund				3=10
Opening/Closing & Setup	CONTRACTOR OF THE PARTY OF THE			375.00
Burial Container	PAID			250.00
Handling Fees	NO 18 300			185,00
Flower vases - Marker setting fee	MAR TO 200	£	······································	135.00
Recording and filing fee	T. HOPE CEMETA	A		19.00
Sales taxesCIT	TY OF SAN DIEGO			17.30
	Paid receipt number	R-SY7	17	199.38
triang 10	()	Ва	lance due	
I hereby certify I am the and this is your authority to make disj that I have the right to make this authority any liability on account of said authority.	prization and I agree to	above indicate	ed I certify	
I hereby authorize the interment in lot hold under deed.	Signature Address	) Han	Pate Pate	Manda Rd
Signature of recorded holder of Janu	> Lake	390-1	144	9)040 Ze Code
Work Order # E 16972	Invoice #	390-1	144	Zip Code

## MT HOPE CEMETERY [-16972

## GRAVE BLIND CHECK FORM

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

			199			
100NG	428	429	X	431	MOTE	DEZONG
Interment	space for:	30HN	SPAT	DE .	r,00 .	
Lot: 430	_ Grave		Row:	Sect:		viv: 10
Grave Lai	d out by:	NF.	DAU:	)		
Agrees wi	th Legal C	ard: 🗆 Y	es C	J No	*Day	00
Agrees wi	th Map:	J Yes		No	6	
Blind Che	ck & Veri	fied By:	ROBERT		Date:	3.20.02

F-16972

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

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 S. DATE OF DEATH 4. SEX	
JOHN	JOHN EARL SI			SPADE 04/09/1961 03/09/2		
CALII	PATRIA		SB. COUNTY OF DEATH	PERIAL	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE.  DAVE HARBRIDGE - FRIEND	
The state of the s	DOMUARY	A—FUNERAL DIRECTOR OR PERSON		IF LICENSE NUMBER APPLICABLE	E3629 PATA RANCH ROAD LAKESIDE, CA 92040	
I-805 & 1		enue, san diego, c	The second secon	843	8A. SIGNATURE OF APPLICANT—Person taking permit. 8B. DATE SEGNED	
ACKNOWLEDGMENT OF A	PPLICANT   1 toreby a Section 10	cknowledge as applicant that the proposed disposed of the Health and Safety Code, and was author	sultion started heroin is one of the riped sursusant to Section 7100 of the	dispositions authorized by Health and Seleta Code	Dellare as 303/15/2002	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED O MINIT OF DEPOSAL OUTSEE OF CALFORNIA.	9A. AMOUNT OF FEE PA \$7.00	03/15/	1 ISSUED BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
THE RESERVE OF THE PARTY OF THE	IF DEATH OCCURRE	GRITARA OF DISTRICT OF DEATH D IN CAUFORNIA WHITE HEALTH DEFT. EL CRITEO, CA 922	- 925 SAN	DIEGO COUN	OF DISTRICT OF DISPOSITION— THE IN ANOTHER DISTRICT IN CALIFORNIA TY HEALTH DEFT. — P.O. BOX 85222 92186 5222	
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	L DISPOSITION PENDING REMAINS LOCATED AT (Name and Address)	
BURIAL	MOUNT HO	DORESS OF CALIFORNIA CEMETER PE CEMETERY ET STEKET, SAN DIN		3-22-0	1 / - /	
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC				13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	144 NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			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		REST POINT ON SHORELINE, OR O'S NTIFY FINAL PLACE AND CA <u>DISTRI</u>		158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER	

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



## INTERMENT ORDER

City of San Diego

Date 3-15-02

or John/Jane	Doe PAT	F 2002	1152	
in a Type of Burnil Container	Funeral,	date, time		7.
Church, Chapel, Graveside		_: Mer	Kly-Mitch	Mortuary.
All Funeral cars must arrive be	fore 3:30 p.m. of regula	ar work day or	an extra charge o	18
will be applied and billed to unc	dersigned.			
Lot Grave	Row	Section	Division/Blo	ck
Grave space & Care Fund	,			4500
Additional spaces and care fun	7	<u> </u>		
Opening/Closing & Setup	1001	)		105.00
Burial Container	1 ( ) 1 1	/		
Handling Fees				
Flower vases - Market setting	tee V			The state of the s
Recording and filing fee				45.00
Sales taxes				1 - 10 -
Sales taxes  LUE Namin  John C Admin  58-694-3502	Paid receipt n		Due	195.00
58-0.	r did receipt ii	uniber	Balance due	
I hereby certify I am the			of the above na	mad decadant
and this is your authority to ma that I have the right to make thi any liability on account of said	s authorization and I ag	gree to hold M	indicated. I certify	and represent
I hereby authorize the intermer hold under deed.	nt in lot I Sig	gradura.		
	Ad	idress (.	100	
Signature of recorded holder of deed	Ci	ry (1	JK10411	
	Te	Septione	PIGHTT FEMUR Native AM	- Bone
	The state of the s	voice / 🦴	ature an	n. spacon
Work Order # E 169	373 A	cct. # _ () (	DD Fello	ws)
REA-104 (7-95)	This information is a	availab F	21 V 43/	44
	O Proded in recycle	est peupor	Fencelli	ne

## INTERMENT ORDER

8 June

City of San Diego

Date 3-18-02

You are hereby authorized and instructed, so of BOBOLLAH	wbject to your rules and regulations, to inter the remains
ina	Funeral, date, time TVE 3-19 1.00
Type of Bariel Container Church, Chapel, Graveside	GREENWOOD Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 13 3 Grave Row	MUSLI'M Section Division/Block
Grave space & Care Fund	
	TZ AO
Burial ContainerMAR1.8. (20.1.1.	
Handling Fees	75.00
Flower vases - MATHOPE CEMETAR	11500
Recording and filing fee	
Sales taxes	20
Paid	receipt number N/SA SOL 20
- / 1/	All 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 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.	Signifium Hassan Naghari
Signature of recorded holder of deed	#24 STRANGEROLOT  CEN # B25 DELNAR 92014
Work Order # E 16974	Invoice #
Work Order #	Acct. #

#### 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) 1B. MIDDLE  BOBOLLAH		IC. LAST (	AMILY)			3. DATE OF DEAT MONTH, DAY, YE	AB		
5A	CITY OF DEATH				OF DEATH-OUTSIDE CALIF.	OF INF	RELATIONSHIP, FULL MAI ORMANT		D ZIP CODE
7A				ERIAL AVENUE	78. CALIF LICENSE MUMBER —IF APPLICABLE  FD 843	DRG.	STRATFORD CO	014	
	ACKNOWLEDGMENT OF AP				s are at the dispositions authorized by us 7100 of the Houlth and Safety Code	100	elbre a.	3020 03/	18/2002
	PERMIT JTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	SED IN ACCORDANCE W ORMA HEALTH AND SAF TY FOR THE DISPOSITION 0 NIGHT OF DEPOSAL OUTSIDE (	SPECIFIED \$1	7.00 98 DATE PERM VH.TCRTA /	AZZABO.	90. SIGNATURE OF L'OO 2204798	AL REGISTRAR ISS	SUING PERMIT
T	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			PE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCI		BCT OF DISPOSITION— THER DISTRICT IN CAUFORN	NA.	
	B. CREMATION			F. DISINTER	MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA		L DISPOSITION PI (Name and Add		All Park
	BURIAL	HORRIT HOPE	DORESS OF CALIFORN E CENETERY ET STREET, S	AN DIECO, CA	118, DATE BURI	109	SIGNATURE OF PERSO		
CABLE ITEMS	CREMATION	12A, NAME AND AD	DORESS OF CALIFORN	а спематону	126. DATE CREM	ATED 12C	SIGNATURE OF PERSO	IN IN CHARGE OF	CREMATION
AL APPLICA	SCIENTIFIC USE	TSA. NAME AND AD	DORESS OF CALIFORN	A FACILITY RECEIVING RE	MAINS 138 DATE RECE	EIVED 13C	SIGNATURE OF PERSO	ON IN CHARGE OF	FACILITY
PLETE A	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WH THE TO BE SHIPPED	ERE 14B. DATE SHIP	PED   140.	OF PLACING WITH THE		IN CHARGE
COMP		and the same of th			ON SUF- 15B, DATE OF	1000	SIGNATURE OF PERSO	native Transport	NSE NUMBER



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

hope who

City of Sas, Diego

Date 3-18-02

You are hereby authorized and instructed, of ELENA MERRI	LLØ	TO THIS IS I
In a Type of Burial Container	Funeral, date, time MON 3	-25 10:0
Church, Chapel, Graveside WitVES	5 FAMILY	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra cha	irge of \$
will be applied and billed to undersigned.		THE WAS AN
200	11	0
Lot 280 Grave Row_	Section U Divisio	in/Block 0
Grave space & Care Fund		300.00
Additional spaces and care fund		
Opening/Closing & Sep. A. I. D.		105 00
Burial Container		
Burial Container MAR 19 7002		
Flower vases - MANA HOPE CEMETAR		
Recording and TOTO SAN DIEGC.	S	45.00
Sales taxes		······ 1156 A
	Total Due	45010
Pa	id receipt number R-5 4 7 8-0	450.00
	Balance	due
I hereby certify I am the	of the abo	ve named decedent
and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold Mt. Hope Cem	etery harmiess from
I hereby authorize the interment in lot I	Signature	
hold under deed.	Addison Jee	
Signature of recorded holder of deed	- T	لمري
	cus oppos	Zip Cuas
	Telephone	
F 100==	Invoice #	
Work Order # <u>L 16975</u>	Acct. #	

# MT HOPE CEMETERY E-16975

### GRAVE BLIND CHECK FORM

	EKOT			
		Nincen		
	X	Hensted 181		
				150
nterment space for: EL'	-25	Time: 10	:00	
ot: 280 Grave:	Row:	Sect: .	4_ 0	)iv: _8
Grave Laid out by:	*			
Agrees with Legal Card:	☐ Yes	□ No	they	in
Agrees with Map: TY	es 🗆	No	(5	
Blind Check & Verified E	ev. Her Co	Drus	Dates	3/25/0

E-16975

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

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

1A. NAME OF DECEL		ENT-FIRST (GIVEN)	1B. MIDDLE	10. LAST (FAMILY	)	2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX			
	Elena María			Merri)	1	M876 771925   M272 471959   F			
5/	Sa city of DEATH Silver Spring			SB. COUNTY OF DE	EATH—OUTSIDE CALIF.	6. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Babriel Merril, Son			
7/	Feathering	ill Mortus	AND DESCRIPTIONS OF THE PROPERTY OF THE PARTY OF THE PART	PERSON ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER —IF APPLICABLE  FD 1083	9 Featherwood Ct. #41 Silver Spring, MD 20904 8A SIGNATUME OF APPLICANT—From biling permit. 8B. DATE SIGNED			
	ACKNOWLEDGMENT OF A	thereby a	closestedge at applicant that the pro-	posed disposition stated become a one of east authorized pursional to Section 7100	the dispositions sufficered by	> 2 13/15/200			
	PERMIT AUTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.		PROVI- CODE ECIFIED		T ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH			# DISPOSITION IS TO OCC	S OF REGISTRAR OF DISTRICT OF DISPOSITION— SHICK IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA DX 85222, San Diego, CA 92186-5222			
11	. AUTHORIZED DISP	OSITION(S) CHECK A			1	FOR CORONER'S USE ONLY			
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REM	AINS OTHER	F. DISINTERMENT  G. SHIP IN TO CAI  H. TRANSIT TO O	100000000000000000000000000000000000000	L DISPOSITION PENDING—REMAINS LOCATED AT			
	BURIAL	Mt. Hope Cemetery 3751 Market St San Diego, CA 92102			3-25-0	17 / /			
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	TED 12G. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
COMPLETE ALL APPLICAB	SCIENTIFIC USE	13A, NAME AND AL	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAI			EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	PED 14G. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			16B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED SE-MARKS DISPOSER —IF APPLICABLE			

E16975

Mt. Hope Cemetery 3751 Market Street San Diego, Ca 92102

Dear Sue Shackelton:

Enclosed you will find a check in the amount of \$450.00. This is for the burial of Elena Merrill. She was cremated in April of 1997. We are bringing the remains with us from Maryland and will be in San Diego only on Monday March 25 2002. Featheringill Mortuary is getting the burial permit for us and we will bring it with us also. I do not know how usual or unusual this is or who arranges for whatever needs to happen. We are not expecting a service because we had a service when she died in 1997, but I suppose that we will see her put in the ground. Since we are from Maryland you mentioned that you would pick the plot and make the necessary arrangements. It will only be my husband and myself. Elena was my husbands mother. The Urn Garden you mentioned to me on the phone when we spoke sounds fine. We will also want to see Vanier Merrill's grave. He died and was buried in your cemetery in 1958.

If you need to reach us you may call (301) 586-0406 or my work phone (202) 314-1763. We arrive in Los Angeles March 21 in the afternoon then we may be reached on my husband's cell phone (301) 785-8153. Maryland is 3 hours later than California.

Sincerely Kathy Merrill

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-18-02

	bject to your rules and regulations, to inter the remains
or John Dae PA# &	20021151
ina Double - Depth ( 1St Burial)	Funeral, date, time Tues 19th 1:00
Church, Chapel, Graveside	: Community Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 9 Grave 2-B Row	Section Division/Black 13
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	
blickdmin.	Total Due
urnel Price Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telegrome
	Invoice #
Work Order # E 16976	Acct. #

E16976

#### 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) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B MIDDLE CONTH. DAY, YEAR John Doe 大路智力进行 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., ENTER STATE San Diego OF INFORMANT Pine Valley Darnell Price - Public Administrator 5201-A Ruffin Road 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 7B. CALIF. LICENSE NUMBER -IF APPLICABLE Sen Diego Ce 92123 COMMUNITY MORTUARY 855 Broadway Chula Vista Cal1f 91911 FD1682 BA. SIGNATURE OF APPLICANT FIGUR DURY DWING 68. DATE SIGNED torsby acknowledgy as applicant that the proposed disposition stated hereix is one of the dispositions authorized by 03/18/2002 ACHOMILED CHENT OF APPLICANT on 10376 of the Health and Salety Gods, and was sufficinged pursuant to Section 7100 of the Health and Salety Gods THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 96. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 03/18/2002 2204732 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT D. Heldenbrand AUTHORIZATION OF \$7.00 LOCAL REGISTRAR NOTE: THIS PERMIT CIVES NO HIGHT OF EXEPCICAL OUTSIDE OF CALIFORNIA BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego Calif 92186-5222 DISPOSITION FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED Mount Hope Cemetery BURIAL 3-19-02 3751 Market San Diego Ca 92102 locanan 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 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 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 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED BY FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-18-0 2

You are hereby authorized and instructed	, subject to your rules and regulations, to int	er the remains
or Charles Hor	ten	
ina Double-Depth (200	Burial) Funefal, date, time Thurc, Mar.	21 10:0
Church, Chapel, Graveside	: Merkley-Mitche	// Mortuary
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge o	1\$ (30007)
will be applied and billed to undersigned.		
	11910/D-5795	et 1/
Additional spaces and care fund		37500
Opening/Closing & Setup	PAID	015.00
Burial Container	MAD O O DODO	
Handling Fees		
Flower vases - Marker setting fee		45.00
Recording and filing fee	CITY OF SAN DIEGO, C	70.00
Sales taxes		420.00
	Total Due	420.00
P	aid receipt number 12 - 37 180	6
I hereby certify I am the X days and this is your authority to make dispes that I have the right to make this authorization is all authorizations and liability on account of said authorizations.	of the above na ation of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery ion and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Muster Horan Vyp	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Signature of recorded holder of deed	City 619-298-1350	Zip Codu
	Invoice #	
Work Order # E 16977	Acct. #	

# MT HOPE CEMETERY [ )6977

## GRAVE BLIND CHECK FORM

30,000			4 5			
	(	2 olamber	3	4	Spells	spells
	7 Kilby	8 Smith	9 X	10	И	12
						2
Interment :	space for:	Charl	es Ho	rton		
			т		0:00	
Lot: 2	_ Grave	9	Row:	Sect:	<u>/</u> _ r	Div:
Grave Lai	d out by: _	•				
Agrees wi	th Legal C	ard: 🗆 Y	es [	J No	Fug	propers
Agrees wi	th Map: [	J Yes		No		
Blind Che	ck & Veri	fied By:			Date:	

E16977 82

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

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE CHARLES MEDLOCK		HORTON		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 05/29/1919 03/16/2002 M				4. SEX		
5A	CITY OF DEATH	SAN DIEGO		58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.	OF INFO	RELATIONSHP, FULL MORMANT FINE SPALDI	AILING ADO	DRESS AND ZI	
7A	TYPED NAME AND ALL	TCHELL MORT CA 92103	A-FUNERAL DIRECTOR OR PERSO TUARY, 3655 FIFTE	AVENUE, FI	-119	1411 1 SAN D	ROBINSON AV	ENUE 2103		
	ACHNOWLEDGMENT OF A	Section 10	cknowledge as applicant that the proposed d 376 of the Health and Safety Code, and was ap	thorsed pursuant to Section 7100 of the	Hirafth and Safety Code.	1/7	10e m 2	-		0/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIES D RIGHT OF DEPOSAL OUTSIDE OF CALFORNIA	\$7.00	03/20/20 R.M. ZUL	002	2204918	CAL REGI	STRAR ISSUIN	G PERMIT
1	ON REQUIRES A NEW REMIT TO SHOW FINAL	IF DEATH OCCURRE	EDISTRAR OF DISTRICT OF DEAD IN CAUFORNIA  5222, SAN DIEGO,	5222			CT OF DISPOSITION— HER DISTRICT IN CAUPON	ENIA.		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			- 1	FOR COR	ONER'S	USE ONLY	-
	B. CREMATION		AINS OTHER	E TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	RNIA		I. DISPOSITION (Name and Ar		REMAINS LC	DOAT
	DUNNE		CEMETERY, 3751 M GA 92102		3-21-02		SIGNATURE OF PER	SON IN CH	HARGE OF BL	RM C
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA		SIGNATURE OF PERS	SON INCH	ARGE OF CRE	MATION
MAPLETE ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEI	VED 13C.	SIGNATURE OF PERS	SON IN C	HARGE OF FA	CILITY
	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNA OF PLACING WITH TO			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR NITHY FINAL PLACE AND CA DIST		158 DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		1 SD. LICENSE OF CREM MAINS D —IF APPI	AYED RE-

Disinforment

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-18-02

of William Fairing De	ennett (Disinterment)
in a F	Funeral, date, time
Church, Chapel, Graveside	: Merkly Mitchell Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 82 Grave ID Row	Section 2 Division/Block 12
Lot 32 Grave 10 Row	Section O Division/Block
Grave space & Care Fund	
Additional spaces and care fund	stepped Teg 1000.00
Opening/Closing Setup	
Burial Container	
Handling Fees	<u> </u>
Flower vases - Marker setting fee	V
Recording and filling tea	
Sales taxes	
	Total Due
Paid	eceipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this authorization any liability on account of said authorization a	nd interment.
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 hold under deed.	ond interment.
any liability on account of said authorization a  I hereby authorize the interment in lot I	ind interment.
any liability on account of said authorization a  I hereby authorize the interment in lot I	Signature Address
any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed.	Signature Address
any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed.	Signature  Address  City  Telephone
any liability on account of said authorization a I hereby authorize the interment in lot I hold under deed.	Signature  Address  City  Zip Code

O Printed on recycled paper

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

Bre-red trust

City of San Diego

Date 3-18-02

of muldred they	inson c	alle	
in a Type of Burnal Container	Funeral, date, ti	me	
Church, Chapel, Graveside	1		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an extra charge	of \$
will be applied and billed to undersigned			
Lot 1086 Grave Row_	Section	Division/Bi	10
Grave space & Care Fund	re-Need	E-6161	-0
Additional spaces and care fund			- > 7 - 57
Opening/Closing & Setup 2 ml	wird		3/5.00
Burial ContainerPA1	<b>-</b>		
Handling Fees	עו		
Flower vases - Marker setting MAR 1 5			115 00
Recording and filing fee			95.00
Sales taxes MT. HOPE CE	METAR		1120 0
		Total Due	420.00
Paid	receipt number	R-59/72	420,00
		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	n and I agree to	of the above n above indicated. I certifi hold Mt. Hope Cemeter	y and represent
I hereby authorize the interment in lot I hold under deed.	Signature	1	
Signature of recorded holder of deed	Address	attente	Zp Code
	Telephone		
	Invoice #	BENEFIT OF	
Work Order # E 16979	Acct. #		

E-16979

Mt. Hope Cemetery 3751 Market St. San Diego, Calif. 92102 March 13, 2002 663 E. Queen St. #3 Inglewood, Ca. 90301

To Whom it may concern;

Enclosed you will find my check for \$420.00 in payment of opening up lot 1086, division 10 in the name of Mildred Robinson. Dan Robinson is buried in the double. Mildred Robinson Elston is terminal at the present time. I will contact you at the time she passes and let you know any further instructions. I understand you must be notified at least 48 hours in advance.

Yours Truly, Layer R. Hindmos

Joyce Robinson Hindmon, Daughter



# MT. HOPE CEME / /

City of San Diego

Date 3-18-02

You are hereby authorized and instructed	d, subject to your rules and regulations, to i	nter the remains
of 13 LANCA AG	UILERA	
in a LINER	Funeral, date, time FRI. MAR 1	
Church, Chapel, Graveside Deliv	very Only: MAYER	Mortuary.
All Funeral cars must arrive before 3:30 ;	o.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Lot 86 Grave 4 Row	Section 2 Division/B	tock 12
Grave space & Care Fund		845.00
Additional spaces and care fund	PAID	
Opening/Closing & Setup	NAD 1 0 2002	375.00
Burial Container	MAR 1 9 2002	140.00
Handling Fees	MT. HOPE CEMETARY	145.00
Flower vases - Marker setting fee	CITY OF SAN DIEGO, CA	
Recording and filing fee		45.00
Sales taxes		14.13
- Quere	Total Due	1664.73
FULTO 1587 bring Check	aid receipt number R 54785	1664.7
1 mayo	Balance due	0
I hereby certify I am the and this is your authority to make dispos	ition of remains as above indicated. I certif	named decedent fy and represent
that I have the right to make this authorization any liability on account of said authorization.	ation and I agree to hold Mt. Hope Cemeter ion and interment.	y harmless from
I hereby authorize the interment in lot I	+	
hold under deed.	Signature	
	Appress	
Signature of recorded holder of deed	City	Zip Code
	Terbyhane	
- 10000	Invoice #	
Work Order # E 16980	Acct. #	7

MT HOPE CEMETERY E-16980

### GRAVE BLIND CHECK FORM

1	a .	3	* X	5	6 Hayne	5
7 Players	Skipper Planers		Secret person	Twyne		
		1				
Interment :	space for:	BLA	nca A	SUILE	PA	
	Date:		1			
Lot: 86	_ Grave	4	Row:	Sect:	2 D	iv: 12_
Grave Laid	d out by: _	NE	DAU	0'	eliver	<u></u>
Agrees wi	th Legal Ca	ird: 🗆 Y	es [	J No	eliver;	
					Tago	
Blind Che	ck & Veril	ied By: _	KOBER1		_ Date:	330.02

E-16980

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

40

	OWE DENOIS HIS ONE! HIS	NE NO EHASUNES, W	HITEOUTS OR OTHE	H ALTERATIONS		
A. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	Transfer of	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Blanca		A	milera	04/28/1921	02/12/2002	F
A. CITY OF DEATH		58. COUNTY OF DEAT		AME, RELATIONSHIP, FULL M F INFORMANT	MAILING ADDRESS AND Z	IP CODE
Rhyanhigo				John Edwards,	PA	
A. TYPED NAME AND AD	DRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO			201-A Ruffin		-
Mayer Mort	uary		P APPLICABLE	STREET, STREET	92123	
2859 Adams	AAvenue, San Diego, CA 921	16 F	01424 84.	SIGNATURE OF APPLICANT-		
ACHNOWLEDGMENT OF AF	PLICANT J northy automatedgy as applicant that the proposed it Section 10376 of the Health and Saloty Code, and was not	specifier stated herein is one of the	dispositions authorized by	anne 4 M	244 1 02/	20/20
MY CHANGE IN DISPOSH	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIGNS OF THE CALIFORNIA HEALTH AND SAPETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFICIE IN THIS PERMIT. MOTE THIS MEINIT GIVES NO HIGHER OF DISPOSAL OUTSINE OF CALFORNIA DD. ADDRESS OF REGISTRAP OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA	7.00	03/21/2002 B.E. Mayer DRESS OF REGISTRAR OF	ED, BC. SIGNATURE OF LO  2205070  2205070  STRICT OF DISPOSITION— ANOTHER DISTRICT IN CAUSE		IG PERMIT
PERMIT TO SHOW FINAL DISPOSITION.	P.O. Box 85222 San Diego, CA 92186-5222			-	2777	
O. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONL	1 4
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	L DISPOSITION (Name and A	PENDING—REMAINS Liddress)	DCATE
		THE RESIDENCE OF THE PARTY OF T				
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET Mt. Hope Cemetery 3751 Market St., San Diex		3-22-02	11C. SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
		o, CA 92102	3-22-02	11C. SIGNATURE OF PERS	- Leann	
CREMATION  SCIENTIFIC USE	Mt. Hope Cemetery 3751 Market St., San Diego	O, CA 92102	3-22-02 128 DATE CREMATED	· Kunt	SON BY CHARGE OF CR	EMATION
CREMATION	Mt. Rope Cemetery 3751 Market St., San Diego 12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TY RECEIVING REMAINS	3-22-02 128 DATE CREMATED	12C. SIGNATURE OF PERS	SON IN CHARGE OF F	EMATION

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA, NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
Blanca			puilera	04/28/1921 02/12/2002   F
SA CITY OF DEATH		5B. COUNTY OF DEATH	H-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego		Sa Sa		John Edwards, PA
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR P			5201-A Ruffin Rd.
Mayer Mort				San Diego, CA 92123
2859 Adams	The second secon		THE RESERVE OF THE PARTY OF THE	SIGNATURE OF APPOCANT Person takes serial 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I bereby acknowledge as applicant that the prop Socion 10076 of the Health and Salety Code, and	posed disposition stated herein is one of the was authorized pursuant to Section 7100 of th	e Health and Salety Code	June 9 Mayer 03/20/201
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH I SIGNS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPE IN THIS PERMIT MOTE. THE POINT GARS NO BIRST OF DISPOSAL DUTING OF CAL	CODE CIFIED 7 00	98. DATE PERMIT ISS 03/21/2002 B.E. Mayer	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF # DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-522	# f		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA —
The second secon	CONTRACTOR AND ADDRESS OF THE PARTY OF			FOR CORONER'S USE ONLY
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			
X A BURIAL UNCL	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA	ORNIA	L DISPOSITION PENDING—REMAINS LOCAT (Name and Address)
A BURIAL (INCLI	OF CREMATED REMAINS OTHER SEE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA	(Name and Address)
A BURIAL (INCLI	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	
A BURIAL UNCLU B CREMATION C DISPOSITION THAN IN A CI D SCIENTIFIC US	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CO Mt. Hope Cemetery	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS EMETERY Lego, CA 92102	ORNIA IDE OF CALIFORNIA 118, DATE BURIED	(Name and Address)
A BURIAL UNCLE B CREMATION C DISPOSITION THAN IN A CI D SCIENTIFIC U	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA COME. Hope Cemetery  3751 Market St., San Di	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS EMETERY Lego, CA 92102 REMATORY	DENIA  IDE OF CALIFORNIA  118. DATE BURIED  3-22-02  128. DATE CREMATED	(Name and Address)  11C SIGNATURE OF PERSON IN CHARGE OF SURIAL
A BURIAL UNCLE B CREMATION C DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CO Mt. Hope Cemetery 3751 Market St., San Di 12A NAME AND ADDRESS OF CALIFORNIA CO	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY LEGO, CA 92102 REMATORY ACILITY RECEIVING REMAINS	DENIA  IDE OF CALIFORNIA  118. DATE BURIED  3-22-02  128. DATE CREMATED	(Name and Address)  11C SIGNATURE OF PERSON IN CHARGE OF SURIAL 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION

COPY 1

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

VS 9 (REV. 8/91)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-19-2002

a Liner	Funeral, date, time Mon. Mar.	25 4 20
hurch, Chaper Graveside	: Feathering ill	
Il Funeral cars must arrive before 300 p.m	n. of regular work day or an extra charge of	
III be applied and billed to undersigned		
V 0 KA		-10
	Section Division/94ee	* 10
irave space & Care Fund	-60	_6_
dditional spaces and care fund		
pening/Closing & Setup	PAID	375.00
urial Container		190.00
andling Fees	MAR 1 9 2002	145.00
lower vases - Marker setting fee		11.7
ecording and filing fee	MT. HOPE CEMETARY	45.00
ales taxes	SAN DIEGO, CA	14.73
	Total Due	169.73
Paid	d receipt numbel 129 709	169:13
Dr.	Balance due	4
	of the above nation of remains as above indicated. I certify on and I agree to hold Mt. Hope Cemetery I	and represent
ny liability on account of said authorization		0
hereby authorize the interment in lot I	Kunthe	1
old under deed.	XIIS50 Cuministo	LALBAT
granture of recorded holder of dood	SAN DIEGO	#11301
	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	29
	Invoice #	
Vork Order # E 16981	Acct. #	

# MT HOPE CEMETERY [ 1698

### GRAVE BLIND CHECK FORM

	asi	952 <sub>X</sub>	qu'illas	Junkin	960 Hyde
Interment space for:	Beri	nice l	KISh		
Interment Date:	3-25-0	12 7	Time:	1:00	iv: 10
Grave Laid out by: -				9	188
Agrees with Map: [Blind Check & Ver			No Inno	_ Date:	2/25/6

E-1698/81

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

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

TA. NAME OF DECEDE Bernice	ENT-FIRST (GIVEN)	18. MIDDLE Nargaret	IC LAST OF A	ME.Y)			ATE OF DEATH 4. SEX 18/2002 F
SA CITY OF DEATH			58. COUNTY C	F DEATH—OUTSIDE CALIF., ATE San Diego	OF IN	RELATIONSHIP, FULL MAILING FORMANT Janel Kish	, Daughter
Featheringi:	11 Mortuary	ia—Funeral director or perso San Diego, CA 921		78 CALIF LICENSE NUMBER —IF APPLICABLE FD 1083	San	O Camino La Bar Diego, CA 92126 APPLICANT MEN HA	
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed di 376 of the Health and Safety Code, and was our			1	to sul	03/19/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORINA HEALTH AND SAFETY CODI ITY FOR THE DISPOSITION SPECIFIES IN MIGHT OF DISPOSITION OF CALIFORNIA	6 7 00	03/22/20	02	9C. SIGNATURE OF LOCAL R. 2205097	EGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	PO Box 8522	22	TH-	BE ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP		CA 92186-5222 PPLICABLE ITEMS	- 1			FOR CORONER	'S USE ONLY
D. SCIENTIFIC U	IIA NAME AND AI Mt Hope Co San Diego,	DDRESS OF CALIFORNIA CEMET Emetery, 3751 Mar , CA 92102	ket St.,	CALIFORNIA D OUTSIDE OF CALIFORNIA THB. DATE BURB	2 110	Name and Address	CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	ATORY	128. DATE CREMA	TED 120	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REM	IAINS 138, DATE RECE	IVED 130	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPP	ED   140	OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR CENTIFY FINAL PLACE AND CA DIST				CHARGE OF DISPOSITION	OF CHEMATED RE- MARKS DISPOSER IF APPLICABLE



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-19-02

, D .	ubject to your rules and regulations, to inter the	ne remains
or GEORGIA BEC		1121
in a LINER	Funeral, date, time FR1 3-22	113
Church, Chapel Graveside	GREENWOOD	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
Lot 42 Grave 6 Row	Section 5 Division/Black	2
Grave space & Care Fund	u- rue c- 1912 _	-0_
Additional spaces and care fund		-
Opening/Closing & Setup	- mul E-16958 _	0
Burial Container		0
Handling Fees		-0
Flower vases - Marker setting fee		
Recording and filing fee		0
Sales taxes		0
	Total Due	0
Paid	receipt number	
	Balance due	
I hereby certify I am the 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 name n of remains as above indicated. I certify and n and I agree to hold Mt. Hope Cemetery han and interment.	represent
I hereby authorize the interment in lot I hold under deed.	Signature	-
Signature of recorded holder of deed	Address See thicke	d
augminure of recorded horder of deed	City	Zip Code
	Telephone	VIB
- 40000	Invoice #	
Work Order # E 16982	Acct. #	

E-16982

Pre-Need Trust

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-6-02

					_Funeral, date,			
		ype of Burial Co		303				Mortuary.
AJI FL	ineral can	s must arri	ve before	3:30 p.r	n. of regular work	day or an	extra charge of	\$
will b	e applied	and billed I	to unders	signed.				
Lot_	42	Grave	6	Row_	Section	5	Division/Bloc	*_2
					1912			
								2
Open	ing/Closir	ng & Setup			PAI			375.00
Buria	Containe	r			PAI	D		190.0
land	ling Fees	Marker se			MAP 06 2	2002		145.0
					IT HOPE CEN			
ales	taxes	_		cn	TY OF SAN D	IEGO C	(I	14.7
						Total Di	ie	769.7
				Pai	d receipt number	VIS	A	769.7
							Balance due	0
and that I	have the ability on	right to ma	to make ke this at said auti	dispositi uthorizati horization	on of remains as on and I agree to an and interment.	above Ind	Hope Cemetery t	and represent narmless from
old i	inder dee	d.			× 1111	4 1	House	sel
gratu	e of recorded	holder of deed			X 90-	3-4	65-498	2 20 Cods
		- 1	COF	. 0	Invoice /	v		1 Will
Nork	Order#	E 1	030	0	Acct. #			

# MT HOPE CEMETERY [16982

### GRAVE BLIND CHECK FORM

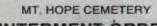
		THE N	9			
	,	)	cook 3	BECHTE	L	
none	GARTIN	GARTIN	X 6			
HARK PRO	ER UP	5175	o Don	THE	LMER	S
Interment	space for; _	GEORG	'A B	ECHTE		
			2т			
Lot: 42	_ Grave	. 6	Row:	Sect:	5 D	iv:
Grave Lai	d out by:	NF F	Jau: F			
Agrees wi	th Legal C	ard: 🗆 Y	es C	J No	*Sley	· en
Agrees wi	th Map:	J Yes		No	Gu	w
Blind Che	ck & Veri	fied By:	f03E121		_ Date: 9	3/21/02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

100

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

1A. NAME OF DECE	DENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
GEORG	ATS	8.	STAU		10/05/1901   03/	Contract of the Contract of th
SA CITY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MAILING AL	DDRESS AND ZIP CODE
EL CA	JOH			SAN DIEGO	JACQUELINE BLEDSOE:	NIECE
			PERSON ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER	1114 SOUTH HOWSTON	STREET
GREENWO	OD MORTUARY:	: I-805 & IMPK	KIAL AVENUE	250 1200	DENISON, TEXAS	75021
		SAN DIEGO, C		CONTRACTOR OF THE PARTY OF THE	A. SIGNATURE OF APPLICANT—Person taking	permit 88 DATE SIGNED
ACKNOWLEDGMENT OF	Section 10	376 of the Health and Salety Code, and	panel disposition stated learns is one of the twes authorized pursuant to Section 7100 of the	e Health and Safety Code	· Olllow - angers	03/21/2002
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY	CODE	VICTORIA A	SSUED, 9G SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	TY FOR THE DISPOSITION SPI	\$7.00			
LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CA	Address of the Control of the Contro	03/21/20	OF DISTRICT OF DISPOSITION—	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRS				IN ANOTHER DISTRICT IN CALFORNIA	
PERMIT TO SHOW FINAL DISPOSITION	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN				-	
(S)(E)(M)()(A)(C)		D, CA 92186-52	22		1 FOR CORONER'S	LICE ONLY
10. AUTHORIZED DIS	POSITION(S) CHECK A	PPLICABLE ITEMS				
A. BURIAL ONC	LUDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	L DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
B. CREMATION		NAME OF TAXABLE PARTY.	F. DISINTERMENT		(Manua and Modern	
THAN IN A	N OF CREMATED REM GEMETERY	AINS OTHER	G. SHIP IN TO CALIFO			
D. SCIENTIFIC	USE		H. TRANSIT TO OUTS	SIDE OF CALIFORNIA	- *	1
	11A NAME AND A	DDRESS OF CALIFORNIA	CEMETERY	118. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIA
BURIAL		PE CEMETERY		10	11/2 [1	
	3751 HAR	KET STREET, SA	AN DIEGO, CA 9210	2 3-22-02	1 SUIA - 40	MA
I I I I I I I I I I I I I I I I I I I	12A. NAME AND A	DDRESS OF CALIFORNIA (	CREMATORY	12B DATE CREMATE	D 120. SIGNATURE OF PERSON IN C	MARGE OF CREMATION
CREMATION	1				1 //	
ğ				1	1/	
				1	1> /	
	13A. NAME AND A	DDRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 19C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC	13A, NAME AND A	DORESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	136. DATE RECEIVE	ED 13G, SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC	ISA, NAME AND A	DORESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	138. DATE RECEIVE		
	14A. NAME AND A	DDRESS IN RECEIVING ST	ATE OR COUNTRY WHERE	138. DATE RECEIVE	D 14C ADDRESS AND SIGNATURE C	OF PERSON IN CHARGE
	14A. NAME AND A		ATE OR COUNTRY WHERE			OF PERSON IN CHARGE
USE	14A. NAME AND A	DDRESS IN RECEIVING ST	ATE OR COUNTRY WHERE		D 14C ADDRESS AND SIGNATURE C	OF PERSON IN CHARGE
USE	14A. NAME AND A REMAINS OR	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPET	D 14C ADDRESS AND SIGNATURE COF PLACING WITH THE CARR	OF PERSON IN CHARGE RIER
TRANSIT	14A. NAME AND A REMAINS OR 16A. ADDRESS, NEA FIGENT TO ID	DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPEI	D 14C ADDRESS AND SIGNATURE COP PLACING WITH THE CARE	OF PERSON IN CHARGE



### INTERMENT ORDER

City of San Diego

Date 3-19-02

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Mauis Taylor	
in a White (CLATIC)	Funeral, date, time FRI. Mar. 22nd 1:30
Church, Chapel, Graveside	: Ragsdale Mortuary.
All Funeral cars must arrive before 300 p.m.	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	
1944	170
Lot ING Grave 2 Row_	Section 2 Division/Block 12
Grave space & Care Fund E - 36	501
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	<u>Ø</u>
Recording and filing fee	_Ø_
Sales taxes	
	Total Due
Paid	eceipt number
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 Cemetery harmless from
any liability on account of said authorization a	ind interment.
I hereby authorize the interment in lot I hold under deed.	Segrature 4777 A Street AST
Signature of recorded holder of deed	Chy 619 564 8488 ZH CILDHA THEODORING
	Invoice #
Work Order # E 16983	Acct.#
REA-104 (7-96) This informa	ntion is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

# MT HOPE CEMETERY [ 6983

### GRAVE BLIND CHECK FORM

		v			
	IS OF				
	TREE	2 stones	3. Roberton	4 Scott	5 'Smoth
	Salinas		9	10	Alberty
Interment space for:	May	is Tau	lor		
Interment Date: 3		~	,	:30	
Lot: 146 Grave	2	Row:	Sect:	2 D	iv: 12
Grave Laid out by: _					111111
Agrees with Legal C			7 v-	F108	gr .
Agrees with Map:	J Yes		No	1 6	Mary Comment
Blind Check & Ver	ified By	RU BEET	5	_ Date: \$	3000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	Robertson	Taylor		2. DATE OF BIRTH MONTH, DAY, YEA	R MONTH, DAY, YEAR
Mavis	Robertson				03/18/2002
SA. CITY OF DEATH National City		San Diego		OF INFORMANT 1920 Hazel Smith. N	. MAILING ADDRESS AND ZIP CODE
7A. TYPED NAME AND ADDRESS OF CALIFORNIA	FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 76. CA	LIF. LICENSE NUMBER	Louisian a maria	t. 5
Anderson-Ragsdale Mor	t.; 5050 Federal	Blvd.	P APPLICABLE	San Diego, CA	DELLEY.
San	Diego, CA 92102	FD1	Committee of the Commit	The second section is a second	-Person taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF APPEICANT Section 10376 of	wedge as applicant that the proposed disposed type Health and Safety Code, and was authors	nd pursuant to Section 7100 of 8	e Health and Safety Code	Deble Whe	03/22/2002
AUTHORIZATION OF IN THIS PERMIT.	IN ACCORDANCE WITH PROVI- NA HEALTH AND SAFETY CODE OR THE DISPOSITION SPECIFIED INT OF DISPOSAL DUTSER OF CALEDRINA.	\$7.00	103/22/200		LOCAL REGISTRAN ISSUING PERIMIT 2205095
ANY CHANGE IN DISPOSH TION RECURRES A NEW JP DEATH OCCURRED IN	THAR OF DISTRICT OF DEATH			OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL	
A STATE OF THE PROPERTY OF THE	Diego. CA 92186-	Programme and the second			
10. AUTHORIZED DISPOSITION(S) CHECK APPLI	The state of the s	Jerr I		I FOR CO	PRONER'S USE ONLY
VI					
A BURIAL (NOLUDES ENTOMBMENT)	_	E. TEMPORARY ENVA	ULTMENT	I. DISPOSITIO	ON PENDING—REMAINS LOCATION (Address)
E. CREMATION  C. DISPOSITION OF CREMATED REMAINS	OTHER	F. DISINTERMENT		1175/2009/11/10	
THAN IN A CEMETERY	y omen	G. SHIP IN TO CALIFO			
D. SCIENTIFIC USE		H. TRANSIT TO OUTS	SIDE OF CALIFORNIA		
	ESS OF CALIFORNIA CEMETER		118. DATE BURIED	110 SIGNATURE OF P	ERSON IN CHARGE OF BURIAL
BURIAL Mt. Nope Ce	emetery; 3751 Mer		10	1 //	-1
	San Diego, CA 9	2102	13-22-02	1 / SUIM	F. Umas
12A. NAME AND ADDR	ESS OF CALIFORNIA CREMATO	RY	128 DATE CREMATE	D 12C. SIGNATURE OF PE	PROMIN CHARGE OF CREMATION
CREMATION					//
and			1	10	
13A. NAME AND ADDR	ESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D 19C SIGNATURE OF PI	ERSON IN CHARGE OF FACILITY
SCIENTIFIC					
USE -			1	10	
				1	
TAA NAME AND ADOR	ESS IN DECEIVING STATE OF	VIHATOV WHERE	IAB DATE SHIDDE	THE ADDRESS AND ST	CHATHIDE OF PERSON IN CHARGE
REMAINS OR CRE	ESS IN RECEIVING STATE OR C		14B. DATE SHIPPEI	OF PLACING WITH	GNATURE OF PERSON IN CHARGE IT THE CARRIER
TRANSIT REMAINS OR CRE			14B. DATE SHIPPEI		
TRANSIT REMAINS OR CRE	EMATED REMAINS ARE TO BE S	SHIPPED		OF PLACING WITH	THE CARRIER
TRANSIT REMAINS OR CRE  SCATTERING AT SEA 15A ADDRESS, NEARES		ER DESCRIPTION SUF-	148. DATE SHIPPEI		ERSON IN 150 LICENSE NUMBER OSITION 0 GENATED RE-
TRANSIT REMAINS OR CRE	EMATED REMAINS ARE TO BE S	ER DESCRIPTION SUF-	158. DATE OF	OF PLACING WITH	ERSON IN 130 LICENSE NUMBER

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Mavis Robertson		IC LAST (FAMILY)	Taylor			3. DATE OF I		
		1 Taylor				03/18/21	002 F	
Natio	onal City		San Diego	Commence of the Commence of th	OF INF	RELATIONSHIP, FULL MORMANT I Smith, Nie	SALL MARKING ASSA	AND ZIF
	-Ragsdale M	NA FUNERAL DIRECTOR OR P Nort.; 5050 Fed San Diego, CA 9	derai bivo. i	CALIF. LICENSE NUMBER  —IF APPLICABLE	4777 San 1	A St. Apt. Diego, CA 92	. 5 2102	BR DATE BIGNE
ACKNOWLEDGMENT OF AP	Deserty a	schnowledge as applicant that the prop	posed disposition stated herein is one of	the dispositions authorized by	De	Hereles		03/22/200
PERMIT NUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	The fact that the same of the	PROVI- CODE ECIFIED \$7.00	CHARLES THE PROPERTY OF THE PARTY OF THE PAR		9C. SIGNATURE OF LO	The same of the same of	R ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	egisthar of district of to in california ords; P.O. Box in Diego, CA 92	85222	ADDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR			RNIA	
The second secon		- International Marie Control				FOR COR	ONER'S USE	ONLY
	DES ENTOMBMENT)	PPLICABLE (TEMS	E. TEMPORARY EN	VAULTMENT				AINS LOCATED
X A BURIAL (INCLU	OF CREMATED REMEMETERY SE  11A. NAME AND AD		F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT EMETERY Market St.		1	DISPOSITION (Name and A	ódress)	
B CREMATION C DISPOSITION ( THAN IN A CE D SCIENTIFIC US	OF CREMATED REMEMETERY SE  11A NAME AND AD Mt. Hope	DDRESS OF CALIFORNIA C Cemetery; 3751	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT EMETERY I Market St. CA 92102	FORNIA TSIDE OF CALIFORNIA 11B. DATE BURIED	2	Name and A	SON IN CHARGE	E OF BURN
A BURIAL (INCLU B CREMATION C DISPOSITION OF THAN IN A CE D SCIENTIFIC US BURIAL	OF CREMATED REMEMETRY SE  11A. NAME AND AD Mt. Hope  12A. NAME AND AT	DDRESS OF CALIFORNIA C Cemetery; 3751 San Diego, DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT EMETERY I Market St. CA 92102	TSIDE OF CALIFORNIA  11B. DATE BURIED  3-22-02  12B. DATE CREMATE	Z   12C	SIGNATURE OF PERS	SON IN CHARGE	OF CREMATION
B CREMATION C DISPOSITION THAN IN A CE D SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A. NAME AND AD Mt. Hope  12A. NAME AND AD  - 13A. NAME AND AD -	DDRESS OF CALIFORNIA C Cemetery; 3751 San Diego, DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT EMETERY Market St. CA 92102 REMATORY  ACILITY RECEIVING REMAINS	TSIDE OF CALIFORNIA  11B. DATE BURIED  3-22-02  12B. DATE CREMATE	ED 13C.	SIGNATURE OF PERS	SON IN CHARGE SON IN CHARGE	OF CREMATION

DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS 9 (REV. 8/91)



# 0

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-20-02

	subject to your rules and regulations, to inter the remains
ina t.S. VAULT	Funeral, date, time FRI 3-22 10:00
Church, Chapel Graveside	: GUADALU PANA Mortuary.
All Funeral cars must arrive before 3:30 p.m	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot a 24 Grave 5 Row_	Section 2 Division/Bleek 13
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	3 /5 .00
Burial Container	250.00
Handling Fees MAR 2 0 2002	185.00
Flower vases - MINT FORE CEMETA Recording and IDIT FOR SAN DIEGO	R) 45.00
Sales taxes	19.38
Pak	Total Due 1769.38 d receipt number R-547 89 1769.38
× , ,	Balance due
I hereby certify I am the // / / // // // and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	+ 3654 Delsol Brit.
Signature of recorded holder of deed	Telephone (619) 4282626
Work Order # E 16984	Invoice #





# MT HOPE CEMETERY 16984

#### GRAVE BLIND CHECK FORM

a	3 150 M	Ч	ay <sub>X</sub> 5	6		
8	9	10	M: TChell	Jones		
Interment	space for: _	JE5	vs w	CRANDI	4	
Interment	Date: FRi	3-17	T 60,01	ime:	*	
				Sect: _	Q Div	:12
Grave Lai	d out by: _			Total !		
Agrees wi	th Legal Ca	ard: 🗆 Y	es C	J No	. Our	7
Agrees wi	th Map:	J Yes	01	No		
Blind Che	ck & Veril	lied By:		1	_ Date:	

E-16984

#### 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)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YE		4. SEX
	Jes	us	R.	Miranda		07/15/1970	03/18/2002	M
6.4	CITY OF DEATH	DIEGO		58. COUNTY OF DEAT ENTER STATE SAN DIFGO	H-OUTSIDE CALIF.,	OF INFORMANT  ANA ALCARAZ-ME		P CODE
7.	TYPED NAME AND AD	DDRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 78. CA		3654 DEL SOL /	PTVE	
	GUA	DALUPANA M	ORTUARY, 2601 I	MPERIAL AVE	FAPPLICABLE	SAN DIEGO, CA,		
	SAN	DIEGO, CA,	92154	FD-	1425	MA. SIGNATURE OF APPLICAN	Person takey permit 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I terreby a Section 10	schewiedge as applicant that the prop 376 of the Health and Safety Code, and	osed disposition stated hereis is one of the was authorized pursuant to Section 7100 of h	e dispositions authorized by the Health and Salety Code.	Ant Cha	ne/ 103/2	1/2002
	PERMIT JTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I CORNIA HEALTH AND SAFETY IY FOR THE DISPOSITION SPE ID WIGHT OF DISPOSAL DUTSING OF CAL	CODE CIFIED \$7 00	JOSE CHAV	Commence of the commence of th	LOGAL REGISTRAR ISSUM	IG PERMIT
APT	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FMAL	9D ADDRESS OF RE IF DEATH OCCURRE VITAL RECO	EGISTRAR OF DISTRICT OF	DEATH- 9E AD		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CA		•
10		OSITION(S) CHECK A	MARKET AND ASSESSMENT OF THE PERSON NAMED AND ADDRESS OF THE P			FOR C	ORONER'S USE ONL	Y
Annual Persons	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENV.			ON PENDING—REMAINS LI 1 Address)	OCATED AT
ı,	D. SCIENTIFIC US	SE		H. TRANSIT TO OUTS	SIDE OF CALIFORNIA			
	BURIAL	CONTRACTOR SALES	DORESS OF CALIFORNIA CI E CEMETERY, 375 CA. 92102		3-22-02	1/	F Land	S INTERIOR
BLE ITEMS	CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA C	REMATORY	128, DATE CREMATE	ED 12C SIGNATURE OF P	ERSON CHARGE OF CR	EMATION
L APPLICABL	SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. PATE RECEIV	PED 19C. SIGNATURE OF I	PERSON IN CHARGE OF F	ACILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPPE	D 14C ADDRESS AND S OF PLACING WIT	IGNATURE OF PERSON IN H THE CARRIER	CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEA FIGIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF-	15B. DATE OF DISPOSITION	15C. SIGNATURE OF I	POSITION   OF CREE	HAJIMBER MATED RE- DISPOSER

# E-16999 E-16999

MT. HOPE CEMETERY

#### INTERMENT ORDER

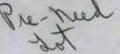
City of San Diego

Date 3-20-02

12		later the remarks
of Ella Witte	ted, subject to your rules and regulations, to	inter the remains
ina Liner	Funeral, date, time	
Church, Chapel, Graveside	: Merkley-Mito	hell Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigne	ro	
Lot 208 Grave // Ro	w Section P Division/S	12
Grave space & Care Fund	1 11 11	895.00
Additional spaces and care fund		
Opening/Closing & Setup	',   \	375.00
Burial Container	PAID	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	MAR 2.0.2002	
Deceding and filling for	T. HOPE CEMETARY	45.00
The state of the s	Y OF SAN DIEGO. C	14.73
-	Total Due	1664.73
1135	Paid receipt number R - 54787	1.664.73
CICAL 236136	, - Balance du	· Ø
I hereby certify I am the	of the above	named decedent
	osition of remains as above indicated. I cert rization and I agree to hold Mt. Hope Cemete lation and interment.	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	GIIV .	Žiρ Codu
	Telephone	7
	Invoice #	1
Work Order # E 16985	Acct. #	

#### MT. HOPE CEMETERY

#### INTERMENT ORDER



City of San Diego

3-20-02

in a U	Funeral, date, time
Type of Burial Container	
Church, Chapel, Graveside	Mortuary
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ned.
173 8	low Section Division/Block
Lot 113 Grave 0 R	ow Section Division/Block
Grave space & Care Fund	842.00
Opening/Closing & Setup	D
Burial Container PAI	D
MAR 707	ΑΠ?
Recording and fill MTeHOPE CEN CITY OF SAN DI Sales taxes	METARY
Sales taxes	50 × 50
	Total Due 8 3 .0 0
	Paid receipt number R- 547 88 895 0
	Balance due
I hereby certify I am the	of the above named deceden
and this is your authority to make dis	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 author	orization and I agree to hold Mt. Hope Cemetery harmless from
	& It no m. 10
hereby authorize the interment in lo	11 Copon / Mc / Mellen
hold under deed.	×8372 CACUS ST
Signature of recorded holder of deed	- XSPHING VACLEY 91977
SA section of decisions or ched	City co 2
	114 11164 511111
	1619) 479 5410 - 52002
	(619) 479 5410-52002
Work Order # E 16986	(619) 479 54/10 - 52002

Acct.#

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-20-02

	ubject to your rules and regulations, to inter the remains
ina Liner	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	, Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 58 Grave 5 Row_	Section 1 Division/Block 12
Grave space & Care Fund	902 -0
Additional spaces and care fund	A1D
Opening/Closing & Setup	315.00
Burial ContainerAPR	9-3-2002 190.00
Handling Fees	E CEMETARY
Flower vases - Marker setting the CITY OF'S	AM I III-I SI
Recording and filing fee	45.00
Sales taxes	17.73
Greg Brown Paid	receipt number R-S 1835 1664.73
	Balance due 1661. /
	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 1977 (1. 9)
Signature of recorded holder of deed	City Zip Code
	Tshephone
	Invoice #
Work Order # E 16987	Acct. #
REA-104 (7-96) This inform	ation is available in alternative formats upon request.

O Prowed on recycled poper

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-20-02

ina	Funeral, date, time Fri 3/22/	01 12:00
Church, Chapel, Graveside Grav	EsidE Rystali	Mortuary.
All Funeral cars must arrive before 3:30 g	o.m. of regular work day or an extra charg	e of \$
will be applied and billed to undersigned.		
Lot 147 Grave Row	Section Division/	BIOCK 9
Grave space & Care Fund		100.00
1 And 1 De	)	132 00
	n.2	
Handling Fees	ETARY GC >	
CITY OF SAN UIE  Recording and filing fee	GU -	45.00
Sales taxes		
	Total Due	270.00
P	aid receipt number 115 A	270.00
X OI	A	ue
I hereby certify I am the	ition of remains as above indicated. I cer ation and I agree to hold Mt. Hope Cemet	e named decedent tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	X Jams R-Mu Sunaug 40 LA POS	Llu-
Signature of recorded holder of deed	XNATIONAL CI	74. OH 91950
Work Order # E 16988	Invoice #	

MT HOPE CEMETERY [-16988

### GRAVE BLIND CHECK FORM

		JORDAN	800	STEPHO	5	
	SPANN	716	MX	748	749	750
Interment	space for:	Edua 3-2	ed f	rime:	2'.00	won
	1 Grave				~	E 1
Grave Lai	d out by: _			Die of		
Agrees w	ith Legal C	ard: 🗆 Y	es l	□ No	*Sly	in
Agrees w	ith Map:	J Yes	0	No .	Gr	w
Blind Che	ck & Veri	fied By:			_ Date	

E16988

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

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

1190112

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)		2 DATE OF BIRTH 3.	DATE OF DEATH 4. SEX
Edward		James	Richard	son	03/09/2002 03	3/20/2002 M
SAR D	lego		68 COUNTY OF DEAT ENTER STATE	Massachus Massachus Maria	NAME RELATIONSHIP, FULL MAILIN OF INFORMANT Euranika C. Carrol	TO COMPANY OF THE PARTY OF
7A. TYPED NAME AND AC Anderson-R	DORESS OF CALIFORNI agsdale Mor	A-FUNERAL DIRECTOR OR PERSO t.; 5050 Federal San Diego, CA 92	Blvd.	F APPLICABLE	1740 La Posada St. National City, CA	91950 .
ACKNOWLEDGMENT OF AF	PERCANT L temby a Section 10	cknowledge as applicant that the proposed of 376 of the Health and Safety Gode, and was au	disposition stated herein is one of the othersed pursuant to Section 7100 of the	dispositions authorized by the Health and Safety Code	Debbu Weller	03/22/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	98. DATE PERMIT I		REGISTRAR ISSUING PERMIT 2205085
KNY CHANGE IN DISPOSH	Vital Recor	egistrar of district of DEA on California rds; P.O. Box 852 an Diego, CA 9218	22 "		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA	
10. AUTHORIZED DISPO	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM				FOR CORONE	ER'S USE ONLY
B. CREMATION	SE		E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIF.  H. TRANSIT TO OUTS	ORNIA SIDE OF CALIFORNIA	(Name and Addres	
BURIAL		Cemetery; 3751 P San Diego, CA 9	larket St.	3-22-02	1 1/ -	LANGE OF BURIAN
CREMATION	12A NAME AND AD	DDRESS OF CALIFORNIA CREMA	ATORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC USE	13A NAME AND AD	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATUR OF PLACING WITH THE C	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		158. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	



#### MT. HOPE CEMETERY

#### INTERMENT ÖRDER

City of San Diego

Date\_3-21-02

of Wallam 1	· account !! : HI
in a	Funeral, date, time A mushing huluw
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of st
will be applied and billed to undersigned	
Lot 82 Grave 10 Row_	Section 3 Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	0,0001 bremstree
Recording an Dinger D.	
Sales taxes	
MAR 2.1 2002	Total Due 1000, C
MT. HOPE CEMETAR Paid	receipt number R - 5479   1000.00
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 in 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
Signature of recorded holder of deed	City State 2 20 Code Totephone
Wast Out E 16989	Invoice #
Work Order # L 10303	Acct. #

O Printed on receipt paper



E-16989

THE CITY OF SAN DIEGO

#### AUTHORITY TO DISINTER, REMOVE OR REINTER

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

MONTH YEAR

disinter the remains of:	DILLIAM P. BEN	NETT	
from Lot 82 Grave 10	Section 2	_RowBlo	ock
Division 12 And to rer	nove the same to and r	einter said remains	in Lot
Grave Section Cemetery _ FT. ROSE		Block Divis	sion
The undersigned hereby ce of the remains and have the related to the decedent as i hold Mount Hope Cemetery authorization, disinterment, Dawn O. Bennett	right to make this au ndicated below. The i harmless from any lia removal, and reintern	thorization, and the undersigned further billity on account onent.	at they are er agree to of said
Signature  I hereby authorized the above	Refation to decease	ed Address	* 1
(Lot owner must sign if not leg	gal custodian)		

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



Mt. Hope Cemetery

E-16989

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

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

WILLIAM PATRICK		IC. LAST (FAMILY) BENNETT	The state of		DATE OF DEATH 4 SEX		
5A	CITY OF DEATH	AN DIEGO		SB. COUNTY OF DEATH- ENTER STATE SAN		NAME, RELATIONSHIP, FULL MAILI OF INFORMANT LWN O. BENNETT -	ING ADDRESS AND ZIP CODE
A	TYPED NAME AND AD	TCHELL MOR	A FUNERAL DIRECTOR OR PERSON FUARY, 3655 FIFTH	AVENUE, -#	APPLICABLE SA	16 PARK RIDGE BO AN DIEGO, CALIFOR SIGNATURE OF APPLICANT—FERSION	DULEVARD RNIA 92120
	ACKNOWLEDGMENT OF AF	PPLICANT I Thereby a Section 10	chrowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was autho	position stated herein is one of the d origid pursuant to Section 7100 of the	opesitions authorized by Proute and Safety Code	/100e m. zu	llo: 03/27/200
	PERMIT JTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	MED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED INDIT OF DESPOSAL OUTSES OF CALFORNIA.	9A AMOUNT OF FEE PAI			L REGISTRAR ISSUING PERMIT
ART	Y CHANGE IN DISPOSI- ON REQUIRES A NEW	9D. ADDRESS OF RI	GISTRAR OF DISTRICT OF DEAT	5222   # 00	RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISPI	OSITION(S) CHECK A	PLIGABLE HEMB			FOR CORON	ER'S USE ONLY
The state of the s	B CREMATION		AINS OTHER [	E. TEMPORARY ENVAL  F. DISINTEHMENT  G. SHIP IN TO CALIFOR  H. TRANSIT TO OUTSIG	RNIA	I. DISPOSITION PEI (Name and Address	NDING—REMAINS L
-	B CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM EMETERY SE 11A NAME AND A FORT ROSEC	AINS OTHER  DORESS OF CALIFORNIA CEMETE RANS NATIONAL CEMI LAL DR., SAN DIEGO	F. DISINTERMENT  G. SHIP IN TO CALIFOR  H. TRANSIT TO OUTSILE  EY  ETERY, CABR-	RNIA		esa)
BLE ITEMS	B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION	OF CREMATED REM EMETERY SE  11A NAME AND A FORT ROSEC ILLO MEMOR 12A NAME AND A	DORESS OF CALIFORNIA CEMETE RANS NATIONAL CEMI IAL DR., SAN DIEGO DORESS OF CALIFORNIA CREMAT CREMATORY, 1625 G	F. DISINTERMENT G. SHIP IN TO CALIFOR H TRANSIT TO OUTSIG	INIA. DE OF CALIFORNIA	11C SIGNATURE OF PERSON	esa) N IN CHARGE OF BURIAL
LL APPLICABLE ITEMS	B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION	OF CREMATED REM EMETERY SE 11A NAME AND A FORT ROSEC ILLO MEMOR 12A NAME AND A OCEANVIEW SAN DIEGO,	DORESS OF CALIFORNIA CEMETE RANS NATIONAL CEMI IAL DR., SAN DIEGO DORESS OF CALIFORNIA CREMAT CREMATORY, 1625 G	F. DISINTEHMENT G. SHIP IN TO CALIFOR H TRANSIT TO OUTSIG	INIA DE OF CALIFORNIA THE DATE BURIED TO DATE CREMATED	11C SIGNATURE OF PERSON	N IN CHARGE OF BURIAL
OMPLETE ALL APPLICABLE ITEMS	B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM EMETERY SE  11A NAME AND A FORT ROSEC ILLO MEMOR 12A NAME AND A OCEANVIEW SAN DIEGO, 13A NAME AND A	DORESS OF CALIFORNIA CEMETE RANS NATIONAL CEMI IAL DR., SAN DIEGO DORESS OF CALIFORNIA CREMAT CREMATORY, 1625 G. CA 92626	F. DISINTERMENT G. SHIP IN TO CALIFOR H TRANSIT TO OUTSIE FRY ETERY, CABR- O, CA 92106 TORY ISLER AVENUE, Y RECEIVING REMAINS	INIA DE OF CALIFORNIA THE DATE BURIED TO DATE CREMATED	11C SIGNATURE OF PERSON 12C SIGNATURE OF PERSON 13C SIGNATURE OF PERSON	N IN CHARGE OF BURIAL  N IN CHARGE OF CREMATION  N IN CHARGE OF FACELTY  URE OF PERSON IN CHARGE

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

COPY 1

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

VS 9 (REV. 6/91)



#### INTERMENT ORDER

City of San Diego

Date 3-21-02

14 0	, subject to your rules and regulations, to inter the remains
in a Li NEIR Type of Buggi Container	Funeral, date, time THUR 3-28 11:01
Church) Chapel, Graveside	: So Memorial Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lor al & Grave 4 Row	Section 2 Division/Block 12
Grave space & Care Fund	813,00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	
Handling Fees	MAR 2.6 2002 145.00
Flower vases - Marker setting fee	MT. HOPE CEMETABLE
Recording and filing fee	ITY OF SAN DIEGO CA 45.00
Sales taxes	1 7 3
intury to	Total Due 7.10 1664. 73
bring check P	aid receipt number <u>R-54806 (664.73</u>
Y 7	Balance due
I hereby certify I am the	of the above named decedent tion of remains as above indicated. Lortify and represent tion and Lagree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	> Signature Fairley > 4485 Illinois \$ #8
Signature of necercles histoer of cees	X San Diego Ca 92/16 1619) 5018455 Dip Code
- 10000	Invoice #
Work Order # E 16990	Acct.#

O Printed ou recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-16990

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

34

	U	SE BLACK INK ONLY-MAK	E NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS	FND	
A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE  JONATHAN  C		WILLIS		2. DATE OF BIRTH 0370771968	3. DATE OF DEATH	4. SEX	
A. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MA	ALING ADDRESS AND Z	P CODE
SAN DIEGO		4	ENTER STATE SA	AN DIEGO	CLURIA PAIRLE	Y-MOTHER	
SAN DIEGO	MEMORIAL C	MAPEL SAN DIEGO CA 9210	-	F APPLICABLE	4485 ILLINOIS S SAN DIEGO CA 92		
ACKNOWLEDGMENT OF A	pourser   hereby a	acknowledge on applicant that the proposed disp 1376 of the Health and Safety Code, and was author	asmon stated herein is one of the	dispositions authorized by	SIGNATURE OF APPLICANT	-	E SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO MORE OF DEPOSAL OUTSIDE OF CALFORNIA.	THE REAL PROPERTY AND PARTY AND PARTY.	Selection of the select	02 2205305	CAL REGISTRAR ISSUE	IG PERMIT
ATTENDED TO A STREET OF THE PARTY OF THE PAR	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH ED IN CAUFORNIA 15222 CA 92186-5222	- 1 9E. AD		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFOR	PHIA	
B. CREMATION	SE 11A, NAME AND A	DDRESS OF CALIFORNIA CEMETER	E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIF!  H. TRANSIT TO OUTS	DRNIA	(Name and Ad		
BURIAL	THE RESIDENCE OF THE PARTY OF T	RKET ST SAN DIEGO	CA 92102	3-28-02	· King F	Lemon	,
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128 DATE CREMATED	12C. SIGNATURE OF PERS	ON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIVED	13C. SIGNATURE OF PERS	SON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH TH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	16C. SIGNATURE OF PERS CHARGE OF DISPOSI	TION   OF CREA	AATED RE-

#### INTERMENT ORDER

City of San Diego

Date 3-21-02

You are hereby authorized and instructed	d, subject to your rules and regulations, to inte	
or Jeanne Dad	lisman en 200120	6
ina Double-Depth (2nd	Funeral, date, time WSDS \$/3/06	2 10:30
Church, Chapel, Graveside Delivery	anly S.D. Memoria	L Mortuary
All Funeral cars must arrive before 3:30	p m. of regular work day or an extra charge of	s
will be applied and billed to undersigned.		
Lot 9 Grave 2T Row	Section Division/84cc	13
Grave space & Care Fund		126.00
		423.00
		183.01
Flower vases - Marker setting fee		
Recording and filing fee		45:00
Sales taxes		9.53
Sales taxes  To triffing 127  Thereby certify I am the	Total Due	726.54
at a lie too si	Paid receipt number R-34798	726.54
Pars .443	Balance due	-0
I hereby certify I am the	of the above name	
	sition of remains as above indicated. I certify a ration and I agree to hold Mt. Hope Cemetery h tion and interment.	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Bignature of recorded holder of deed	City	Ze Cede
	Тепиросни	
	Invoice #	
Work Order # E 16991	Acet. #	

REA-104 (7-96)

This information is available in alternative formats upon request.

#### INTERMENT ORDER

City of San Diego

Date 3-21-02

of . Leane Dad is	man	ter the remains
in Dauble Depth (2nd but	(al) Juneral, date, time	
Church, Chapel, Graveside Delivery C	bly S.D. Memoric	L Mortuary
All Funeral cars must arrive before 3:30 p.m.		
will be applied and billed to undersigned.		
Lot 9 Grave 2-T Row	Section Division/84	13_
Grave space & Cera Fund		126.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		183.01
Handling Fees		
Flower vases - Marker setting fee		
Describes and filter for		
Sales taxes		- T
Sales taxes  Sales taxes  At public 445  I heraby centify I am the	Yotal Due	726.54
Ort Wichard Build	receipt number	
Las das	Balance due	
I heraby certify I am the	of the above no	amed decedent
and this is your authority to make disposition that I have the right to make this authorization	and I agree to hold Mt. Hope Cemetery	and represent harmless from
any liability on account of said authorization a	ind Interment.	
I hareby authorize the interment in lot I	SHOWING TO	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addets	
Eignature of recorded Noticer of deed	City	2:0 Code
	Tatephone	-
	Territor II	
Work Order # E 16991	Invoice #	
		tunna sono
	ation is available in alternative formats and an reputationer	opun request.

SD MT. HOPE CEMENTERY + 96920896

ER F1699 MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

I panne Dadis	ect to your rules and regulations, to inter the remains
and the state of t	ineral, date, time Tues 1/0/00 1100
nuran, Chapal, Gravaside Delivery On	1/ SD. Memorial Mornary
Funeral core must errive before 3:30 p.m. or	regular work day or an extra charge of \$
Il be applied and billed to undersigned.	
9 Grave 2T Row_	Section Division/Stock _13
rave space & Care Fund	126.00
Iditional spaces and care lung	
sening/Ciosing & Setup	423.00
unei Container	[43.0]
ending Fees	
ower vases - Marker setting fee	
scording and filing less	4500
Nes laves	9.53
to the Admiracian Paid res	Total Due
+ Public 495 CT	Delpt number R-34798 726.54
Pus -449	Balance que
nereby carrity I am the	of the above named decedent
id this is your authority to make disposition o	on remains as above indicated. I certify and represent
y liability on account of said autorization an	
seraby authorize the interment in lot I	Rosa a Flavo
ald under stord	2441 University Ane
frank lave	500 Dies CA 9210
	(619) 692-3090 decide
	Invoice F
Pork Organ & E 16991	Agot #
CA-104 (7-36) This informati	ion is available in atternative formats upon request,

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

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

	DENT-FIRST (GIVEN)   18. MIDDLE	IC. LAST (FAMILY)		ONTH, DAY, YEAR MONT	ATE OF DEATH 4. SEX
JEANNE	-	DADISMAN		1/09/1914 03	/16/2002 F
SA. CITY OF DEAT		58. COUNTY OF DEATH—OUTS ENTER STATE		ELATIONSHIP, FULL MAILING RMANT	
SAN DIEG		SAN D.	Character Management Comments of the Comments	MANY WHITE-PUB	LIC GUARDIAN
	DADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AND DEMORIAL CHAPEL	TING AS SUCH THE CALIF. LICEN-	ARLE	-A RUFFIN ROAD DIEGO CA 92123	
2441 UNI	VERSITY AVE SAN DIEGO CA 92104	FD-15		URE OF APPLICANT—Person take	Ag permit, 8B. DATE SIGNED
ACMACWLEDGMENT (	Section 10376 to the Resills and Salety Cabe, and was Aldrend.			ose Hue	03/27/2002
PERMIT AUTHORIZATION O	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	The second secon	3/27/2002 2	SIGNATURE OF LOCAL RE 205411	EGISTRAR ISSUING PERMIT
LOCAL REGISTRA			ROSA NAVA	T OF DISDOSITION	
ANY CHANGE IN DISPO TION REQUIRES A NEV PERMIT TO SHOW FINE DISPOSITION.	D A NOV 35222		F REGISTRAR OF DISTRIC	ER DISTRICT IN CALIFORNIA	
ID. AUTHORIZED D	SPOSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATIC	ON OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTMEN F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF		DISPOSITION PENDI (Name and Address)	O REMAINS LOCATED AT
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERS	, 11B.	DATE BURIED   11C.	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
Collina	MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO	CA 92102 14	3-021	1.171	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	~ ~ ~	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	19A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS 13B.	DATE RECEIVED 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			ADDRESS AND SIGNATURE OF PLACING WITH THE CAI	
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMET	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

#### INTERMENT ORDER

City of San Diego .

Date 3- 26-02

302	
	t to your rules and regulations, to inter the remain
or Brian Raul Loc	
in a Bell Ciner Fune	eral, date, time FRI, Mar 29th
Chilon Chapel Graveside	RAGS Date 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 92 Grave 1 Row	Sentian A Division/Remail
	895.0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	TARY 190.0
Handling Fees CITY OF SAN DIEC	30.E 145.0
Flower vases - Marker setting fee	
Recording and filing fee	1,50
Sales taxes	_ 14.73
industry of	Total Due
Paid recei	ipt number R-54815 164.0
Contract of the contract of th	Balance due
I hereby certify I am the Count	of the above named deceder
and this is your authority to make disposition of re	remains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I 300 hold under deed.	x Horene facthers
	x3221 Van Dyke Dery
Signature of recorded holder of deat	Con 10 500 02/10 ZeCox
	1019-528-0346 00 Toluphons 619 264-65
- 40000	Invoice #
Work Order # E 16992	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.

	space.					
		christianse	mireles			HIL
			1 X	2	3 Tuomas	
			7	8	9	
						*/
Interment	space for:	BRIE	in Pai	IL Loc	ckhai	rt
	Date: 3					
	∠ Grave	4.				-
Grave La	id out by: _	NF.	DAV!	0		
	rith Legal C				<0×	Sur Sur
		17		*	12	one
Agrees w	vith Map: [	J Yes		No	0	λ'.

Blind Check & Verified By: 400er+

E16992

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

24

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 MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
Brian		Paul	Lockha	rt	01/06/1978	03/24/2002 M
SA. CITY OF DEATH			5B. COUNTY OF DE		6. NAME, RELATIONSHIP, FULL M. OF INFORMANT	AILING ADDRESS AND ZIP CODE
0cean			San Diego		Josephine Sault	er, Grandmother
	Ragsdale M	A-FUNERAL DIRECTOR OF DITT: 5050 Fe Diego, CA 9	detai pivo.	IF APPLICABLE	San Diego, CA 9  sa signature of APPLICANT—	
ACANOWLEDGMENT OF AP			raposed disposition stated becomes one of and was authorized pursuant to Section 7100 o		Melle Well	03/27/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH OFINIA HEALTH AND SAFET Y FOR THE DISPOSITION SI O RIGHT OF DEPOSAL DUTSIES OF	PECIFIED \$7.00	98 DATE PERMIT 03/28/200		CAL REGISTRAR ISSUING PERMIT 2205499
	Vital Reco	EGISTRAR OF DISTRICT OF IN CAUPOINA Fds; P.O. Box of Diego, CA 9	85222		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFOR	CNGA
10. AUTHORIZED DISPO	DSITION(S) CHECK A	PLICABLE ITEMS		- In the second	FOR COR	ONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	ITA. NAME AND AD	obress of California Cemetery; 375	CEMETERY 1 Market St.	TSIDE OF CALIFORNIA	1 1/	SON IN CHARGE OF BURIAL
CREMATION	12A, NAME AND AD	San Diego, DDRESS OF CALIFORNIA		3-29-02 128. DATE CREMAT	- LEWIS -	SON IN CHARGE OF CREMA
SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	VED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPE	OF PLACING WITH TI	ATURE OF PERSON IN CHARGE HE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELIN NTIFY FINAL PLACE AND	E, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOS	



#### INTERMENT ORDER

City of San Diego

Date 3-22-07

AI EAN OW	subject to your rules and regulations, to inter the remains
01	
In a LIND K	Funeral, date, time 100
Church Chapel Graveside	: RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30 p.r	m, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
84 11	1
Lot Grave Row _	Section Division/Block
Grave space & Care Fund	112-111 E-0100 -
Additional spaces and care fund	
Opening/Closing & Setup	3/5,00
Burial Container	PAID 190,00
Handling Fees	145,00
Flower vases - Marker setting fee	MAR 2 5 2002
Recording and filing fee	MT HOPE CEMETARY 45,60
Sales taxes	CITY OF SAN DIEGO, CA
	Total Due
Pai	d receipt number Raid R 54795 769,73
×	Balance due
	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 and interment.
	X 90 min Knight
I hereby authorize the interment in lot I hold under deed.	Significant 2863 Boston AVC
Signature of recorded holder of deed	San Orlago Ca 9213 24 5951 24 Case
	Invoice #
Work Order # E 16993	Acot.#

REA-104 (7-96)

#### GRAVE BLIND CHECK FORM

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

TORRES	HAWK!N'S	4	Stewart	CROSBY		
BALLINGER		owe NS	HX#	KV Zen	BROCK	
Interment	Date: Two	i)	Row:	'ime: Sect: _		iv: _\\_
Agrees wi		ard: 🗆 Yo	es O	J No 7	Sly	in
Blind Che	ck & Veri	fied By:		4.30	_ Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 3. DATE OF DEATH 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 07/03/1925 MONTH 9/2002 Alean Owens SA. CITY OF DEATH SB. COUNTY OF DEATH—OUTSIDE CALIF. 6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego San Diego Elyria Knight, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 78. CALIF. LICENSE NUMBER 2863 Beston Ave. Anderson-Ragsdale Mort.; 5050 Federal Blvd. -- IF APPLICABLE San Diego, CA 92113 San Diego, CA 92102 FD1329 BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED I hereby admissible as applicant that the proposed disposition stated haven a one of the dispositions authorized by well ACKNOWLEDGMENT OF APPLICANT Session 10376 of the Health and Safeta Code, and was pullwrited pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 03/25/2002 2205195 PERMIT AUTHORIZATION OF IN THIS PERMIT \$7,00 LOCAL REGISTRAR MOTE: THE PERMIT GIVES NO RECIFF OF DESPOSAL OUTSIDE OF CALFORNIA. Hurbettern 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI 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 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) 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 H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIB. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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 15D, DCENSE NUMBER SCATTERING AT SEA 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 DISPOSER

-IF APPLICABLE

#### INTERMENT ORDER

City-of San Diego

Date 3-25-02

(-n2)	Date_O
(285)	
You are married authorized and instruct	ted, subject to your rules and regulations, to inter the remains
of NYIMANIEL	ALLISON .
in a LINEK	Funeral, date, time FR i 3 - 29 11:00
Church Chapel Graveside	S. D. MEMORIAL 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	d
Lot 40 Grave Ro	w Section Division/Block 13
Grave space & Care Fund	875,00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 190.00
Burial Container	PAID 190.00
Handling Fees	MAR 2 6 2002
Flower vases - Marker setting fee	MAR 20 /IIIIZ
Recording and filing fee	IT. HOPE CEMETARY 45.00
Sales taxes CIT	TY OF SAN DIEGO, C. 14-73
notuay to,	Tgtal Due 166 4. 73
Jones Duk	Paid receipt number K-54805 16642
	Balance due
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 authorizant	of the above named decedent resistion of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cometers harmless from tation and interment.
I hereby authorize the interment in lot I hold under deed.	Segnature Segnature Address
Signature of recorded holder of steed.	City Zip Code  Y Tetaphone
- 1000	Invoice #
Work Order # E 16994	Acct. #
REA-104 (7-96) This i	nformation is available in alternative formats upon request.

O 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.

		84			A 8 2 700
					T
7	ASS' E	YOX 1	2	3	4
		6	7	8	9
					*
Interment space for:					HEA
Interment Date: Wi	3-29	Т	ime: N	00	
Lot: 40 Grave:	1	Row:	Sect: _	Di	v: 12
Grave Laid out by:	UF 1	PAUL	0		
Agrees with Legal Card	i: 🗆 Ye	es C	J No	gly.	-
Agrees with Map:		01	No	0,	
Blind Check & Verifie	d By:	OBTI	4	_ Date: 3	3.58.02

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

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

25	A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4 SEX
	NATHANIEL		GERALD	ALLISON	0,	4 6 05/16/1962	03/21/2002	M
5/	SAN DIEGO			ENTER STATE	AN DIEGO	6. NAME, RELATIONSHIP, FULL OF INFORMANT MARIA C ALLISO		P CODE
7.5	SAN DIEGO	MEMORIAL (	A-FUNERAL DIRECTOR OR PERS HAPEL SAN DIEGO CA 92		AF APPLICABLE	1686 DEL SUR B SAN YSIDRO CA BA. SIGNATURE OF APPLICANT-	The second secon	E SIGNED
	ACKNOWLEDGMENT OF A		chrowledge so applicant that the proposed 376 of the Health and Safety Code, and was a			> Trosa Ha	wa 03/26	/2002
	PERMIT UTHORIZATION OF OGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND BAFETY COL Y FOR THE DISPOSITION SPECIFIE D RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	DE ED	PAID 9B DATE PERMIT 03/26/20 ROSA NAT		OCAL REGISTRAR ISSUIN	G PERMIT
AI 1		P.O.BOX	EGISTRAR OF DISTRICT OF DE	ATH- 19E. A	DORESS OF REGISTRAR	OF DISTRICT OF DISPOSITION-		
10	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM.		E TEMPORARY ENV			PRONER'S USE ONL' N PENDING—REMAINS LI Address)	
				TERY	11B. DATE BURIED	11C. SIGNATURE OF PE	RSON IN CHARGE OF B	UR
	BURIAL	MT HOPE	CEMETERY EXET ST SAN DIEGO		13-29-02	· Kind	- lames	1
BLE TEMS	BURIAL	MT HOPE 3751 MAI		O CA 92102	3-29-02 128. DATE CREMATI		RSON IN CHARGE OF CR	EMATION
LL APPLICABLE ITEMS		MT HOPE 3751 MAI 12A NAME AND A	CEMETERY UKET ST SAN DIEGO	O CA 92102 MATORY	128. DATE CREMATI		/ . '	************
MINITERE ALL APPLICABLE ITEMS	CREMATION	TAA NAME AND AD	CEMETERY EKET ST SAN DIEGO DDRESS OF CALIFORNIA CREM	O CA 92102 INTORY  ITY RECEIVING REMAINS OR COUNTRY WHERE	128. DATE CREMATI	ED 12C SIGNATURE OF PE	PRISON IN CHARGE OF F	ACILITY

COPY 2

03/27/2002 12:12 619-6920896 03/25/2002 09:38 5D MT. HO

SD MT. HOPE CEMENTERY + 96920896

PAGE 01 NO.669 001

MT. HOPE CEMETERY INTERMENT ORDER

City of Sen Diego

Date 3-25-02

. LINER		uneral dete, time T	Ri 3-20	11:00
nurch Chapal Gravaside	amore	h :5.	401500000000000000000000000000000000000	AL MORUBRY.
Funeral oars must arrive be	rtore 3:30 p.m.	of regular work day o	r an extra charge	of \$
il be applied and billed to un	dersigned	-		
				13
Grave	Row	Section	Division/Bl	
reve space & Care Fund		The state of the same of the same of		895.00
dditional spaces and care fur	· d			176 00
pening/Closing & Selup.				3/3.00
uriel Container				125 00
undling Fees		· · · · · · · · · · · · · · · · · · ·		102:00
ower vases - Marker setting	100	A		עב חח
ecording and filing fee	THE ROLL OF THE PARTY	Commercial		10 2 2
ales taxes	(a)			11.13
, at position		Total	Oue	1001.17
my Duk	Paid re	eceipt number		
			Selance due	-
nereby certify I am the mid this is your authority to m	ase disposition	of remains as above	of the above n	amed deceaent
at I have the right to make the	e authorization	end I agree to hold A	It. Hope Camesers	nermiess from
		X You	- a. X/	ava
nerees authorize the intermo	nt in lot I	X Dunning X	11)/	eval 1
Trong U. HA	wh	Address	Die	200
MILITE OF PROPERTY IN SUSSE		X	The same	A 1) ho cont
		X1.(619)	092-31	
		Invoice #		

on the land labert City of San Diego

Date 3 - 25 - 02

You are hereby authorized and instructed, su of Clara E. Rub	erts &	2		77541511174174174
in a Just Vault	Funeral, date, tin			
Church, Chapel, Graveside		lattery F	uneral Ho	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an	extra charge o	of \$
will be applied and billed to undersigned	4			
Lot 48 Grave Row	Section	1	Division/Ble	sekr_//
	D-356			0
Additional spaces and care fund OVLRI	line Satu	rdun	thee	210.00
Opening/Closing & Setup		1		1
Burial Container				
				100
Flower vases – Marker setting fee				
Recording and filing fee				14 31
Sales taxes	PE CEMETAR SAN DIEGO,	4	MEDAIN	479 26
3 on Craig Posedo SV CHY OF Paid	SAN DIEGO.	C)	etfwire	111.00
apple to paid	receipt number _			D
ALCON DE LA CONTRACTION DEL LA CONTRACTION DE LA			Balance due	
I hereby certify I am the and this is your authority to make disposition	of remains as a	bove ind	of the above na loated. I certify	amed decedent and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to h	old Mt. F	lope Cemetery	harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		-1-	
The state of the s	Address	11		-
Signature of recorded holder of deed	City.		40-14-9	Zip Code
alle Asher	Telephone			
Jan burg				
To F 16995	Invoice #			
Work Order # E 10333	Acct. # _			

E-16995

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

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

37	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY)			ATE OF DEATH	4. SEX
	Clara		-	Rober	ts		MONTH DAY YEAR MOI 09/28/1921 03	722/2002	F
5/	CITY OF DEATH			58. COUNTY C	F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND Z	IP CODE
	Yakima	ALC: NO DESCRIPTION OF THE PERSON OF THE PER		ENTER ST	Yakima	Georg	ene Smith, Day	ighter	
TA	Feathering	gill Mortes		R OR PERSON ACTING AS SUCH	7B. CALIF LICENSE HUMBER —IF APPLICABLE  FD 1083	507 1 Yakin	I. 23rd Ave. B MA 98902 TURE OF APPLICANT—/Brief to		re evouen
	ACKNOWLEDGMENT OF A	ne state   I tereby a	cknowledge on applicant that	the proposed disposition stated herein is ade, and was authorized pursuant to Section	use of the dispositions authorized by	▶ 71	I del	163/2	2/2007
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	DED IN ACCORDANCE ORINIA HEALTH AND SI Y FOR THE DISPOSITION DISSIST OF DISPOSAL OUTSIDE	N SPECIFIED	03/28/20 T. Truesda	02	2205442	REGISTRAR ISSUI	NG PERMIT
- 3	OF CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE	GISTRAR OF DISTRIK D IN CAUPOINIA	CT OF DEATH—		UK IN AND	CT OF DISPOSITION— THIS DISTRICT OF CALIFORNIA PIEGO, CA 921	36-5222	•
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONL	Y
-	B CREMATION		AINS OTHER	F. DISINTERM  G. SHIP IN TO			Name and Address		OCATED AT
	BURIAL	THE RESERVE THE PARTY AND ADDRESS OF THE PARTY	NOTE: THE OWNER OF THE PARTY OF	NIA CEMETERY '51 Market St.	3-30-62	D   11C.	SIGNATURE OF PERSON I	N CHARGE OF B	BURIAL
BLE MEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFOR	NIA CREMATORY	12B DATE CREMA	TED 12C.	SIGNATURE OF PERSON II		REMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	ODRESS OF CALIFOR	NIA FACILITY RECEIVING REA	IAINS 138 DATE RECE	VED 13C.	SIGNATURE OF PERSON	N CHARGE OF F	ACILITY
OMPLETE A	TRANSIT			S STATE OR COUNTRY WHEF ARE TO BE SHIPPED	IE 14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CO		CHARGE?
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ELINE, OR OTHER DESCRIPTION ND CA <u>DISTRICT</u> OF DISPOSITION			SIGNATURE OF PERSON I CHARGE OF DISPOSITION	OF CREE	NUMBER MATED RE- DISPOSER PLICABLE



#### GRAVE BLIND CHECK FORM

Write in the block mark existing ma the burial	ed with " arker's in	X". Place the appr	e the nam opriate sp	e's, lot # a	and grave at are adja e of 6	# of all acent to ,
			I X	Brown	3	Danelo
			Salvie	Brown	heden	Janab Patterson
Interment I	Date: 3/	30/02		Time:		
Lot: 48	Grave		Row:	Sect:		
Agrees wit	th Legal C	ard: 🗆 Y	es 🗆	□ No No	FIAT	grove

Date: \_

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

#### INTERMENT ORDER

City of San Diego

Date 3-25-07

You are hereby authorized and instructed, subject of JAMES DENN	ect to your rules and regulations, to inte	r the remains
ina T, S, VAULT Fur	neral, date, time THUR 3-3	P 11:0
Church Chape Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of	s
will be applied and billed to undersigned.		
Lot 84 Grave 2 Row	Section Division/Blos	17
Grave space & Care Fund		845.00
Additional spaces and care fund	2	
Opening/Closing & Setup	MAID	75.00
Burial Container	Pr.	250,00
Handling Fees	MVB 5 9 3005	185.00
Burial Container	CEMETARY	1100
Flower vases – Marker setting fee	MT. HOPE CEMETAN CITY OF SAN DIEGO, CA	10.00
Sales taxes	2017 01 -	71975
Joh grantom	Total Due	161.30
sony wern paid rep	eipt number K ~ 37 808	00000
A Thirthe	Balance due	0
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization at any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery h	nd represent
I hereby authorize the interment in lot I hold under deed.	The Manghel	EMMIS
Title arriver under	Address Address	42102
Signatury of recurded hobber of deed	SAN DIE60 Chy 262-516	Zip Code
	Invoice #	
Word Order E 16996		

# MT HOPE CEMETERY [-16996

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 banan opa					
	Jones 1 Mcintost	81 X 2	3	4	8
	HARRIS	8	. 1	10	11
Interment space	e for: Jam	8 T	ime: 11'	,0D	-
	Grave: 3				73
Grave Laid ou	t by: X DAVI	ON.	N	F.	
	egal Card: Y		J No	thy on	n
Agrees with M	Map: Yes		No		
Blind Check	& Verified By:	YOBER	T	_ Date: 3-2	27.02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAIN

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE 05/20/1930 MONTH, 2022002 Dennis James 5A CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE San Diego San Diego Emma L. Dennis, Wife 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 4920 Dafter Dr. -IF APPLICABLE Anderson-Ragsdale Mort.: 5050 Federal 81vd. San Diego, CA 92102 San Diego, CA 92102 FD1329 BA. SIGNATURE OF APPLICANT—Person toking person, BB. DATE SIGNED I heraby acasomicage as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10315 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 03/27/2002 2205359 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7.00 LOCAL REGISTRAR direction NOTE: THE PERMIT GIVES WE HIGHT OF DESPOSAL OUTSIDE OF CALFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. Vital Records: P.O. 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 (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY TIB. DATE BURIED Mt. Hope Cemetery: 3751 Market St. BURIAL SanDDiego, CA 92102 3-28-02 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 19B DATE CREMATED CREMATION APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 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 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 15B DATE OF 15D. 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 CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-25-02

of Dell	a ware	1	
ina T.S. Va	uult _F	uneral, date, time TUES	April 2nd, 10:00
Church, Chape Gravesid		: Merkles	-Mitchell Mortuary.
All Funeral cars must arriv	e before 3:80 p.m. o	f regular work day or an ext	ra charge of \$ 150,00
will be applied and billed to	o undersigned		
1/-			
Lot 5 Grave	Bow	Section MAS	Division/ <del>Block</del> B
Grave space & Care Fund			
Additional spaces and care	e fund		
Opening/Closing & Setup.	***************************************		375.00
Burial Container		PAID	250,00
Handling Fees			185,00
Flower vases - Marker set	tting fee MA	R 3 0 2002	
Recording and filing fee	MICH	OPE CEMETADY	45.00
Sales taxes	CITYO	F SAN DIEGO, CA	1938
2 804		Total Due	7 874.38
2046	₹ Paid re	celpt number M/c P	AID' O
TOL 20 562804		Be	alance due
I hereby certify I am the	Husban	d of th	e above named decedent
that I have the right to mak	e this authorization a	of remains as above indicat and I agree to hold Mt. Hope	
any liability on account of s	said authorization ar	S D h	MCI
I hereby authorize the inter- hold under deed.	rment in lot I	Signature of M	North
noid drider deed.		A Address	Beach Dr #103
Signature of recorded holder of deed		x San Diego,	CA 92/09-6268
		858 581	-0831
E 4	6007	Invoice #	-
Work Order #	6997	Acct. #	
REA 104 (7-96)	This informat	ion is available in alternati	ve formats upon request.

& Printed on recycled paper

To whom it may concern the following heirs of Martin Luther Ward are in verbal agreement to the burial of Dalla E. Ward in plot #1 of the Ward property at Mount Hope Cemetery:

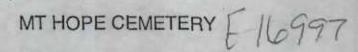
Sons of John M. Ward:

John M. Ward Jr. Philip L. Ward

Son of Paul Ward: Martin P. Ward

Daughters of Martin Luther Ward dr: Barbara Lawson Linda Keiser

> John M Nord Jr. 4-1-02 Mailig For Ellard 4-1-02



#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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.	
	*X
Interment space for: De	11a ward
Interment Date: 4-2-02	
	Row: Sect: MAS Div: B
Grave Laid out by: NF	Paulo
	es O No Flag on
Agrees with Map: Yes	□ No gave
Blind Check & Verified By: Y	LOUET Date: 4.2.02

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

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	The same of the same		DATE OF DEATH 4. SEX
DELLA		ELIZABETH	WARD		11/19/1916 (	3/24/2002 F
5A. CITY OF DEATH	SAN DIEGO		58 COUNTY OF DEATH ENTER STATE	DIEGO	0. NAME, RELATIONSHIP, FULL MAIL OF INFORMANT JOHN WARD - RUSBAY	
MERKLEY-MI		TUARY, 3655 FIFT	H AVENUE,	APPLICABLE	2050 PACIFIC BEACH SAN DIEGO. CA 921 BA. SIGNATURE OF APPLICANT—PRINCE	109
ACKNOWLEDGMENT OF A	PPLACANT 1 herity in Section 10	acknowledge as applicant that the proposed 375 of the Health and Safety Code, and was a	deposition stated burers is one of the	dispositions authorized by	· Kne m 3u	llo 3/27/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FRO ORIGINA HEALTH AND SAFETY CO ITY FOR THE DISPOSITION SPECIFIE 0 NIGHT OF DISPOSAL CHISIDE OF CALFORN	\$7.00	03/28/20 R.M. ZUL		L REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE D IN CAUPONNIA 5222, SAN DIEGO,	5222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNI	
10. AUTHORIZED DISPO	THE RESIDENCE OF THE PARTY OF T	The second secon			FOR CORON	ER'S USE ONLY
B CREMATION C DISPOSITION THAN IN A CE D SCIENTIFIC US BURIAL	IIA. NAME AND AI MOUNT HOPE	DORESS OF CALIFORNIA CEME CEMETERY, 3751 CA 92102		DE OF CALIFORNIA	D 11C SIGNATURE OF PENSON	
CREMATION	Description of the second	DORESS OF CALIFORNIA CHEM	MATORY	128. DATE CREMAT	TED 12C SIGNATURE OF PERSON	CHARGE OF CREMATION
USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	JITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT		DÜRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPP	ED 14C ADDRESS AND SIGNATI OF PLACING WITH THE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDI	AREST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DE	OTHER DESCRIPTION SUF- STRICT OF DISPOSITION	158. DATE OF DISPOSITION	1SC. SIGNATURE OF PERSON CHARGE OF DISPOSITION	



REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

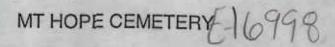
City of San Diego

Date J	Date	3	-	2	5	-	00	
--------	------	---	---	---	---	---	----	--

331		
You are hereby authorized and instructed	I, subject to your rules and regulations, to in	ter the remains
of thirit Jou	N METHE	
Type of Burns Constitutes	_ Funeral, date, time WED 3 - 3	17 1:0
Church, Chapel, Graveside DELIVE	MAYER MAYER	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 75 Grave 12 Row	Section 2 Division/Blo	ock 13
Grave space & Care Fund		895,00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	211	100:00
Handling Fees	PAID	145.00
Flower vases - Marker setting fee	MAR 26 2002	777 00
Recording and filing fee		45.00
	MT. HOPE CEMETARY	14.73
montherny to a	TY OF SAN DIEGO, CA Total Due	1664-1
Irina chick	aid receipt number R-54907	1664.73
many chair	Balance due	0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization transfer or said authorization.	ition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery	amed decedent and represent harmless from
2-y remay or account or said authorizati	on and interment.	296
I hereby authorize the interment in lot I hold under deed.	Signature	210
600	Address CO	_
Signature of recorded holder of deed	Cay sollowed	Zip Code
	Telephone	
	Invoice #	
Work Order * E 16998	Acct. #	
The state of the s	7,000 #	

& Printed on recycled page:

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.

		-				
3	W.LL.AM	5	WATER	,		
9	STILES	theell	15XX			
				Mai		
Interment	space for: _	shi!	lip )	oli h	rethe	a a a
Interment	Date: We	d 3-	27 T			
Lot: 75	_ Grave	13	Row:	Sect: _	2 Di	v: √5
Grave Lai	d out by: _	NF 1	DAUG	0	100	
	th Legal Ca			J No	Thy	on
Agrees wi	th Map:	J Yes_		vo .	Gu	
Blind Che	ck & Veril	fied By:	pher-to	3 .	_ Date:	1-27-02

£16998

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

	307		-MAKE NO ERASURES, W	HILEOUIS ON OIL		Found	
Philip	NI-FIRST (GIVEN)	John	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR 10/29/1959	S. DATE OF DEATH MONTH, DAY, YEAR 03/17/2002	4 SEX
San Diego			5B COUNTY OF DEAT ENTER STATE	n Diego	NAME, RELATIONSHIP, FULL OF INFORMANT Marco Delatoba		P CODE
Mayer Mor	tuary s Avenue, s	San Diego, CA	92116	D1424 6	5201-A Reffin	Rd. 92123 - Ferson taken permit, 68. DAT	
ACKNOWLEDGMENT OF A	FFLICANT Feedow 10	SCHOOL BY THE SECOND STATE OF THE SECOND STATE OF THE SECOND STATE OF THE SECOND SECON	osed disposition stated human is one of the was authorized pursuant to Section 7100 of the	e Health and Safety Code.	Sachard 1	reger 03/	25/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH I FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE NO MIGHT OF DISPOSAL OUTSIDE OF CAL	CODE CIFIED 7.00	03/25/200 B.E. Maye		OCAL REGISTRAR ISSUM	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	85222			F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUF		0
10 AUTHORIZED DISP	OSITION(S) CHECK	PPLICABLE ITEMS	22		FOR CO	RONER'S USE ONL'	4
B. CREMATION		IAINS OTHER	E. TEMPORARY ENVI	PRINIA	L DISPOSITION (Name and	( PENDING - REMAINS LI Address)	OCATED AT
BURIAL	Mt. Hope	Cemetery set St./ San Di		3-27-02	TIC SIGNATURE OF PE	RSON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMATE	12C SIGNATURE OF PE	BON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	ISB. DATE RECEIVE	13C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STA- CREMATED REMAINS ARE		148. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	16C. SIGNATURE OF PEI CHARGE OF DISPO		AATED RE-

ATTN: DELATOBA

City of San Diego

MY HOPE CEMETERY Please sign of fort INTERMENT ORDER back (619) 281-7587 040 3-25.02 F-16998.

PHILIP JOHN	METHE WED 3-27 1:00			
1 a LINE NEW DISTRICT	Funeral, data, time WEU 3			
thurch, Chapai, Greveside Delivery				
	of regular work day or an extra charge of 3			
il be applied and blied to undersigned				
.ot 75 Grave 12 Row_	Section 2 Division/Blook 13			
Grave space & Care Fund	895.00			
additional apaces and care fund				
Opening/Closing & Setup				
Burial Contener	790.00			
randling Fess	145.00			
Flower vaces - Marker setting fee				
Recording and filing law	45.00			
Seles (loces	14.73			
-01 to	Total Dus 1664-73			
maior al l Palo	roceipt number			
many com	Salance due			
hereby pedify I am the	of the above named decadent			
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization.	n and Lagrec to hold Mr. Hope Gemetery harmless from			
hereby authorize the interment in let I hold under deed.	PUBLIC ADMINISTRATOR PUBLIC GUARDIAN			
Signative & receive and monthly and change	CHY 5201-A RUFFIN ROAD CH CLEE			
	SAN DIEGO, CALIFORNIA 92123-1699			
- 16000	Invoice #			
Work Ordor # E 16998	Acet. #			
	upon le avallebro in alle napue formers upon request.			
REA-TON (T-BILL)	White is an Audion of all all and indicate with the same is the same.			

# Disinterment &

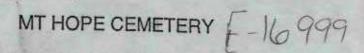
MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 3-25-02

ina Liner	Funeral, date, time MAR 26th	160
Church, Chapel, Graveside		Mortuary
	n. of regular work day or an extra charge of \$	1.00
will be applied and billed to undersigned		13
	2	10
Lot AUD Grave Row	Section Division/Block	10
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Recording and filing fee		
Sales taxes		
	Total Due	-
Paid	d receipt number	
	Balance due _	50
I hereby certify I am the	of the above name	ad deceded
and this is your authority to make disposition	on of remains as above indicated. I certify ar on and I agree to hold Mt. Hope Cemetery ha	d represer
any liability on account of said authorization	and interment.	
any liability on account of said aumorization  I hereby authorize the interment in lot I	Signature	
any liability on account of said aumorization  I hereby authorize the interment in lot I		
any liability on account of said aumorization I hereby authorize the interment in lot I hold under deed.	Signature	Zq: Col
any liability on account of said aumorization I hereby authorize the interment in lot I hold under deed.	Signature Address	Zφ Cod
	Signature Address Cay	Zip Coi



#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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.		
			4			
8 yours	9	(D	n X	12 dell	m	
					1,5	9
Interment	space for:	Eva	Witter	-		
Interment			Т			
Lot: 20	B Grav	e: 11	Row:	Sect:	_2 Di	va 12
			Pavi			
Agrees wi	th Legal (	Card: 🗆 Y	es C	J No	. \$\6	one one
Agrees wi	ith Map:	□ Yes		No		Lord
Blind Che	ck & Vei	rified By: _	POBEF		Date: 3	3-26/02

### INTERMENT ORDER

City of San Diego

Date 3-27-2002

110	SHANE CAT MARZIN	I de
n a LINEIR Type of Bunal Container	Funeral, date, time SAT, MAR-30	7
Church, Chapel, Graveside	"Toothingill "	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
/21 011		18/16
6 3684 Grave Row		10
	2-7651	5
Additional spaces and care fund 0.7	Fee 60	20.00
Opening/Closing & Setup	37	15.00
Burial Container	19	0.00
	14.	5.00
Flower vases - Marker MARG Ge R. 2011	ηλ	
Recording and filing fee MT. HOPE CEME		15.00
MI. HOPE CEME CITY OF SAN DIEC	TARY /	4.73
OTT OF SAIR DIEC	Total Due	9,73
P	aid receipt number R-54813 136	9,7
	Balance due	0
hereby certify I am the X	of the above named d	ecedent
hat I have the right to make this authoriza	ition of remains as above indicated. I certify and re ation and I agree to hold Mt. Hope Cemetery harmle	epresent
any liability on account of said authorizati	ion and interment	
hereby authorize the interment in lot I	Supration	
hald under deed.	×1431 Billings:	一
Signature of recorded holder of cloed	X OXNARD, COLIF	Žin Cude
	X 805 488 5 137	Zip Cude
	805 3771873 cel	/
	Invoice #	
Work Order # E 17000	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.

were to uncoll

368 Toylor	3692 Gross	3683	3 1 1 2			
Interment	space for:	Rol	pert H.S	hane	20	
Interment	Date: 3	30-00	<u></u> Т	'ime:	747	2:1.
Lot:368	H Grave	e:	Row:	Sect: _	Div	:_10
Grave La	id out by: _		•	100		
Agrees w	ith Legal C	Card:		J No		
Agrees v	vith Map: [	J Yes	0	No Flos	De are	

Blind Check & Verified By:

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

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

	NT-FIRST (GIVEN)	1B. MIDDLE	1	LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	
Robert		Homer		Shane			12/22/1918	03/2	7/2002	M
A. CITY OF DEATH				COUNTY OF DEATH	-OUTSIDE CALIF., 6		RELATIONSHIP, FULL M	AILING AD	DRESS AND	ZIP CODE
San Diego			1	ENTER STATE	Diego		en R. Shane	. Son		
A. TYPED NAME AND A	DORESS OF CALIFORNI	A FUNERAL DIRECTOR	OR PERSON ACTING				Billings S			
	gill Mortua		SATE OF THOMSE		ATTENDE	Oxnar	rd, CA 9303	3		1.79
6322 El C		San Diego,		FD	Control of the Contro	A. SIGNA	TURE OF APPLICANT—	Person taking p	ermit, BB. Di	TE SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that 17% of the Health and Safety Co				K	Asda	6	03/2	18/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE ORNIA HEALTH AND SA Y FOR THE DISPOSITION	AFETY CODE IN SPECIFIED	\$ 7.00	03/29/200 C. Maggar	2	2205539	CAL REGI	STRAR ISSU	ING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 85	GISTRAR OF DISTRIC D IN CAUFORNIA 2222, Sam Di 16-5222		9E ADD	RESS OF REGISTRAR O	F DISTRI		MNIA		
O. AUTHORIZED DISP	Name and Address of the Owner, where						FOR COR	ONER'S	USE ON	LY
A BURIAL ONOLL	DES ENTOMBMENT)		LET	TEMPORARY ENVA	ULTMENT				-HEMAINS	LOCATED A
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM. EMETERY SE	DORESS OF CALIFORN	F. D G. S H. T	DISINTERMENT SHIP IN TO CALIFO		116.	(Name and A	Address)	14/10/00/00	
B. CREMATION  G. DISPOSITION THAN IN A CI D. SCIENTIFIC US  BURIAL	OF CREMATED REM. EMETERY SE	ODRESS OF CALIFORN	F. D G. S H. T	DISINTERMENT SHIP IN TO CALIFO	RNIA DE OF CALIFORNIA	116.	(Name and A	Address)	14/10/00/00	
B. CREMATION  G. DISPOSITION THAN IN A CI D. SCIENTIFIC US  BURIAL	OF CREMATED REM. EMETERY SE  11A NAME AND AL Mt. Hope C San Diego,	ODRESS OF CALIFORN	F. D G. S H. T NIA CEMETERY Larket St.	DISINTERMENT SHIP IN TO CALIFO	RNIA DE OF CALIFORNIA 118. DATE BURIED		(Name and A	SON IN CI	HARGE OF	BURIAL
B. CREMATION  G. DISPOSITION THAN IN A CI THAN IN A CI D. SCIENTIFIC USE	OF CREMATED REM. EMETERY SE  11A NAME AND AL MIL. Hope C San Diego.	ODRESS OF CALIFORN Cem., 3751 M	G.S. H. T. NIA CEMETERY MACREMATORY	DISINTERMENT SHIP IN TO CALIFO TRANSIT TO OUTS!	ANIA DE OF CALIFORNIA 118. DATE BURIED 13/30/02 1128. DATE CREMATE	D 12C	SIGNATURE OF PER	SON IN CH	HARGE OF C	BURIAL
BURIAL  CREMATION  G. DISPOSITION THAN IN A CE D. SCIENTIFIC US  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REM. IMETERY SE  11A NAME AND AL  Mt. Hope C San Diego, 12A NAME AND AL  13A NAME AND AL	ODRESS OF CALIFORN CA 92102 ODRESS OF CALIFORN	G STATE OR COUNT	DISINTERMENT SHIP IN TO CALIFO TRANSIT TO OUTSI TVING REMAINS	ANIA DE OF CALIFORNIA 118. DATE BURIED 13/30/02 1128. DATE CREMATE	D 12C	SIGNATURE OF PER	SON IN CH	HARGE OF C	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. HO\*E.CEMETERY INTERMENT ORDER of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund ..... Additional spaces and care fund ...... Opening/Closing & Setup..... Burial Container... Flower vases - Marker setting fee ..... 2 Recording and filing fee.

Paid receipt number

hereby authorize the interment in lot I hold under deed.	Signature S. C. N	INTURE
	Address	FILE
isgnature of recorded holder of deed	Cay ON	TILL Zip Cue
	Telephone	
	Invoice #	

Work Order # E 17001

This information is available in alternative formats upon request.

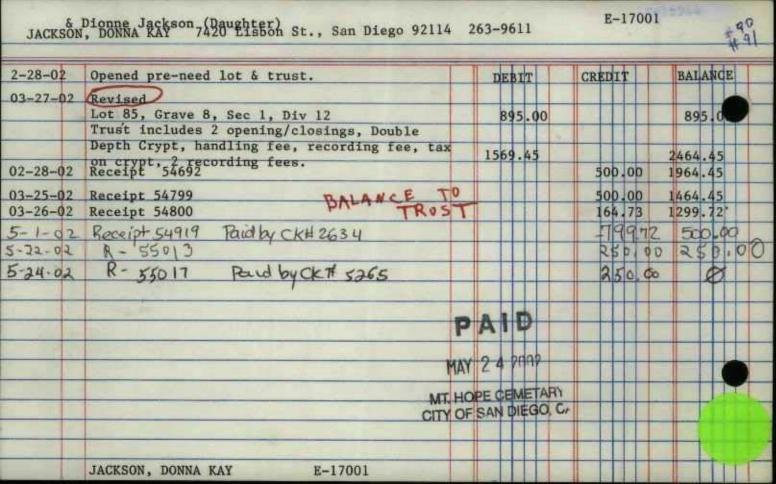
Balance due

Acct. #

- 500.00 R- 54692 - 500.00 R- 54799 - 164.73 R-54800 - 1299.72 BALANCE



E-1700	E-16944
CREDIT	BALANCE 895. Q0
	1664.73
500.00 -500.90 - (64.73	1164.73 604.73 500.00



### Mt. Hope Cemetery Prepayment Plan Record

Donna Kay Jackson 7420 Lisbon Street San Diego, CA 92114 619 263-9611 E-16944 E-17001

Preneed for:

PD 500.00

Lot 85 Grave 8, Sec 1, Div 12

Payment NO. 1
Payment Due Date April-02
Payment Amount Due 49.00
Balance Due 1,115.73

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

OF	FIC	IAL	RE	CEIF	T
		· N			

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

17001 54799

MOUNT HOPE CEMETERY (619) 527-3400

From: Donna Kay Jac Fue Hundred as in part payment of you	Kson Address: 7420 Lisbon St	- San Di		Total Co.	02
Coupon #1	Q	ection		Division lo	2
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 —	179 216	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MAR 2 6 2002 MT. HOPE CEMETARY CHEY OF SAN DIEGO. C.	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 — 100 77183 — 63033 — 9022 — 60101 78390 —	105	00
M.O. 9874761446	ISSUED BY Kaulette C.	TOTAL PAID	5	500	00

# Mt Hope Cemetery Agreement Confirmation 05/18/2002

Agreement Number: E-17001-F

Agreement Date:

02/28/2002

Purchaser:

Jackson, Donna Kay And/Or Jackson, Dionne

7420 Lisbon Street

Purchaser Number: 90 / 91

Phone: 619-263-9611

San Diego ,CA 62114

Beneficiary: ors: 3 Jackson, Dionne

Child Protection: N

Counselors:

SUE SHACKELTON

Qty Category	Description of Co	entract Items	Price		Tax	Allowance	
1 Graves D	ivision 12-1	W 10 10 10 10 10 10 10 10 10 10 10 10 10	895.00		0.00		10 - 12
2 Opening/Closing 1:	st Burial Dbl Depth	1	750.00		0.00		
1 Burial Vaults D	ouble Depth Lawn	Crypt	380.00	- 3	29.45		
1 Handling Fee D	D Crypt Handling	, fee	320.00		0.00		
2 Misc Fees R	ecording Fee		90.00		0.00		
Property				- 11			
Division	Section Bl	k / Row	Lot	Grave	Depth/Lvl		
Division 12	1		85	8	A		
BASE PRICE	2,435.00						
SALES TAX	29.45						
TOTAL CASH PRICE	2,464.45						
TOTAL DOWNPAYMENT	500.00-						
TRANSFER ALLOWANCE	0.00 -						
DISCOUNT OR ALLOWANCE	0.00-						
FINANCE CHARGE	0.00						
TOTAL OF PAYMENTS	1,964.45						411
DEFERRED PAYMENT PRICE	2,464.45						
NUMBER OF INSTALLMENTS	24						
REGULAR PAYMENT OF	81.85						
ODD PAYMENT OF	81.90						
DATE FIRST PAYMENT DUE	03/28/2002						
PAYMENT PLAN	MONTHLY	MONTHLY	PAVMENT =	C 81 85			

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** 05/18/2002

Contract Number: E-17001-F

Contract Date: 02/28/2002

Purchaser: Jackson, Donna Kay And/Or Jackson, Dionne

7420 Lisbon Street

Purchaser Number: 90 / 91

Phone: 619-263-9611

Child Prot: N

San Diego, CA 62114

Beneficiary: Jackson, Dionne

SUE SHACKELTON Counselors: 3

Qty Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1 Graves	Division 12-1	895.00	0.00		
2 Opening/Closing	1st Burial Dbl Depth	750.00	0.00		
1 Burial Vaults	Double Depth Lawn Crypt	380.00	29.45		
1 Handling Fee	D/D Crypt Handling fee	320.00	0.00		
2 Misc Fees	Recording Fee	90.00	0.00		
Property					AS IN COLUMN
Division	n Section Blk / Row	Lot	Grave	Depth/Lvl	
Division 1	2 1	85	8	A	PARTY DESCRIPTION
		95	1972		

### INTERMENT ORDER

City of San Diego

Date 3-27-02

		the second
You are hereby authorized and instructed, sul	The state of the s	trie remains
	Funeral, date, time TVE 4-2	10:00
Church, Chape 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 5 199 Grave Row	Section Division/ <del>Block</del>	. 10
Grave space & Care Fund	e-Ned E-96771991	0
Additional spaces and care fund	_	
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases - Marker setting fee		-0
Recording and filing fee		V
Sales taxes		-0
	Total Due	T
Paid	receipt number	0-
4111	Balance due _	-6
I hereby certify I am the A H US DAN and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	and I agree to hold Mt. Hope Cemetery ha	nd represent
I hereby authorize the interment in lot I hold under deed.	X 506 SEARS AU	lay
Signature of recorded holder of deed	XSHN Diego CA X(419) 4613-0529	92114-493 zefcodu
Work Order # E 17002	Invoice #	

O Printed on respelled poper

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 r the buria		the appro	opriate spa	ace(s) th	at are adja	cent to
		5198 SANDOVAL	sn <sub>X</sub>	5200	SO 21 Ayriyan	3207
				V-C		
Intermen	t Space for:	E 4-	٦_ ٦	rime:		10
Grave La	uid out by: _	NF I	DAVID		10	1 m
ş:	vith Legal C					trank
Blind Ch	eck & Veri	fied By:	BEET		Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

60

	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF D		4 SEX
Mitsuk	0	Shida	McAdory			725/1936	03/24/2		B
A CITY OF DEATH	Dlego		SE COUNTY OF DEAT ENTER STATE San Diego		OF INFORM	ATIONSHIP, FULL MANT			CODE
	gsdale Mor	n Diego, CA 92	THE RESERVE OF THE PARTY OF THE	F APPLICABLE SE	of Sea	ers Ave.	114		SIGNED
ACIADMLEDGMENT OF A	PUCANT I hereby a Section 18	cknowledge as applicant that the pro-	good disposition stated foreign is one of the twis authorized pursuant to Section 7100 of the	dispositions authorized by Braith and Safety Code.	Mel	fu Wie	can lo	3/28/	2002
	AND IS THE AUTHORY IN THIS PERMIT.	LED IN ACCORDANCE WITH FORMIA HEALTH AND SAFETY I'V FOR THE DISPOSITION SPE O BIGHT OF DISPOSIL DITEIDE OF CAL	\$7.00	O3/29/200	SUED 9C	SIGNATURE OF LO	CAL REGISTRAN 22(	15542	PERMIT
NY CHANGE IN DISPOSIT	Vital Recor	EGISTRAR OF DISTRICT OF DIN CAUPORNIA rds; P.O. Box Diego, CA 921	85222	DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR I			PRIMA		-
O AUTHORIZED DISPO			119. Jake			FOR COR	ONER'S USE	ONLY	-
	DES ENTOMBMENT)		E. TEMPORARY ENVI	ULIMEN!			(ddreas)	11110	ATED A
B CREMATION C DISPOSITION - THAN IN A CE D SCIENTIFIC US BURIAL	OF CREMATED REM METERY SE 11A NAME AND AC Mr. Hope C	DDRESS OF CALIFORNIA C emetery; 3751 San D <b>èg</b> go,	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY Market St. CA 92102	ORNIA  IDE OF CALIFORNIA  118. DATE BURIED  4/- 2 - 02	. 6	CNATURE OF PER	Son in Ghangi	OF BUF	RIAL C
B CREMATION C DISPOSITION - THAN IN A CE D SCIENTIFIC US BURIAL	OF CREMATED REM METERY SE 11A NAME AND AC Mr. Hope C	odress of california commetery; 3751	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY Market St. CA 92102	ORNIA HDE OF CALIFORNIA 11B DATE BURIED	. 6	CNATURE OF PER	Son in Ghangi	OF BUF	RIAL C
BURIAL  CREMATION  BURIAL  CREMATION  SCIENTIFIC  USE	OF CREMATED REM METERY SE 11A NAME AND AL Mt. Hope C	DDRESS OF CALIFORNIA C EMETERY; 3751 San Daggo, DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY Market St. CA 92102	ORNIA  IDE OF CALIFORNIA  118. DATE BURIED  4/- 2 - 02	120. 83	CNATURE OF PER	SON IN CHARGE	OF BUF	RIAL COMMATION
BURIAL  CREMATION  C. DISPOSITION - THAN IN A CE D. SCIENTIFIC US  BURIAL  CREMATION	OF CREMATED REM METERY SE  11A. NAME AND AL  12A. NAME AND AL  13A. NAME AND AL  14A. NAME AND AL	DDRESS OF CALIFORNIA C EMETERY; 3751 San Daggo, DDRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS EMETERY Market St. CA 92102 REMATORY  ACILITY RECEIVING REMAINS	ORNIA HDE OF CALIFORNIA HIB. DATE BURIED HIB. CALIFORNIA HIB. DATE CREMATED	12C. S)	CNATURE OF PER	SON IN CHARGE	OF BUF	MATION

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

### INTERMENT ORDER

City of San Diego

Date 3-29-02

of MILA red I Robin So	ed, subject to your rules and regulations, to inter the remains
ina Double-Depth ( and Bu	rul Juneral, date, time TUES. APR . 2nd 11:0
Church Chapel, Graveside	: Solomon's Mortuary
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
	9-22-86
Lot 1086 Grave Row	Section Division/Black_ 10
	6461 0
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	<u>8</u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>o</u>
Sales taxes	
0300 2048	Total Due
langliter 3 8048	Paid receipt number
310 T.	Balance due 6
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 tion and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Address
Signature of recurded holder of deed	Yelly Zip Codu
Work Order # E 17003	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.

				Walden		
to 83 Erwin	1084	1085	1086	1087 Smith	1085 Reid	whittle
Intermen	t Date:	lues. 2m	red Rob d, 2002, Row:	ime:	1:00	
Grave La	aid out by		•			.0
	TOTAL CATE	Card:	Yes (	J No	[/ag	ngrous
Agrees v	with Map:	☐ Yes		No		
Blind Cl	neck & V	erified By: _			Date	:

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

a

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

COST COST CONTRACTOR	DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)  ILDRED IRENE ELSTON		2. DATE OF BIRTH 3. DATE OF DEATH 4. MONTH, DAY, YEAR MONTH, DAY, YEAR 09/11/1911 03/26/2002 F		
5A. CITY OF DEATH INGLE	EWOOD		58. COUNTY OF BEAT ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO OF INFORMANT JOYCE HINDMAN DAUGHTER
	10625 SO.	BROADWAY L.A., CA	. FD	FAPPLICABLE 1428	663 E. QUEEN ST #3 TNGLEWOOD CALTE. 90301 8A SIGNATURE OF APPLICANT—PASSES UNINE PRINT, 8B. DATE SK
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed of 376 of the Health and Safety Code, and was au			DITTLE 1034
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE D RIGHT OF DISPOSAL OUTSEE OF CALFORN	7-	03/29/2	1880ED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PE
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DEAD IN CAUFORNIA	I.	DISPOSITION IS TO OCCUR	OF DISTRICT OF DISPOSITION— REIN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO, CA 92138-5222
B. CREMATION	OF CREMATED REMARKERY		E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIF	ORNIA	FOR CORONER'S USE ONLY  L DISPOSITION PENDING—REMAINS LOCAL (Name and Address)
BURIAL	- 5000 45000000	CEM. 3751 MARKI EGO, CA	M'st	4-2-02	NUMBER OF PERSON IN CHARGE OF BURIA
CREMATION	12A. NAME AND AC	ODRESS OF CALIFORNIA CREMA	ATORY	128. DATE CREMATE	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT
SCIENTIFIC	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECEIVE	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E		14B, DATE SHIPPEI	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR INTIFY FINAL PLACE AND CA <u>DIS</u>		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED MARKS DISPOSITION IN ARREST DISPOSITION OF CREMATED MARKS DISPOSITION IN ARREST DISPOSITION OF CREMATED MARKS DISPOSITION OF

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

### INTERMENT ORDER

City of San Diego

Date 3-29-02

89.5		
You are hereby authorized and instructe	d, subject to your rules and regulations, to	inter the remains
of MARY Wil	LEY	
ina LINER	Funeral, date, time WED 4	-3 2:0
Type of Burial Contagor	ERY ONLY MAYER	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	4- <u>1</u>	
Lot 228 Grave 7 Row	Section _ Q Division/	Hock 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Bunal Container	APR 0 2 2002	145.00
Flower vases - Marker setting fee		_
Recording and filing fee	CITY OF SAN DIEGO, CA	45.00
	SALU-MANAGEMENT CONTRACTOR CONTRA	14.73
Sales taxes		166V.73
	Total Due	166473
	Paid receipt number	1001.10
	Balance du	•
I hereby certify I am the and this is your authority to make dispo- that I have the right to make this authoriza any liability on account of said authoriza	sition of remains as above indicated. I cert zation and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	
	Vistephone	
	Verbrane	
F 47004	Invoice #	
Work Order # = 1/004	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.

the burial space.				
	300°X 7	8	9	10
	RIVAS - AR	CE		
Interment space for:	MARY WILE	4		
Interment Date: WED	4-3 Tim	e: 2	,60	
Lot: 228 Grave:				15
Grave Laid out by:	AUD N	F		.1
Agrees with Legal Card		No	FLAG	RAV
Agrees with Map:	Yes 🗆 No			
Blind Check & Verifice	1 By: Pober+		Date: 4	3.02

	APPLICATION AND PERM	IT FOR DISPOS	SITION OF I	HUMAN	- 17004 REMAINS	8
3	USE BLACK INK ONLY-MAKE	NO ERASURES, WI	HITEOUTS OR O	THER ALTI	ERATIONS	Contract of
NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH 9. DAT	E OF DEATH 4. SEX
Mary		Wiley	,	1	ALCOHOLD THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	23/2002 F
CITY OF DEATH		5B. COUNTY OF DEATH	-OUTSIDE CALIF.,	6. NAME, RE	LATIONSHIP, FULL MAILING A	ODRESS AND ZIP CODE
La Mesa			Diego		Beauparlant,	PA
Mayer Mort	NORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON / LALTY AVERLUE, San Diego, CA 92116	—tF	F, LIGENSE NUMBER APPLICABLE PD1 424	San D	A Ruffin Rd. ieco. CA 9212 RE OF APPLICANT—PERSON INNIN	permit 88. DATE SIGNE
ACKNOWLEDGMENT OF A	TELCANT I hereby acknowledge as applicant that the proposed disposed.  Section 10076 of the Health and Salety Code, and was author	sition stated hereix is one of the	depositions authorized by Health and Ealely Code.	DE SE	and May	03/29/20
PERMIT UTHORIZATION OF OCAL 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 GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PA		02 2	SIGNATURE OF LOCAL REG 205581	STRAR ISSUING PERMI
IN CHANGE IN DESPOSI- SON REQUISES A NEW PRAIT TO SHOW FINAL DISPOSITION.  AUTHORIZED DISP  A. BURIAL (INCLU  B. CREMATION		E. TEMPORARY ENVAL  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO DUTSI	ULTMENT	OF IN ANOTHE	FOR CORONER'S  L DISPOSITION PENDING (Name and Address)	The state of the s
BURIAL	Mt. Hope Cemetery 3751 Market St., San Diego		) IR DATE BURNE	D , 150, 8	CALLER T	CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO		128 DATE CREMA	EO 120, 8	IGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	VED 19C. S	IGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		DDRESS AND SIGNATURE ( IF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI	HER DESCRIPTION SUF- CT OF DISPOSITION	15B. DATE OF DISPOSITION		IGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

2	EAU PACK (6/9) 28/- 7587  WIT WORK CONSTRUCT  INTERMENT ORDER  Chy of San Diogo  550 3-29-03
12	J WT SOME DEMOTERS
PN	DE INTERMENT ORDER
MALLE	City of Sen Diogo
995	City of Sen Diago
	You are hereby authorized and instructed authorized and required and required and resources and the resources are also and the resources are also are also and the resources are also are also are also are also a
	THE LINER FUTCH SING WED 4-3 2100
	Course Chapet Grassica DEL VERY DANS MATER Variage
	ACTUAL TO THE PROPERTY OF THE
	with a contract attended.
	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL
	Clive paci & Chr. Fure
	Additional spaces and care tune
	Opening/Glosing & Salus
	Sural Contener
	Haroling Fame
	Figures varge - NADWins setting test
	Recording and thing toe.
	Salee to kee
	Tue Day 1667 7-3
	Park and Trusteen
	Batanes aux
	heroby certify and the Of the active stance decedent
	and this is your authority to make a speak on of tempora as above indicated it certify and represent
-	any liability on account of select authorization and interpers
	Theres, pulporize the membrania > Esch Blougarda, DITT
	hole under cocc X 5201-A Ruffin Rd.
	Fully and all managed following copy & San Diago, CA 92123
	(85x) 690-3502 ""
	Andrew Control of the
	Marie Land Control of the Control of
	were order * E 17004

This is the mental of the large of the entire of the contract of the contract

CHECK THE THE

9453-10s (1:54)

289241984619

SELECT CONTROL FOR

17004

### Mt Hope Cemetery Agreement Confirmation 03/11/2003

Agreement Number: E-17004-A

Agreement Date:

03/29/2002

Purchaser:

Public, Adminstrator

5201-A Ruffin Road

Purchaser Number: 2/

Phone: 858-694-3501

San Diego ,CA 92123-1699

Child Protection: N

Beneficiary:

Wiley, Mary

Counselors:

SUE SHACKELTON

sion 12-2 gle Grave Bell Liner Liner Hando ording Fee	oling Fee	895,00 375,00 190,00		0.00		
Bell Liner Liner Hand	eling Fee	1751007457600		0.00		
Liner Hand	eling Fee	190.00				983
	ling Fee			14.73		
ording Fee		145.00		0.00		
		45.00		0.00		
Section	Blk / Row	Lot		Depth/Lvl		
2		228	7	A	JEEN LEWIS L	
1,650.0	0					
14.7	3					
1,664.7	3					
1,664.7	3 -					
0.0	0 -					
0.0	0-					
0.0	0					
0.0	0					
1.001.7						
1,004.7	,					
	1					
0.0	0					
04/11/200	3					
						1(8)
	Section 2 1,650.0 14.7 1,664.7 1,664.7 0.00 0.00 1,664.7 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Section Blk / Row	Section Blk / Row Lot 2 228  1,650.00 14.73 1,664.73  1,664.73  0.00 - 0.00 - 0.00 0.00  1,664.73  1 0.00 0.00 0.00 0.00 04/11/2003	Section Blk / Row Lot Grave 2 228 7  1,650.00 14.73 1,664.73  1,664.73  0.00 0.00 0.00 1,664.73  1 0.00 0.00 0.00 04/11/2003	Section Blk / Row Lot Grave Depth/Lvl 2 228 7 A  1,650.00 14.73 1,664.73  1,664.73  1,664.73  1 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Section Blk / Row Lot Grave Depth/Lvl 2 228 7 A  1,650.00 14.73 1,664.73  1,664.73  0.00 0.00 0.00 1,664.73  1 0.00 0.00 0.00 0.00 0.00 0.00

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

### INTERMENT ORDER

City of San Diego

Date 3 -29-02 authorized and instructed, subject to your rules and regulations, to inter the remains of Funeral, date, time (1) in a Church, Chapel, Graveside All Funeral cars must arrive before 3.90 p.m. of regular work day or an extra charge of \$ 150.50 will be applied and billed to undersigned. Grave space & Care Fund ..... Additional spaces and care fund ..... Opening/Closing & Setup....... Burial Container..... Handling Fees MAR 2 9 2002 Flower vases - Marker setting fee .......... MT HOPE CEMETARY Recording and filing fee ..... OF SAN DIEGO: CA Sales taxes..... Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and Legree to hold Mt. Hope Cemetery harmless from any 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 Invoice # Work Order # Acat. #

This information is available in alternative formats upon request.

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.

the burial s	pace.					
			8 x	9	Hous	
		Steward	Giddings	Phillips	Lambet	
Interment sp					12.00	
					Div	:12
Grave Laid	out by: _	*				/r
Agrees with	Legal C	ard: Y	es [	J No	( Dag	evola
Agrees with	мар: С	J Yes		No	, ,	J
Blind Check	k & Veri	ified By:			Date:	

F- 17005

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

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

IA NAME OF DECEDE	OF DECEDENT—FIRST (GIVEN)   18. MIDDLE   1C. LAST (FAMILY)				TE OF DEATH 4, SEX			
SA CITY OF DEATH			58. COUNTY OF	go		PIGET	RELATIONSHIP, FULL MAILING ORMANT Frazier, S	on a
7A. TYPED NAME AND AI Anderson	-Ragadale ?	fort.; 5050 Fed	eral Blvd.	—IF APP	LICABLE		Monarch Ridge C jon, CA 92019	ircle
ACKNOWLEDGMENT OF A	not seem   I beinty I	n Diego, GA 921 chrowledge at applicant that the proper 276 of the Health and Salety Cage, and w	ued disposition stated herest is on		thins authorized by	8A SIGNA	TURE OF APPLICANT—Person talks	94/03/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC ID NIGHT OF DISPOSAL OUTSEE OF CALE	ROVI- CODE CIFIED	FEE PAID	CONTRACTOR AND ADDRESS OF		C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT 2205804
TION REQUIRES A NEW	VIENT RECO	EGISTRAR OF DISTRICT OF DIN CAUPORN BOX 8 CA 92186-5222					ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
B. CREMATION	OF CREMATED REM		E. TEMPORARY  F. DISINTERMED  G. SHIP IN TO C	NT CALIFORNIA			FOR CORONER  L DISPOSITION PENDIP (Name and Address)	G-REMAINS LOCATED A
BURIAL		opress of CALIFORNIA CE	METERY arket St.;	11	18. DATE BURIE	D 110	SIGNATURE OF PERSON IN	Tamber
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CF	REMATORY	12	B. DATE CREMA	TED 12C	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SOIENTIFIC USE	13A. NAME AND AI	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMA	UNS 15	38. DATE RECE	IVED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14	48. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE. ENTIFY FINAL PLACE AND CA			B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE MUMBER OF CREMATED RE- MAINS DISPOSER E 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

City of San Diego

Date 4-2-02

You are hereby authorized and instructed, s	ubject to your rules and regulations, to in	ter the remains
of Freddie Eugene	0 11 6	
in a T. S. Vauld	Funeral, date, time FRI 4-5	11:00
Church, Chapel, Graveside	Ragsdale	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	of \$
will be applied and billed to undersigned		
Lot 18 Grave 10 Row	Section   Division/Bh	mak
Grave space & Care Fund		895,00
Additional spaces and care fund		
Opening/Closing & Satup	PAID	375.00
Burial Container		250.00
Handling Fees	APR N 4 2007	185.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY	23,78
Recording and filing fee	CITY OF SAN DIEGO, C	45.00
Sales taxes		19.38
Finity.	Total Due	793.16
Family Durs. Paid	receipt number $R-54836$	1743.18
4000	Balance due	0
I hereby certify I am the and this is your authority to make disposition	of the above n	amed decedent
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
ary nating of account of said authorization	VCal. P. 7	1/
I hereby authorize the interment in lot I hold under deed.	Signature Color	to ye
	Address Address	921111
Signature of recorded holder of deed	City 611 - 262-6804	82114 Zip Code
	Persiona	P. Darie
- 47000	Invoice #	
Work Order # E 1/006	Acct. #	

### GRAVE BLIND CHECK FORM

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

e burial s	space.					
		Marken	1. X			
	mc1	y			yest	Synhort
		1				*
terment s	pace for:	Fo	reddie 8	cugen.	e Port	r lock
			02 T			Div: 1
			AA.			
grees wit	th Legal C	Card: 🗆 Y	es (	J No∓	lag o	r. Show
			П		0	

ind Check & Verified By: Pober-

### INTERMENT ORDER

City of San Diego

Date 4-2-02

You are bereby authorized and instructed, sut of SANE DOE	oject to your rules and regulations, to	inter the remains
	Funeral, date, time TH V R 4	-4 11:00
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned		
Lot 9 Grave \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Section Division/E	ileek_\3
Grave space & Care Fund		136.00
Additional spaces and care fund		
Opening/Closing & Setup		423,00
Burial Container		13.0
Handling Fees		
Flower vases – Marker setting fee	, on 2-02	45.00
la	Total Due	796.5
r site i	Balance du	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above of remains as above indicated, I cert and I agree to hold Mt. Hope Cemete	named decedent
I hereby authorize the interment in lot I hold under deed.	Signalure	
Signature of recorded holder of deed	Address	
Symmetry of recorded recorder of deed	City	Zip Code
gulled	Telephone	
5/27	Invoice # 363 63 3	
Work Order # E 17007	Acct. # 0009525	

### APPLICATION 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		
	Jane		-	Doe		Unknown   01/24/2000   F
5.A	CITY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF	8. NAME, RE ATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
	San Diego			ENTER STATE	Diego	OF INFORMANT Marco De La Toba Public Admin., 5201-A Ruffin Rd'.
		ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OF	PERSON ACTING AS SUCH 78. CA		San Diego CA, 92123
1	eatheringi	11 Mortuary		1	FAPPLICABLE	Dan Diego on, Jaies
6	322 El Cai	on Blvd. S	an Diego CA	92115 FD1	083	BA. SIGNATURE OF APPLICANT - Person taking permit, BB. DATE SIGNED
	ACKNOWLEDGMENT OF A	per many   1 hereby a	cknowledge as applicant that the p	roposed disposition stated herein is one of the nd was authorane pursuant to Section 7100 of th		► ( 3/22/2002
	PERMIT UTHORIZATION OF OCAL 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 D MENT OF DEPOSAL OUTSEE OF	PECIFIED	03/26/20 C.Maggar	
1	IY CHANGE IN DISPOSH	IF DEATH OCCURRE	2, San Diego	1 IF I		OF DISTRICT OF DISPOSITION— CUR IN ANOTHER INSTRICT IN CALIFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		AINS OTHER	G. SHIP IN TO CALIFO		(Mame and Address)
	BURIAL		ca, 92102		118. DATE BURI	ED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BLE ITEMS	OREMATION	12A. NAME AND AC	ODRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECE	ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE AL	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIP	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
2	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITIO	N CHARGE OF DISPOSITION ISD. UCENSE NUMBER OF CREATED REMAINS DISPOSER —IF APPLICABLE

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

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

67

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)   18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
Freddie Eugene		Portlock			03/29/2002 M
SA. CITY OF DEATH		5B. COUNTY OF DEATH	OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MA	ILING ADDRESS AND ZIP CODE
San Diego		San Diego	1	of MFORMANT Sarline Portlack,	Wife
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A LAGS dale Mort. 5050 Federal B.	The second secon	F. LICENSE NUMBER	197 Olvera Ave, san Diego, CA 921	14
	San Diego, CA 92102	FD-	-1329	A SIGNATURE OF APPLICANT-PH	sun laking permit, 88. DATE SIGNED
ACHNOWLEDGMENT OF A	PFLICANT I hereby acknowledge an applicant that the projected disport Section 10376 of the Health and Safety Code, and was author	ation stated herein is one of the zed persoant to Section 7100 of th	dispositions authorized by Health and Safety Code	TahatiTurgu	1- 04/04/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PA \$7.00	04/04/200	2	AL REGISTRAR ISSUING PERMIT 2205921
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA Vital Records P. O. Box 8522 San Diego, CA 92186-52	2 -		P DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFORN	dA C
B. GREMATION		E TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	RNIA	I. DISPOSITION P (Name and Add	ENDING—REMAINS LOCATES AT STREET
BURIAL	Mt. Hope Cemetery 3751 Market San Diego, CA 9210	t St.	H-5-07	TIC SIGNATURE OF PERSO	ON IN CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	PRY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSO	IN IN CHARGE OF CREMATION
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNAL OF PLACING WITH THE	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158, DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSIT	

COPY 2 IS RETAINED BY 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 4-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of LINZY PIERSON TRE 205
in a LINEK Funeral, date, time MON 4-8 12.00
Church, Chapel, Graveside ; CA BURIAL Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Lot 17 Grave 9 Row Section 2 Division/Block 12
Grave space & Care Fund
Additional spaces and care tup A D
Opening/Closing & Setup.
Burial Container APR 0 3 2002
Handling Fees
Flower vases - Marker settling CITY OF SAN DIEGO, C/
Recording and filing fee
Sales taxes 17:17
Paid receipt number R-5 18 2b 166 1.73
x M other Balance due —
I hereby certify I am the
I hereby authorize the interment in lot I hold under deed.
Signature of recorded hulder of deed Signature of signature of recorded hulder of deed Signature of
(16/9) 262-6814 Invoice #
Work Order # E 17008 Acct. #

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

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	EDROSAL	th 2	3	Y	S	cook		
	7	ð	nlX d	10	ii	13		
					111			
terment space for: LIN2 PIERSON								
			Т		100			
nt:_\7\	_ Grave	9	Row:	Sect: _	d _ b	iv: 17		
ave Lai	d out by: _	DAVI	D	NF	2.6			
grees with Legal Card: Yes No								
grees w	grees with Map:  Yes  No							
ind Che	ck & Veri	fied By: 2	OBCRI		_ Date:	4.502		

£ 17008

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

2

. (

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

A NAME OF DEC	CEDENT—FIRST (GIVEN) 18. MIDDLE 10	C. LAST (FAMILY)	CONTRACTOR OF THE PARTY OF THE	2. DATE OF BIRTH   3. I	DATE OF DEATH 4. SEX
	Septem - I also forward   100 miles			MONTH, DAY, YEAR MO	NTH DAY, YEAR
SA CITY OF DEAY	CH SE	PIERSON, J	OUTSIDE CALIE   6.1	NAME, RELATIONSHIP, FULL MAILIN	AL AMERICAN STREET
		ENTER STATE		OF INFORMANT	-1)
SAN DI	NO ADDRESS OF CALIFORNIA—PUNERAL DIRECTOR OR PERSON ACTIN	SAN DIEGO	LICENSE MUNICIPALITA	JUNE DAVIS-MOTHER	1 41
	RNIA CREMATION & BURIAL CHAPEL		APPLICABLE	101 SOUTH 58TH ST	
5880 E	L CAJON BLVD., SAN DIEGO, CA 9211	5 F-	1957	SAN DIEGO, CA 921 SIGNATURE OF APPLICANT—Perms I	The second secon
ACKNOWLEDGMENT	I I broke schoolake as professed that the economic describes	stated herein is one of the de-	spontions authorized by	Jeanth Benya	N 10312002
DEDMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- DA	NAME AND ADDRESS OF THE OWNER, WHEN PERSON OF	ATT CONTRACTOR OF THE PARTY OF	EUED, 9C SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT
PERMIT	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED		04/03/200	2	
AUTHORIZATION (		\$7.00	J. BENYARI	2205837	TO A STATE OF THE
ANY CHANGE IN DISP	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-			DISTRICT OF DISPOSITION-	
TION REQUIRES A NE	W IF DEATH OCCURRED IN CAUPONNIA	I IF DIS	POSITION IS TO OCCUR I	N ANOTHER DISTRICT IN CAUFORNIA	
DISPOSITION	SAN DIEGO, CALIFORNIA 92186-52	22	1 -	1	
10. AUTHORIZED (	DISPOSITION(S) CHECK APPLICABLE ITEMS	64		FOR CORONE	R'S USE ONLY
A BURIAL II	NOLUDES ENTOMBMENT)	TEMPORARY ENVAUS	TMENT	I DISPOSITION PENE	DING-REMAINS LOCATED AT
B. CREMATIC		DISINTERMENT		(Name and Addres	
C. DISPOSITI	ION OF CREMATED REMAINS OTHER	SHIP IN TO CALIFOR	Alla		
D. SCIENTIFE	A CEMETERY 🚞	TRANSIT TO OUTSID			A 0.00
		THAIGH TO GOTGID			
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		11B. DATE BURIED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAD
BURIAL	MT. HOPE CEMETERY 3751 MARKE	r Sr.	4-8-07	11.	1
0	SAN DIEGO, CALIFORNIA 92102		1 1 -	VINIA F.	LANGE
	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY		128. DATE CREMATED	12C SIGNATURE OF PERSON	N CHARGE OF CREMATION
CREMATION		1		1 //	
		i		1	
SCIENTIFIC	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY REC	EIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
USE					
				•	
4	14A. NAME AND ADDRESS IN RECEIVING STATE OR COU REMAINS OR CREMATED REMAINS ARE TO BE SHIP		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATUR OF PLACING WITH THE C	
TRANSIT	HEMOIRS ON CHEMATER HEMAINS ARE TO BE SHE	PEU		OF PLACING WITH THE C	Annich
5			1		
SCATTERING AT	SEA 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER		158, DATE OF	15C SIGNATURE OF PERSON	
DISPOSITION OT	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT O	F DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION	I MAINS DISPOSER
THAN IN A CEMET					IF APPLICABLE
				HISTORY - TO THE RESTREET	

COPY 2 IS RETAINED BY 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 04-02-02

Roberta J. Chris	d, subject to your rules and regulations, t	
a Liner	_ Funeral, date, time Thurs. A	PRI 141-2002 "
urch, Chapel, Graveside	ioni Only: maye	
Funeral cars must arrive before 3:30	p.m. of regular work day or an extra char	ge of \$
be applied and billed to undersigned		
FAMILY WIll come	to Witness.	
HO Grave 9 Row	Section Division	/Brock 12
ave space & Care Fund		895.00
ening/Closing & Setup		375.00
rial Container	BAID	1900
adlina Fees		145.00
ndling Fees ower vases – Marker setting fee	APR 0 3 2002	
cording and filing fee		45.00
	TY OF SAN DIEGO, C+	14.73
1-	Total Due	1664.73
rhuary chack	Paid receipt number R - 54832	1664.73
lo pir i	Balance o	110
ereby certify I am the		e named decedent
d this is your authority to make dispo-	sition of remains as above indicated. I ceration and I agree to hold Mt. Hope Ceme	ertify and represent
ereby authorize the interment in lot I Id under deed.	Signature	
where of recorded holder of deed	Address	
	Suy Yesophane	Zip Co#
<b>=</b> 47000	Invoice #	
ork Order # E 17009	Acct. #	

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

4	'Garret	2	3	4 stevens	9	6
		& Harry	1 X	10	N.	12
	4					- 4

terment spa	ice for:	Robert	a J. (	hrist	San	
		1-2002				
n: 46	Grave:_	9 Roy	v:	Sect: _	1 1	oiv: 12
ave Laid o	ut by:	IF.	DAVI	0		Mrs
grees with	Legal Card	: Yes		No ~	eliver	y and

J No

grees with Map: Yes

ind Check & Verified By: POBER

### APPLICATION 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 06/09/1911 MONTH, DAY, YEAR Christian Roberta J. 03/31/2002 5A. CITY OF DEATH 8. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALF. OF INFORMANT ENTER STATE San Diego San Diego Robert G. Christian, Son 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. GALIF LICENSE NUMBER 1435 4th Street, SW #707 -IF APPLICABLE Mayer Mortuary Washington, DC 20024 2859 Adams Avenue, San Diego, CA 92116 FD1424 SA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DAJE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Selety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 04/03/2002 2205861 7.00 AUTHORIZATION OF IN THIS PERMIT. LOCAL REGISTRAR NOTE: THE PERMIT GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALFORNIA TION REQUIRES A NEW P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) 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 11B. DATE BURNED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery BURIAL 3751 Market St., San Diego, CA 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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 PICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OR MAINS DISPOSEII 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.

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

Fee 01 02 3:48a Mail Boxes Etc 192 341 P-1 1 02 100.25 610-701-1501 (CONT.) THE RESERVE WAS LIGHT 17009 THE PERSON NAMED IN THE PERSON OF THE PERSON ATTN CAPT. ROBERT CARISTIAN Cry at bein 0-930 (F4 - 02 -- 01) Pas Tar BACK TO Property (1 1 - 6 ) Told CHIA HOUTE STREET 7 7435 4 th Street, SW, #701 7 Washin Ton, DC 20024 (202) 484-8070 ready salts on a second of a

# INTERMENT ORDER

City of San Diego

Date 4-3-2002

You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains.
James E. Jewell	& METBO DO
n a ASh Vault Funeral,	date, time Weds, APRIL 10th
Church Chapel, Graveside Crustale	: Anderson-Reptalamonuary.
All Funeral cars must arrive before 3:00 p.m. of regul	ar work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
89 Grave Row	Section 4 Division/Brock 8
Grave space & Care Fund	200 03
Additional spaces and care fund	
Opening/Closing & Setup. A at 10	5.00 210.00
Burial Container	10.00
Control of the Contro	_13.00
Flower vases - Marke APRIN De 3. 2002	
Recording and filing ten-10PE CEMETARY	5,00 90.00
Sales taxes CITY OF SAN DIEGO C	
	/ Total Due
Paid receipt r	number R-54831 623.78
	Balance due
I hereby certify I am the Wife	of the above named decedent
and this is your authority to make disposition of rem that I have the right to make this authorization and I a any liability on account of said authorization and inte	gree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	Blo P kued
hold under deed.	3242 W. Vingo Re
Signature of recorded holder of deed	San Duaj la 92105
X	1419-583-9389
li li	nvoice #
Work Order # E 17010	Acct. #

# € 17010

# MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all isting marker's in the appropriate space(s) that are adjacent to 3 burial space.

e buri	al space.					
86	gn	88	M <sub>X</sub>	90		
116	119	118	Limpus Limpus	hich olson		
terme	nt Date: Gra	4-10-	nes E. ( 2002 -	rime:	7 1:00	
grees	aid out by with Legal with Map:	Card:	Yes [	J No €	rod ha	MIRO

Date: .

ind Check & Verified By: -

E-17010 38

# 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. MIDOLE	IC. LAST (FAMI	LYO			ATE OF DEATH	4. SEX
James		Edward	Jewell				02/2002	M
SA. CITY OF DEATH				DEATH-OUTSIDE CALIF.,		ISHIP, FULL MAILING	ADDRESS AND Z	P CODE
El Cajon			San Dies		OF INFORMANT Patricia	C. Meredi	th, Daugh	ter
	agadale Mor	na-funeral Director on PER rt.; 5050 Federa Diego, CA 92102	White the second state of the second	B CALIF LICENSE NUMBER —IF APPLICABLE  20-1329	San Diego	APPLICANT—Person to	9	E SIGNED
ACKNOWLEDGMENT OF A	movement I hereby a	schnowledge as applicant that the propose 1376 of the Health and Safety Code, and wa			>11 year	2111 30		5/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPOSITION A HEALTH AND BAFETY OF THE DISPOSITION SPECIAL BUSINESS OF CALLED	SA AMOUNT OF STREET	98. DATE PERMI		ATURE OF LOCAL F	EGISTRAR ISSUIN	
TION REQUIRES A NEW	Vital Recor	EGISTRAR OF DISTRICT OF C D IN CALIFORNIA Cds P. O. Box 85 Bgo, CA 92186-52	5222	E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC				
10. AUTHORIZED DISP	OSMON(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONL	
B. CREMATION	SE 11A. NAME AND A	DDRESS OF CALIFORNIA CEN	METERY	П		DISPOSITION PEND (Name and Address		
BURIAL		emetery 3751 Ma an Diego, CA 921		14-10-0	2 - Ken	VF.	Long	
CREMATION	CSI Cremat	DORESS OF CALIFORNIA CRE tion Services ane Way; Vista,		12B, DATE CREMA	TED 12C. SIGNAT	URE OF PERSON I	LEMANGE OF CR	EMATION
SOIENTIFIC	TRA. NAME AND AS	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAI	NS 138, DATE RECE	IVED 13C. SIGNAT	URE OF PERSON I	N CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPF		SS AND SIGNATURE CING WITH THE CA		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND CA				URE OF PERSON I		HATED RE-

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

### INTERMENT ORDER

City of San Diego Date 4-4-02 Treaser You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Tues. Tune 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 264 Grave Row Grave space & Care Fund ..... Additional spaces and care fund .... Opening/Closing & Setup..... Burial Container Flower vases - Marker setting fee ..... Recording and filing fee APR 3 () 200 ) Sales taxes... CITY OF SAN DIEG Paid receipt number \_ Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded troider of deed Invoice # Acct. # This information is available in alternative formats upon request.

O Printed on recycled printer

REA-104 (7-96)

E 17011

# MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

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

			0	ak	4	
	40	46_	Johnson		aldwell	- Sept
	West	Au	1 X	SHORTER		
		STA	Ynung		mizell	
		reex		L		
Interment Interment			na F	ime:		
400			Row:			v: 12
	d out by:					
Agrees wit	th Legal Ca	ard: 🗆 Y	es [	J No	Flag	topoul
	th Map:		_ O 1	No		U
Blind Chee	ck & Verif	ied By:	Man	un	_ Date:	617-02

81132

E- 17011

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

of FV

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

W WAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF		OF DEATH 4. SEX
RENA	LEE	FRANKLIN		09/18/	A SECURITY AND A SEC	6/2002 F
A. CITY OF DEATH		6B. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHI OF INFORMANT	P, FULL MAILING ADI	DRESS AND ZIP CODE
SAN DIEGO		SA	N DIEGO	SABRINA L.	BAWKINS -	DAUGHTER
Service and the service and th	DDRESS OF GALIFORNIA—FUNERAL DIRECTOR OR PERSON / MEMORIAL — CYPRESS VIEW CHAP	A CONTRACTOR OF THE PARTY OF TH	F. LICENSE NUMBER APPLICABLE	858 SUNEYS		
THE RESERVE THE PARTY OF THE PA	HAL AVE, SAN DIEGO, CA 92113	FD-6	70	SAN DIEGO,	A MARIE TO A STATE OF THE PARTY	ernit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	thoreby acknowledge as applicant that the proposed dispo	ution stated herein is one of the i	dispositions authorized by	b. Graces rate of Art	CIONAL TOTAL MARK S	03/26/2002
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-	9A. AMOUNT OF FEE PA	AND THE RESERVE OF THE PROPERTY OF THE PARTY	TIRSUED 9C SIGNATU	RE OF LOCAL REGIS	
PERMIT	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	SUBSTRUCTION OF WORLD	03/26/26			OTTORI ISOURIO I ELIMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT. HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	P Valent	ine >		
AMERICAN DESCRIPTION OF THE PROPERTY OF THE PR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH # DEATH OCCURRED IN CALIFORNIA			OF DISTRICT OF DISPO		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECORDSPO BOX 852		prosition is to occ	as in another signici		
DISPOSITION:	SAN DIEGO, CA 92186-5222					_
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			F	OR CORONER'S	USE ONLY
A. BURIAL UNCL	LIDES ENTOMBMENT)	E. TEMPORARY ENVAL	ULTMENT		POSITION PENDING- me and Address)	-REMAINS LOCATED AT
B. CREMATION	OF COLUMN DELINIS ONES	F. DISINTERMENT			ine and Address)	
THAN IN A C		G. SHIP IN TO CALIFOR				
D. SCIENTIFIC U	SE	H. TRANSIT TO OUTSI	DE OF CALIFORNIA			
1	11A. NAME AND ADDRESS OF CALIFORNIA GEMETER		118. DATE BURIE	ED   110, SIGNATURE	OF PERSON IN C	HARGE OF BURIA
BURIAL	MT HOPE CEMETERY, 3751 MAR	FEI DIS		1	D	
	CAN STREET PA DUIGU		11.00	10/		
	SAN DIEGO, CA 92102		6-18-02	Committee of the Commit	antergu	
	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	SY IMPERIAL	6-18-02 128. DATE CREMA	Committee of the Commit		HARGE OF CREMATION
CREMATION		53 IMPERIAL		Committee of the Commit		
GREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 39 AVE, SAN DIEGO, CA 92113	53 IMPERIAL	128. DATE CREMA	TED 12C. SIGNATURE	OF PERSON IN CH	HARGE OF CREMATION
OREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 39	53 IMPERIAL		TED 12C. SIGNATURE	OF PERSON IN CH	
	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 39 AVE, SAN DIEGO, CA 92113	53 IMPERIAL	128. DATE CREMA	TED 12C. SIGNATURE	OF PERSON IN CH	HARGE OF CREMATION
SCHENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 39 AVE, SAN DIEGO, CA 92113	53 IMPERIAL RECEIVING REMAINS	128. DATE CREMA	TED 12C. SIGNATURE	E OF PERSON IN CH	HARGE OF CREMATION
SCHENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY, 39 AVE, SAN DIEGO, CA 92113 13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	12B. DATE CREMA	IVED 190. SIGNATURE	E OF PERSON IN CH	HARGE OF FACILITY  F PERSON IN CHARGE
SOIENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY, 39 AVE, SAN DIEGO, CA 92113  13A NAME AND ADDRESS OF CALIFORNIA FACILITY  14A NAME AND ADDRESS IN RECEIVING STATE OR	RECEIVING REMAINS	12B. DATE CREMA	IVED 190. SIGNATURE	OF PERSON IN CHE OF PERSON IN CHE AND SIGNATURE OF	HARGE OF FACILITY  F PERSON IN CHARGE
SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 39  AVE, SAN DIEGO, CA 92113  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY  14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER	RECEIVING REMAINS  COUNTRY WHERE SHIPPED	128. DATE CREMA 138. DATE RECE	IVED 12C. SIGNATURE  IVED 13C. SIGNATURE  OF PLACIN	OF PERSON IN CHAND SIGNATURE OF GWITH THE CARRI	HARGE OF FACILITY  F PERSON IN CHARGE  ISO LICENSE NUMBER
SOIENTIFIC USE TRANSIT	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 39  AVE, SAN DIEGO, CA 92113  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY  14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO DENTIFY FINAL PLACE AND CA DISTRICT.	RECEIVING REMAINS  COUNTRY WHERE SHIPPED	128. DATE CREMA  // 3B. DATE RECE  148. DATE SHIPP	IVED 12C. SIGNATURE  IVED 13C. SIGNATURE  OF PLACIN	OF PERSON IN CH OF PERSON IN CO AND SIGNATURE OF G WITH THE CARRI	HARGE OF FACILITY  F PERSON IN CHARGE

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 4-5-02

ina ASh Vauct	Funeral, date, time W	ads April 10th 1:0
Church, Chapel, Graveside	, RAC	SSDALE Mortuary.
All Funeral cars must arrive before 3:	80 p.m. of regular work day or a	an extra charge of \$
will be applied and billed to undersign	ed	
Lot 54 Grave R	ow Section	Division/Block
Grave space & Care Fund		300,00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.60
Burial Container	ADD OUR SONS	55.00
Handling Fees	AFR U D ZUUZ	66.0
Flower vases - Marker setting fee	MT. HOPE CEMETA	IRY
Recording and filing fee	CITY OF SAN DIEGO	45,00
Sales taxes		_ 4.21
	Paid receipt number	D VS 569.2
	Pad (except number	Balance due
I hereby certify I am the and this is your authority to make distinct I have the right to make this authority on account of said authority.	erization and I agree to hold Mt.	of the above named decedent ndicated. I certify and represent Hope Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	21074 X 37074	illtop Or#9
Signature of recorded holder of deed	Chy ,	on Grove 9194 2008-5744
	Invoice #	
Work Order # E 17012	Acct. #	
REA-104 (7-96) This	information is available in alte	ernative formats upon request.

@ Printed on recycled super

# GRAVE BLIND CHECK FORM

rite in the name o	of the decea	ased for	which the	grave is f	or in the
ock marked with ' isting marker's in burial space.	the approp	riate sp	ace(s) tha	no grave t are adja	# of all cent to
		X			
			Fu		
					.,
terment space for:	ALP	Ha 1	Ray S	COTT	X_
terment space for: .	1-10-0	2 1	ime:	1:	00
nt: 54 Grave					
ave Laid out by: 2	Normain	Dan	id		
grees with Legal C			J No		2Km
grees with Map:	J Yes		No	&	0

Date: \_

ind Check & Verified By: \_

E17012

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	ENT—FIRST (GIVEN)   18. MIDDLE	IC. LAST (FAMILY)		2. DATE O		OF DEATH	4. SEX
5A	San Diego		5B. COUNTY OF DEAT	HOUTSIDE CALIF.	6. NAME, RELATIONS! OF INFORMANT Olive J. S.	HP, FULL MAILING AC	DRESS AND 21	-
	Anderson-Ra	DDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A BESSAGE MORT. 5050 Federal B	CTING AS SUCH 78. CA	IF APPLICABLE	P. O. Box La Mesa, C	3765 A 91945		
-	ACKNOWLEDGMENT OF A	San Diego, CA 92102	1	-1329 depositions authorized by	BA. SIGNATURE OF AF	PLICANTPerson taking (	SALID BUILDINGS	E SIGNED 5/2002
	PERMIT  UTHORIZATION OF OCAL REGISTRAR	Section 1937b in the Health and Salety Gode, and was author.	BA AMOUNT OF FEE F \$7.00	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN		URE OF LOCAL REG	-	NAME OF TAXABLE PARTY.
ANT	THE REAL PROPERTY AND PERSONS ASSESSED.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUPORNIA VICEL Records F. O. Box 8522 Sati Diego, CA 92186-5	1 15	DRESS OF REGISTRAN				•
10	. AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS			F	OR CORONER'S	USE ONLY	
	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUTS	DRINIA		SPOSITION PENDING ame and Address)	REMAINS LC	CATED AT
	BURIAL	NAME AND ADDRESS OF CALIFORNIA CEMETER Mt. Hope Cemetery 3751 Marks San Diego, CA 92102	st St.	4-10-02	1/	E OF PERSON IN C	HARGE OF BL	FILA
GRE TEMB	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CSI Cremation Services 2570 Fortune Way; Vista, CA	Managaran	128. DATE CREMA	TED 12C. SIGNATUR	E OF PERSON IN C	MAGE OF CRE	EMATION
LL APPLICA	SOMENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATUR	RE OF PERSON IN C	HARGE OF FA	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPP		AND SIGNATURE O		CHARGE
0	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	ER DESCRIPTION SUF- T OF DISPOSITION	158. DATE OF DISPOSITION		E OF PERSON IN OF DISPOSITION	150 LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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

# INTERMENT ORDER

City of San Diego

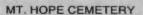
Date 4-5-02

in a	Mortuary.
Church, Chapel, Graveside; All Funeral cars must arrive before 3:30 p.m. of regular work day will be applied and billed to undersigned	
will be applied and billed to undersigned.	or an extra charge of \$
Lot 1700 Grave 12 Bow - Section	
D A Section	2 Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund APR 0.5 2002	
Opening/Closing & Setup MT No.	
Burial Container CITY OF CEMETARY	
Opening/Closing & Setup MT. HOPE CEMETARY Burial Container CITY OF STRANSCORY Handling Fees MARKER SETTING CT4	x 12) 125,00
Flower vases - Marker setting fee 11.00 GALU C	And F/V 23.78
Recording and filing fee	
Sales taxes	
Paid receipt number MA	tal Due
	Balance due
I hereby certify I am the MoTHAR and this is your authority to make disposition of remains as about that I have the right to make this authorization and I agree to hold any liability on account of said authorization and interment.	Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I Society Hambert I hold under deed.	LOOAN AUE AFT B
Signature of recorded holder of deed  Signature of recorded holder of deed  Off  Tallephone	Equ. (A 92113 20000
Work Order # E 17013 Invoice #	

O Printed as recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



# INTERMENT ORDER

City of San Diego

Date 4-5-200 2

You are hereby authorized and instructed	d, subject to your tyles and regulations, to inter the remains
or Paul Bru	ant (1909)
ina LINER J	Funeral, date, time FRI. April 12th 11:0
Church Chapel, Graveside	CA BURIAL Mortuary
All Funeral cars must arrive before 3.00 p	o.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
V-02 2	1 70
Lot 39 Grave Row	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	-
Opening/Closing & Setup	PAID 375.00
Burial Container	
Handling Fees	APR 0 5 2002 145.00
Flower vases – Marker setting fee	MT HOPE CEMETARY
Recording and filing fee	CITY OF SAN DIEGO
A Last Control	0 01841 - 17.73
021	1 0
P	aid receipt number only HAID (664.)
1. +	Oldos Balance due
and this is your authority to make dispos	of the above named decedent lition 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.	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
	& llong Seus
I hereby authorize the interment in lot i hold under deed.	12410 554 A.
	Day Dues Ch ash
Signature of recorded haider of deed	(699 269-1833 210 COOK
	Telephonia 2/2-1719
	(858) 210 111
Work Order # E 17014	Acct. #

This information is available in alternative formats upon request.

Q Pround on recycled paper

REA-104 (7-96)

# GRAVE BLIND CHECK FORM

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

		4 3			
	barron	<b></b> ₹x	Tiel	1	
	Jackson	8	4 three		
terment space for:	Paul	Bruga	Mt		
terment Date:	7		ime:		
nt: 39 Grave	. 2			1 D	iv: <u>12</u>
ave Laid out by: _					
grees with Legal C	ard: 🗆 Yo	es [	J No	720	iden iden
grees with Map:	J Yes		No	ox	sou
ind Check & Ver	ified By:	300 19	3	_ Date:	0

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		-	2 DATE OF BIRTH MONTH, DAY, YEAR	SECOLO .	F DEATH 4	SEX
PAUL	ANTHONY	BRYANT			12/09/1967	04/0	02/2002	M
SA. CITY OF DEATH		6B. COUNTY OF DEATH	-OUTSIDE CALIF.		RELATIONSHIP, FULL N	AAILING AD	DRESS AND ZIP C	ODE
SPRING VAL		SAN DIEGO	The state of the s		ICIA LASH-S	ISTER	(10.	
7A. TYPED NAME AND A	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER	3054	TAUSSIG ST	. (	1011	
	A CREMATION & BURIAL CHAPEL	F-1	357		DIEGO, CA 9.		1 12 2 14 2	
5880 EL CA	AJON BLVD., SAN DIEGO, CA 921	115		BA. SIGN	ATURE OF APPLICANT	21121	11	
ACKNOWLEDGMENT OF A	PLICANT Section 10376 of the Health and Safety Code, and was author	rized pursuant to Section 7100 of the	Health and Safety Code	N	WIND FOR	14 W	O4/08/	200:
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 GYES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	04/10/20 J. BENYA	02 RD	2206245	OCAL REGI	STRAR ISSUING P	ERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALMORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	I IF D			RICT OF DISPOSITION— OTHER DISTRICT IN CAUFO	AIMS		
	OSITION(S) CHECK APPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY	$\overline{}$
	-	T - TEMPODADY ENVA	IN THEMP		THE PROPOSITION	DENDING	DESAMBLE LOCAL	
A. BURIAL (INCL)	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA  F DISINTERMENT  G SHIP IN TO CALIFO  H TRANSIT TO OUTS	PINIA		L DISPOSITION (Name and A		REMAINS LOCA	
A. BURIAL (INCLI	OF CREMATEO REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	0 ; 110	(Name and A	Address)		•
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS RY KET ST.	ORNIA	1		Address)		
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARK	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST.	ORNIA IDE OF CALIFORNIA I 11B DATE BURIEF	2 5	Name and A	ddress)	HARGE OF BURIA	
A. BURIAL UNCLU B CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CALIFORNIA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST.	INTE DATE BURIES	2 5	Name and A	ddress)	HARGE OF BURIA	
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CALIFORNIA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST.	INTE DATE BURIES	2 5	Name and A	ddress)	HARGE OF BURIA	
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER EMETERY SE  11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CALIFORNIA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST. 2	HINIA  ITB DATE BURIER  H-1Z-0	2 5	Name and A	Address)	HARGE OF BURIA	TION
A. BURIAL (INCLI  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 CEMETER MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CALIFORNIA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATO	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST. 2 ORY RECEIVING REMAINS COUNTRY WHERE	HINIA  ITB DATE BURIER  H-1Z-0	ED 129	(Name and A	SON IN CH	HARGE OF BUFILE	TY.

COPY 1

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

VS 9 (REV. 6

### INTERMENT ORDER

City of San Diego

Date 4-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Dorothy WIIS
in a T. S. Voult Funeral, date, time Friday April 12 11:00
Church Chapel, Graveside Witness : Anderson Regular Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Lot 19 Grave Row 5 Section 7 Division/Bleek 7
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burial Container 250.00
Handling Fees 185 00
Flower vases – Marker setting fee
Recording and filing fee 45 00
Sales taxes.
Total Due
Paid receipt number 54860 874.38
Balance due
I hereby certify I am the OUAGN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and interment.
I hereby authorize the interment in lot I Supply 4037 I DA ho ST #2
Signature of recorded holder of sheets  SAN DIESE CA Fahrofined y  Checking 291-0750
E 17015
Work Order # E 1/U15 Acct. #
REA-104 (7-96) This information is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all

#	TV	ST	AD	RIV	e	
T	MIRS	Thomps	19 X	20 CLYM	Crestr	4
1			Transaction and			
1						1
7	ut ourse for	- Do	rothy	Wills		
Interme	nt space for:	uday	12 200	2 Fime:	11:00	
Lot:		e:	Row: 5			Div:

Agrees with Legal Card: Yes O No

Agrees with Map: Yes No

Blind Check & Verified By: -

E-17015

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

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

1A. NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH   3. DATE OF D	
Dorothy		-	Wills		07/18/1923 04/05/20	02 F
SA CITY OF DEATH			58. COUNTY OF DEATH	-OUTSIDE CALIF., 6	NAME, RELATIONSHIP, FULL MAILING ADDRESS OF INFORMANT	AND ZIP CODE
San Diego			San Diego		Peter B. Rollins, Son	
	Ragsdale M	FUNERAL DIRECTOR OF Ort. 5050 Fee ego, CA 9210	deral Bivd.	APPLICABLE	4037 Idaho St. #2 San Diego, CA 92104 SA SEGNATURE OF APPLICANT—PERSON DAMES DEFINI, IS	B DATE GIGHED
ACKNOWLEDGMENT OF AP	I hereby a	decembed as applicant that the	proposed disposition stated herein is one of the	dispositions authorized by		4/09/2002
PERMIT	THIS PERMIT IS ISSU	ED IN ACCORDANCE WIT	and was authorized pursuant to Section 7100 of the TH PROVE   QA. AMOUNT OF FEE P.	ALTERNATION STREET, ST	IBSUED, 9C SIGNATURE OF LOCAL REGISTRAR	
AUTHORIZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFE Y FOR THE DISPOSITION S I MIGHT OF DISPOSAL OUTSIDE OF	SPECIFIED \$7.00	04/11/200	2 220	6321
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT D IN CAUPOINIA rds 9. O. Box Diego, CA 9	× 85222		OF DISTRICT OF DISPOSITION— II IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	DISTION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE	ONLY
D. SCIENTIFIC US	11A. NAME AND AL	DRESS OF CALIFORNIA			(Name and Address)	OF BURIAL
BURIAL	ne, nope o		, CA 92102	1	- Dancel Fam	her
CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATE	ED 12C. SIGNATURE OF PERSON IN CHARGE	OF CREMATION
SCIENTIFIC	13A NAME AND AC	ORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C SIGNATURE OF PERSON IN CHARGE	OF FACILITY
TRANSIT		DRESS IN RECEIVING S CREMATED REMAINS AR	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERS OF PLACING WITH THE CARRIER	ON 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	CHARGE OF DISPOSITION	LICENSE NUMBER DF 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\_ 4-5-02

You are hereby authorized and instructed, subject to your rules and regulations, t	o inter the remains
of Bessie Nedd &	WET SHALL
in a ASH WUUT Funeral, date, time	
Church, Chapel, Graveside Delivery Only: 81113- Bro	Wn Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra char	ge of \$
will be applied and billed to undersigned	
61 38 Grave 8 Row Section Division	Websek 1Z
Grave space & Care Fund E - 4605	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container PAID	55.00
Handling Fees APR 2 3 2002	60.00
Flower vases – Marker setting fee	
Recording and filing fee MT. HOPE CEMETARY	45.00
Sales taxes. CITY OF SAN DIEGO, C,	4.26
Total Due	869 24
Manay 679-11359 Paid receipt number K-54897	269.26
904-67X	tue O
	e named decedent
and this is your authority to make disposition of remains as above indicated. I ce that I have the right to make this authorization and I agree to hold Mt. Hope Ceme	tery harmless from
any liability on account of said authorization and interment.	
I hereby authorize the interment in lot I hold under deed.	
Antheas	
Signature of recorded holder of deed	Ze Code
	14.000
Tellighphe	
E 47046 Invoice #	
Work Order # <b>E</b> 1/U16 Acct. #	

# F-17066

# MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

# rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all isting marker's in the appropriate space(s) that are adjacent to a burial space. Shee on grove of Williams Wiley Leaves XX 9 9000 Williams Wiley Leaves XX 90000 Williams Wiley Leaves XX 90000 Williams Wiley Leaves XX 90000 Williams Wiley

1: 138 Grave: 8 Row: Sect: Div: 12

grees with Legal Card: Yes No

terment Date:

ave Laid out by: \_

ind Check & Verified By: .

Date: \_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY-MAKE NO FRASURES. WHITEOUTS OR OTHER ALTERATIONS

IA	NAME OF DECEDE	NT—FIRST (QIVEN)	18. MIDDLE	IC. LAST (FAMILY NEEDO			2. DATE OF BIRTH	3. DATE OF D	
5A	WILDOWAR			58. COUNTY OF DE	ATH-OUTSIDE CALIF.	OF INE	and the state of t	N-SON IN	000000000000000000000000000000000000000
A	27010 ENG	MR SUN CIT	SUM CITYM CA.	PERSON ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER —IF APPLICABLE FD1225	MU	306 CALISTO ERIETA, CA.	92563	n nave name
	ACKNOWLEDGMENT OF AP			speed disposition stated terrain is one of if was sufficient pursuant to Section 7100		NG 7	TURE OF APPLICANT	DOZ L	24104/4
	PERMIT JTHORIZATION OF DCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPI 0 NIGHT OF DISPOSAL OUTSIDE OF CA	S7.00	03/28/20	I.	778920 PH	OCAL REGISTRAR	ISSUING PER
n	Y CHANGE IN DISPOSI- ON REQUIRES A NEW	RIVERSIDE	EGISTRAR OF DISTRICT OF CLOCKETY HEALTH 600, RIVERSIDE,	H DEPT	ADDRESS OF REGISTRAF	SONT'S	HEALTHD PARTY		222
	AUTHORIZED DISPO	a distance of the second	C.F. Contract Contrac					RONER'S USE	
Mary and the same	A. BURIAL (INCLU	BE		B - Budalescond	JEORNIA UTSIDE OF CALIFORNIA		(Name and A		102000000
Mary and the party and	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	DDRESS OF CALFORNIA CE CEMETERY ET ST., SAN DIE	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O	JFORNIA			Address)	102000000
The second secon	A BUREAL (INCLU	OF CREMATED REM. METERY SE  11A. NAME AND AS  12A. NAME AND AS  570 E.	DRESS OF CALIFORNIA C	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O	JEORNIA UTSIDE OF CALIFORNIA	ED   110.	(Name and A	Address)	of Burial
TE ALLENOOF HEMS	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. METERY SE  11A. NAME AND AS  12A. NAME AND AS  12A. NAME AND AS  12A. NAME AND AS  570 E.  SAN BER	DRESS OF CALIFORNIA CE CEMETERY ET ST., SAN DIE DRESS OF CALIFORNIA CEMETERY HIGHLAND AVE NARDINO, CA. S	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O	UTSIDE OF CALIFORNIA  11B. DATE BURIE  4-24-0  128. DATE CREMA	ED   11C.	SIGNATURE OF PER	SON IN CHARGE	OF CREMATIC
CONTLETE ALL ACTIONNESS HERES	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SOMENTIFIC	OF CREMATED REM. METERY BE  11A. NAME AND AI MOUNT HOP  3751 MARK  12A. NAME AND AI TO E. SAN BER  13A. NAME AND AI	DDRESS OF CALIFORNIA OF CEMETERY ET ST., SAN DIE DDRESS OF CALIFORNIA OF CREMATORY HIGHLAND AVE NARDINO, CA. S DDRESS OF CALIFORNIA F	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O  CEMETERY  BGO, CA. 92102  CREMATORY  92406 FACILITY RECEIVING REMAINS  ATE OR COUNTRY WHERE	UTSIDE OF CALIFORNIA  11B. DATE BURIE  4-24-0  128. DATE CREMA	Z 11C. ATED 12C.	SIGNATURE OF PER	SON IN CHARGE	OF BURIAL OF CREMATION

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



17016.

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dale\_4-5-02\_

Bessie N	Funeral, date, time
THE PROPERTY IN	D. L. Sans Brun Mortuary.
hurch, Chapel, Graveside Deliver	only Eans Brown Mortuary.
Il Funeral care must arrive pefore 3:30 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	
-0 0	1 2 12
of 108 Grave 8 Row_	E - 4605 Division/Block 12
Brave space & Care Fund	E - 7609
delicant mares and care fund	10 0 00
	1000
	V4-
Surial Condition	60.00
Control of the Contro	72:00
Recording and fling tea	4.24
Sales taxes	Total Dua
- 41	d receipt number
handa .679-1139 Pal	
que box	Balance dus
I hereby certify I am the Daughter	of the apove named decadem on of remains as above indicated, I certify and represent the and Lagree to hold Mt. Hope Cemetery harmless from
that I have the right to make this authorization any liability on account of said authorization	V Clestine Havison
t hereby authorize the interment in lot I	S-drieser's
hald under doed.	X39306 Calistoga Dr.
Signature of Figuresia talejut or clean	Murrieta, CA 92562
odium.	909-677-2733
	Invoice #
Work Orger # E 17016	

# INTERMENT ORDER

PRE- WEED TRUST

City of San Diego

Date 4-8-02

in a LINCR 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 2088 Grave Row	10
ot 2000 Grave Row	Section Division/Block
Grave space & Care Fund	110 495.00
Additional spaces and care fund	NATION CONTRACTOR DE LA
Opening/Closing & SetupFEB. 0.	6.2004 375,80
Burial Container	740.00
Handling Fees	E CEMETERY 145.00
Flower vases - Marker setting fee 9.1	1110 -1
Recording and filing fee	45.60
Sales taxes	19.73
12/05/10/11/18	Total Due 1913,5
5/3/00 CUM 38	aid receipt number R-54845 900.0
Jan no b'o	Balance due 1013 / S
hereby certify I am the	of the above named decedent
that I have the right to make this authoriza	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	on and interment
hereby authorize the interment in lot I	meresa valdelles
nold under deed.	X764 Chamberlain Civ
Signature of recorded holder of deed	X El Caron la 9202
	\$ (\$19) 579-8092 Zie Code
	Telephone
E 47047	Invoice #
Work Order # E 1/U1/	Acct. #

ESPARZA, PETRA 764 Chamberlain Ave., El Cajon 92020 61	9 579-8092		
	DEBIT	CREDIT	BALANCE
04-08-02 Opened pre-need lot and trust. Trust includes			
opening/closing, liner, handling fee, recording	8		
fee, tax on liner. Paid for marker setting			
Lot 2088, Division 10	995.00		995.00
Trust	769.73		1764.73
Marker setting fee and galv vase PAID	148.78		1913.51
04-08-02 Receipt 54843		900.00	1013.51
5-6-02 R-54950 Coupon 192 Rem 4		84.00	929 51
6-19-62 R-55121 11 3		H8 00	80 5
7-25-02 R-55242 " 4		42.00	845.51
8-6-02 R-55288 " 5	עוע	42.00	80351
9-10-02 R-55397 # 10		43.00	761.5
10-8-02 R-55493 FEB 05	2004	42,00	71915
11-6-02 K-55589 8		42,00	677.57
12-9-02 R-55707 -# 9 MOUNT HOPE	CEMETERY	42.00	435,51
1-093 R-55797 10		N2.00	893151
2-11 03 R-55910 11		4200	95151
3-7-5 R7 56006 # 12		42.0	x 509.51
4-9 8 856129 3		45.00	44751
5-8 8 CARREA DETRA		42.00	192551
E-17017	41.73		

E-17017 Coupon#15 9120



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From teresa Vollille	Address: 0 m	Date: 7 1-6-02 Record Dollars (\$	42.00	<u> </u>
In Payment of 1	ne her Rol *	Section	Division Block	10
Pre-need Lot At Need On Acct Pre-need Trust Cash Check	NOTVALID FOR PURPOSE STATED UNLESS STATED IN THIS SPACE.	80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100 Containers 77182 — 100 Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — Pre-Need 83033 Trust 7718 — 9022	42	00
\$0.00 m sail	ISSUED BY J Multillan	Sales Tax 60101 78390 — TOTAL PAID \$	42	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: T.T. Valdillez	Address:		Date:	lec 911	, 2	002
FORTY TWO	re need	lat 4	Ta		\$ 42.0	00
in TOVT Payment of Y Lot 2089 Grave	VI- NECU	Row	Rust   Section	acco	Division Block	10
No. Salance Due 635.51  Pre-Need Lot X At Need On Acct	NOT VALID FOR PUI STAMPED "PAID" IN		CREDIT	77184 - 100 77181 - 100	· ·	2 00
Pre-need Trust Cash Check A  AC-212 (Rev 10-02)  This information is available in alternative Check A	ISSUED BY	ransfor	Trust Sales To	77196 - 60101 78390 -	4	2.00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55910

Fourty two dollars	Address: 764 Chan 3 900/100 The need lot a	noerlain ave	EC !	(A 92)
n DOTT Payment of Lot 3088 Grave	Row	Section	Division N	0
nvoice No. E 17017	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 -		
v.o	PAID	80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -		
ALANCE DUE 551.5)	FEB 1 1 2003	Burial 100 Containers 77182 -		
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Recording 8 100 Misc. Fees 77183 - Pre-Need 63033	42	00
Pre-need Trust X Cash Check X	ISSUED BY Pain Hetzel	Trust 77186 - Sales Tax 60101 78390 -	10	
AC 212 (Rev. 10-02) >194	1550000 41 4 402	TOTAL PAID \$ _	42	CE



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56006

From: Espara, Retra	Address:	onrecord	d	ard		03
Forty-Two	, ,			Dollars (	\$ 42.00	>
in Part Payment of 1 Lot 2088 Grave	re-need	_ Row_	Section		Division Block	10
Invoice No	NOT VALID FOR PUI STAMPED "PAID" IN	RPOSES STATED UN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee	67007 77184 - 100 77184 - 100 77181 - 100 77182 - 100 77185 -		
Pre-Need Lot X At Need On Acct	D	0 46 04.	Recording & Misc. Fees Pre-Need	100 77183 - 63033 77186 - 60101	40	00
AC-212 (Rev. 10-02)  This information is available in alternative formats upon provide	ISSUED BY COL	wettena	TOTAL PAID	78390 - \$ .	40	2 00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56129

		, D	ate: apr	·l	9
From: T. Valdelling	Address	711/1	kulain	and	EC
Fourty Two del	law 9	all00, -		Oollars (S	5 yw.
in Payment of	pre me	id loty	trust		Division
Lot 2088 Grave		Row	_ Section	-	Block
Invoice No. E 17017	NOT VALID FOR F STAMPED "PAID"	PURPOSES STATED UNLESS IN THIS SPACE.	CREDIT	67007 77184 -	
Acct. No.		PAID	20% Sales Care 80% Sales of Lots	100 77184 -	
W.O		FAID	Opening/ Closing Burial	77181 - 100	
BALANCE DUE 41.5/	AF	PR 0 9 2004	Containers Handling Fee	77182 - 100 77185 -	
Pre-Need Lot / At Need On Acct	MT. H	OPE CEMETARIO	Recording & Misc. Fees Pre-Need	100 77183 - 63033	(6)
Pre-need Trust Cash Check	Va	F SAN DIEGO	Trust Sales Tax	77186 - 60101 78390 -	10
AC-212 (Piev. 10-02)	ISSUED BY	in thinky	TOTAL PAID	\$ -	4)



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56216

	Date	e: May	5	003
From: Pottor Essource	_ Address: 7004 Chour	balain au	e. Ec	9200
Jours Suo dotte	14 1 allad	Dollars	(\$ 42.0	D_)
in Part Payment of	pe mud lot	+ trust		
Lot 2088 Grave	Row	Section	Division Block	10
	NOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007		-
Acct. No.	PAID	20% Sales Care 77184 80% Sales 100		
W.O.	PAID	of Lots 77184 Opening/ 100 Closing 77181		
BALANCE DUE 495.5/	MAY 0 8 2003	Burial 100 Containers 77182		
	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	42	-
Pre-need Trust Cash Check	De Many ()	Trust 77186 Sales Tax 60101 78390	-	
AC-212 (Rev. 10-02) 200 (F	SSUED BY CLAN TICKZEX		42	



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56345

From: Jeresa T. Vala	dille Adress:	on rea	Date: Cur	4/1	2, 20	03
Forty Dwo a	nd b		7	Dollars (	420	ō
in Payment of J	u-ne	Row	Y trust Section	00	Division 10	)
Invoice No.  Acct. No.  W.O. E-17017  BALANCE DUE #383.5/  Pre-Need Lot X At Need On Acct    Pre-need Trust X Cash Check	STAMPED "PAID" I		CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 - 100 77184 - 100 77181 - 100 77182 - 100 77185 - 100 77185 - 63033 - 63033 - 77186 - 60101 - 78390 -	42	00
AC-212 (Rev. 10-02)  This information is available in alternative formats upon requ		0	TOTAL PAID	s _	42	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From teresa Valdilley  Sorty two  Payment of P	ne- need dot a true	Lain lose El	20 242.00	9202
Lot 2088 Grave	Row Se	ection	Division	0
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burial 100 Containers 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77185 - Pre-Need 63033	_ Ya	00
Pre-need Trust A Cash Check AC-212 (Rev. 5-94)	ISSUED BY I Shellton	Trust 77186 8022- Sales Tax 60101 78390 - TOTAL PAID 8	42	00

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	* * *			Date:	4-10	, 20	02
From: Teresal.	Valdi	llez Address:	464 Cho	amberlain	ave	. El Cojon	CA
Forty-Two	and	00			Dollars (\$	42.00	)
In Part Paymen	t of Pr	e-neved	lot & tru	st accour	1+		Tel
' Ca	pont	6					
Lot 2088	_ Grave	_	Row	Section		Division Block	0
nvoice No.		NOT VALID FOR PURE	POSE STATED UNLESS ST	AMPED CREDIT 20% Sales Car	67007 77184 —		
Acct. No.				80% Sales of Lots	77184 —	42	00
v.o. E-1701	7			Opening/ Closing Surial	77181 — 100		
BALANCE DUE \$ 70	el. 51			Containers Handling Fee	77182 — 100 77185 —		
				Recording & Misc. Fees	100 77183 —		
re-Need Lot R At Need	On Acct			Pre-Need 77	84 -9988 -		
Pre-need Trust 🖟 Cash 🗆	Check 🐰	ISSUED BY DOL	Notto C.	Sales Tax  TOTAL PAID	60101 78390 —	112	00
VC-212 (Rev. 5-94)	2086	1990ED BY STEAM		- TOTAL PAID	•	42	



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Teresa J. Valdie	les Address: OW record	8/4			02
Forty- Iwo	U de la	D	ollars (\$ _	42.00	)
Inpart Payment of Pre	- need of trust account	Doupons	(5)		
Lot 2086 Grave	Row Se	ction		Division Block	10
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —	42.	0.0
W.O. E-17017 BALANCE DUE \$ 803.51		Opening/ Closing Burial Gantainers	100 77181 — 100 77182 — 100		
Pre-Need Lot   At Need □ On Acct □		Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 9022 —		
Pre-need Trust A Cash Check A 2059	ISSUED BY RELIGION C.	Sales Tax TOTAL PAID	60101 78390 —	42.	00

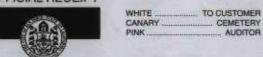
200



# MOUNT HOPE CEMETERY (619) 527-3400

From: Teresat. Vala	dillezadress: on vector	- Ju	192	5, 20(	02
topty-100		· Petra	ollars (\$	42.00	)
In Part Payment of Pre	e-need lot/trust-for	retion_	cehan	Division Block	10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 —	42	00
W.O. E-17017	PAID	of Lots Opening/ Closing Burial Containers	77184 — 100 77181 — 100 77182 —		
BALANCE DUE 9 079.51	JUL 2 5 2002	Handling Fee Recording & Misc. Fees	100 77185 — 100 77183 —		
Pre-Need Lot   At Need □ On Acct □  Pre-need Trust ▼ Cash □ Check ▼	MT. HOPE CEMETARY	Pre-Need Trust Sales Tax	63033 9022 — 60101		
AC-212 (Rev. 5-94) 2054	ISSUED BY LOUISINE	TOTAL PAID	78390 — \$	42.	00

AUDITOR



Pota ground	Date:	cord	-6	, 20 (	22
Earthy Rom Payment of Pro	Address:		ollars (\$ Z	34.00	)
Petra Sapar Lot 2088 Grave	my Coupons 1	+ 2 ,		Division 10	)_
Invoice No.  Acct. No.  W.O. E - 17017  BALANCE DUE \$ 929.51  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 77181 — 100 77182 — 100 77185 — 100 77183 — 63033	84	00
Pre-need Trust Cash Check D  AC-212 (Rev. 5-94) M.O. 688286872	ISSUED BY Paulette C.	Trust Sales Tax TOTAL PAID	9022 60101 78390	84.	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57173

MOUNT HOPE CEMETERY (619) 527-3400

	(010) 321-340	1.6	<	1
From J. Valdiller	Address: 764 Cha	mberlain	ove &	1 920
	0	Dollars	\$ 47.5	<u>(</u> )
In Full Payment of Lot	pre nud	Section	Division Block	10
Invoice No. E 17017 Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100		
W.OBALANCE DUE	FEB 0 5 2004	of Lots 77184 - Opening 100 Closing 77181 Burial 100 Containers 77182		
Pre-Need Lox At Need On Acct	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033	שר	51
Pre-need Trust Cash Check  AC-212 (Rev. 10-02)  This information is available in alternative formats upon requ	TISSUED BY Lam Hebrel	Trust 77186 Sales Tax 60101 76390 TOTAL PAID \$	47	51

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56558

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

BALANCE DUE 299.5   AUG 0 7 2003   Closing 77181   100   Containers 77182   100   Containers 77182   100   Handling Fee 77185   100   Handling Fee 77185   100   Misc. Fees 77183   100   Misc. Fees	1111	, D	ate: Cuc	
Dollars (\$   Dol	From: Deresa Valde	lly Address: Ty Chan	bellaid up	EC 9202
Division	South Swo 10	0/000	Dollars (\$	42.00
Invoice No.   E   17017	in Payment of	ore and	old trust	
Acct. No	Lot 2088 Grave	Row	Section	Division 70
Acct. No	Invoice No. E 17017			
W.O	Acct. No.	STAMPED "PAID" IN THIS SPACE	20% Sales Care 77184	
BALANCE DUE 299.5   Burial 100   Corsainers 77:82   100   Corsainers 77:85   100   Handling Fee 77:85   Recording & 100   Misc. Feats 77:83   100	1000	PAID	Opening/ 100	
Pre-Need Lot At Need On Acct Handling Fee 77185 Hecording & 100 Miss. Fees 77183 Pre-Need 53033 4/2 00	BALANCE DUE 299,5		Burial 100 Containers 77182 —	
Pre-Need Lot At Need On Acct MT-HOPE CEMETARY Pre-Need 63033 4/2 00		AUG 0 7 2003	Handling Fee 77185	
	Pre-Need Los At Need On Acct	MT-HOPE CEMETARY	Misc. Fees 77183 — Pre-Need 53033	42 00
Pre-need Trust Cash Check CITY OF SAN DIEGO, CA Sales Tax 60101	Pre-need Trust / Cash Check			
AC-212 (Rev. 10-02)  This information is available in alternative formats upon request.		1. 1. 24		42 00



ACI-212 (Rev. 10-02)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Valdille

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

Date:

-			PARTIE FOR	
S	ection		Division /	0
	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buriel 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 63033 77186 680101	42	00
	TOTAL PAID	78390	42	00

This information is augustion in alternative formats upon request

Address: 764 Chamber Paid Row Row PAID PAID

MT. HOPE CEMETARY

SEP 0 9 2003

ISSUED BY KIN HODEL

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFO	RNIA	56777
CANARY CE	MOUNT HOPE CEMENT (619) 527-3400	DOD .	9 03
From J. Valdeller	Address: 144 Chambe	clain are	EC 9303C
in Payment of	pre nud	Dollars (\$	Division /O
k si	OT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007 20% Sales Care 77184	Block
Acct. No	PAID	80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 —	
BALANCE DUE 173.5/	OCT 1 0 2003	Burial 100 Containers 77182 — 100 Handling Fee 77185 — Recording & 100	
Pre-need Trust / Cash Check /	OUNT HOPE CEMETERY	Misc. Fees 77183 — Pro-Need 53033 Trust 77186 — Seles Tax 60101 78390 —	704 OD
AC 212 (Rev. 10-02)  This information is available in affernative formals upon request.	SUED BY COM SEC JOX	TOTAL PAID \$ _	81 00

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

.1	) Date:	2 1	12	, 200	3
From: Yuesa y. Valdill FORTY INO and Payment of the	2	a Espan		42.00	)
Lot 2088 Grave	Rows	ection	0	Division 10	
	PAID  NOV 1 0 2003	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burtal Containers  Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot X At Need On Acct	MOUNT HOPE CEMETER	Misc. Fees Pre-Need V Trust Sales Tax	77183 - 83033 77186 -	42	00
Pre-need Trust Cash Check X IS	SUED BY Paulitte C.	TOTAL PAID	60101 78390 —	42.	00

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

1308/	(619) 527-3400			100000
From Leesa Valeille	Date Tot Cham	ber hur	and EC	92
		Dol	lars (\$ 45)	a)
in Payment of Payment of Grave	pu-mud	Section	Division Block	10
Invoice No. E MO17	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.		007	1
W.O	PAID	80% Sales of Lots 77 Opening/ Closing 77 Bunal Containers 77	100	
Pre-Need Lot / At Need On Acct	DEC 0 8 2003	Handling Fee 77 Recording & Misc. Fees 77 Pre-Need 63	100 185 100 183 003 186 42	7 00
Pre-need Trust / Cash : Check / AC-212 (Rev. 10-02) This information is available in atternative formats upon required.	OUNTSHOPE CEMETERY	Sales Tax 60	s 42	Ø)

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	FORNIA	5	7074
CANARY PINK		ETERY	0	al
From J. Valdill	Address: 764 Cham	berlai	n auf	20 00 9
in part Payment		D	ollars (\$	10
Lot G G Invoice No E 17017	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.		Block 67007	
W.O.	PAID	80% Sales of Lots Opening/ Closing	77184 — 100 77184 — 100 77181 —	
BALANCE DUE 47.51	JAN 0 9 2004	Handling Fee Recording &	100 77582	
Pre-Need Lot / At Need On A	MOUNT HORE GEMETHAY	Pre-Need I Trust Sales Tax	77183 63033 77186 68101 78390	0 00
AC-212 (Rev. 10-02) This information is available in alternative formats up	I ISSUED BY COM HOLLEY	TOTAL PAID	s _ 4	2 00

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400 56477

Forty 7 Wo carely	Blenderess: on rec		\$ 42.00
2088 Payment of	Row	Section	Division 10
ot. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.  PAID  HILL 1.1. 200's	CREDIT 67007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100	
re-Need Lot X At Need On Acct	MT. HOPE CEMETARICITY OF SAN DIEGO	Containers 77182 100 Handling Fee 77185 Recording 8 100 Misc Fees 77183 Pre-Need 63033 Trust 77186	42.0
e-need Trust X Cash Check Cash 12 (Rev. 10-02)  12 (Rev. 10-02)  12 (Rev. 10-02)	ISSUED BY Pawette C.	Sales Tax 60101 78390 - TOTAL PAID \$	42

#### OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

55797

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

me leres a Valdelley Bothy Ture Payment of	Ru- med gat a	Dollar		)
ot 1 2088 Grave_	Row	Section	Division	U
voice No	NOT VALID FOR PURPOSES STATED U STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burist 100 Containers 77182 100 Handling Fee 77185		
Pre-Need Lot At Need On Acct	111111	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101		00
12 (Rev 10-02)	ISSUED BY & MUNULIA	78390 TOTAL PAID S	42	00

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55121

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

n gast payment of Pre	need lot/ whist	ulain a	ue, El ollars (\$ \( \delta \)	20 - 1 cason 12. 60	920
ot 2088 Grave	RowSe	ection	-	Division / (	2
N.O. E-17017	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	42	00
re-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77185 —— 100 77183 —— 63033 9022 ——		
212 (Rov. 5-04) 2027	ISSUED BY LAULETTE C.	TOTAL PAID	78390	42	00

Date 4-8-2002

	STATE AND STATE	
MT. HOF	PE CEMETERY	
HERM	ENT ORDER	
Disinterment INTERM City of	of San Diego	
nter	Date 4-8	-2000
ge.		
of LORDONDAS.		ter the remains
A CILI De a Cal	uneral, date, time	
Type of Burst Corraner Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge o	
will be applied and billed to undersigned.	a regular work day or air oxina or airgo	
From 9 2	2.AM	T
Lot 9 Grave 3 Row		T
on grove of	Section MAS Division/Bit	A.
Grave space & Care Fund	TOMENT	SEARA
Additional spaces and care fund		00000
Opening/Closing & Setup	PAID	
Burial Container	0.0.2002	
Handling Fees	APR U O 7002	
Flower vases - Marker setting fee	HOPE CEMETARY	
Recording and filing fee	OF SAN DIEGO, C	
Sales taxes		-
	Total Due	350,00
Paid re	eceipt number R - 54844	350.00
	Balance due	0
I hereby certify I am the daugh	hter of the above n	amed 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 Cemetery	and represent harmless from
	40. 1. 000	21 K-
I hereby authorize the interment in lot I hold under deed.	Signature	,
	Address	
Signature of recorded holder of deed	Gles-949-7760 Telephone	Zip Code
	Invoice #	
Work Order # E 17018	Acct. #	
REA-104 (7-96) This informa	tion is available in alternative formats	upon request.

@ Philosof on recycled paper

REA-104 (7-96)

E-17018

## MT HOPE CEMETERY

	G	RAVE BL	IND CH	HECK F	ORM	
block ma	arked with	"X". Plac	e the nar	ne's, lot	he grave is # and grave that are adja	# of all
			+	1		
	1	2 salet	d3 X	Ч	5 program	Pierson
Intermen	t space fo	Joron	dax	. Ro	lland.	<b>A</b>
Intermen	t Date:			Time:		
Lot: 9	Gra	ive: 3	Row:	Sec	ot: MAS	Div:
Grave La	aid out by	10.000	Y he	2365		wow
Agrees v	with Legal	Card:	res .	□ No	Flagor	
Agrees v	with Map:	☐ Yes	,0	l No		
Blind Cl	neck & V	erified By: _	4	18	Date:	



#### THE CITY OF SAN DIEGO

17018

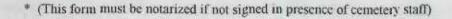
April 17, 2002

#### AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Lordonda S. Rolland

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

The burial site for Lordonda S. Rolland at Mt. Hope Cemetery is identified as: Division: Masonic Grave: 2 Section: "T" Lot: Row: Receiving Cemetery Mt Hope Cemetery City & State: San Diego, CA Lot: 9 Grave: 3 Section: "T" Row. Division: Masonic We acknowledge that we have been advised that the remains of Lordonda S. Rolland may not be present and/or intact. x Ronald a Junence (SON) x Hody & Hen DAUGHTER RELATIONSHIP TO DECEASED SIGNATURE(S) \* I hereby authorize the above disinterment: (Lot Owner must sign if not legal custodian) Date WITNESSED BY TITLE



Date



Mt. Hope Cemetery



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



E-17018

OWNERSHIP AND INTERMENT PRIVILEGES

TO_	Alexandria R.	Hunt	3.5		for the s	um of \$ 30	.00	(DOLLARS)
LEG	AL DESCRIPTION	Lot	9	Section MAS	Division T	Grave 1		
ASI	ESCRIBED ON PUR	CHAS	EORI	ER NUMBER				
endos	wed care. Subject to al tials for care and open	rules a	ind reg	in the office of the Coun ulations now in force o metery. The rights here and every case and mu	r may hereafter be a by conveyed for inte	dopted, includerment privileg	ling the right to ingr es shall not be relin	ess and egress with
be as	, vaults or other impro- sumed by legal owner	rements or represes of d	of like sentati eterior	aid Cemetery Division nature that is already, ives of plot. In no case ation, but reserves the vill be permitted:	or may hereafter be will the Cemetery D	erected or place ivision be resp	ced on said lot or plot consible for damage,	t. Cost of same shall malicious mischief,
)	Oli	n	U	)nita		17	hos	E CL
PY-554	(Rev. 4-95) Ceme	tery Ma	anager	This information is availab	de în alternative formats :	Real Es	tate Assets Directo	)r



## CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

E-17018

0	WNERSHIP AND	INTERMENT)	RIVILEGES	
TO_ Alexandria R. Hunt		for the st	am of \$ 30.00	(DOLLARS
LEGAL DESCRIPTION Lot 9	Section MAS D	ivision T Grav	e 3	North Contraction
AS DESCRIBED ON PURCHASE	ORDER NUMBER			
According to a map of said Cemetery f endowed care. Subject to all rules and essentials for care and operation of the consent of the Cemetery Authority in e	regulations now in force Cemetery. The rights he	or may hereafter be a ereby conveyed for inte	dopted, including the right to ment privileges shall not be r	ingress and egress with elinquished without the
It is expressly understood however, the stone, vaults or other improvements of be assumed by legal owner or represen- vandalism and natural causes of dete Cemetery. The following type of memore	like nature that is alread statives of plot. In no cas rioration, but reserves t	ly, or may hereafter be se will the Cemetery D	erected or placed on said lot or vision be responsible for dam	plot. Cost of same shall age, malicious mischief,
	/ )		0 00	
Cemetery Mana	Vaits_		Real Estate Assets Dir	rector
PY-584 (Rev. 4-95)	This information is avail	lable in alternative formats up	pon request.	



PY-584 (Rev. 4-95)

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



E-17018

#### OWNERSHIP AND INTERMENT PRIVILEGES

TO Alexandria	R. Hunt		for the sun	n of \$ 30.00	(DOLLARS)
LEGAL DESCRIPTION	Lot 9	Section MAS	Division T	Grave 2	
AS DESCRIBED ON PUL	RCHASE ORD	ER NUMBER			

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

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

Cemetery Manager

This information is available in alternative formats upon request.



THE CITY OF SAN DIEGO

17018

### AUTHORITY TO DISINTER, REMOVE OR REINTER

April 2002 MONTH YEAR

You are hereby authorized a disinter the remains of:	Lordonda S. Ro	The second secon
from Lot 9 Grave	2 Section MAS Ro	wBlock
Division DIV 7 And to re	move the same to and reinte	r said remains in Lot9
Grave 3 Section M	AS Row Block	Division DIVT
Cemetery MT. Ho	PE CEMETERY	
of the remains and have the related to the decedent as hold Mount Hope Cemeter, authorization, disinterment	ertify and represent that the eright to make this authorisindicated below. The under harmless from any liability, removal, and reinterment.	rsigned further agree to y on account of said  Ronald A. LAURENCE 48303 N.20TH. ST.M. SPT.5
Signature	Relation to deceased	Address
Lot owner must sign if not le		04-08-0 2 Date

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	U	15	8	-	0	2
Date	1		V		~	3

must brokens	Date	
You are hereby authorized and instructed, su		inter the remains
or grow, shew	y melaneon 2 "	Rahmy
In B Type of Bursel Container	Funeral, date, time	· - cpor
Church, Chapel, Graveside	4	Mortuary.
All Funeral 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 State of the last of the l	
1531		2040
Lot 1525 Grave Row	Section Division/	Block 10
Grave space & Care Fund		
Additional spaces and care fund	d	
Opening/Closing & Setup	1	
Burial Container	Geny	
Handling Fees PAID	Genze	
Flower vases - Marker peting let .p.o.p. )	3-0	
Flower vases - Marke Appling 18 - 700-)  Recording and filing fee		45-00
Sales taxes MT. HOPE CEMETAR	Y	
CITY OF SAN DIEGO.	Total Due	45-00
Paid	receipt number R-51846	45.00
Paul	Balarice du	P
I have been a second		and the second
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 cert and I agree to hold Mt. Hope Cemete	
I hereby authorize the interment in lot I hold under deed.	Signature	
nod ander deed.	Address	
Signature of recorded holder of deed	City	Zip Code
		zip Look
	Telephone	
- 17010	Invoice #	
Work Order # E 17019	Acct. #	

This information is available in alternative formats upon request.

## POWER OF ATTORNEY

attorney for him and his name, place and stead and for	e), hereby makes, constitutes and appoints ery broker in the State of California, his true and lawful his use and benefit to perform and sign in his place in all burial rights to any other party or parties to that certain
MOUNT HOPE  Division to  LOT 1525	
nd thing whatsoever requisite, necessary, or appropri- nd purposes as he might or could do if personally pres o or cause to be done by virtue of these presents.	full power and authority to do and perform all and every act are to be done in and about the premises as fully to all intents sent, hereby ratifying all that his said attorney shall lawfully r includes the feminine and/or neuter, and the singular
Signature	E Endyn T, Palys
ALL PURPOSE ACKN	
tate of CALIFORNIA County of	
on 5th Dec Sp 2016, before mi	
ersonally appeared, EVELYN T. From the basis of ame (8) is/age subscribed to the within instrument and it	of satisfactory evidence), to be the person(X) whose acknowledged to me that he/she/they executed the same /her/th/dr signature(X) on the instrument the person(X), or the
ersonally appeared. CVELY To T. From the basis of the subscribed to the within instrument and a higher their authorized capacity (last), and that by his	of satisfactory evidence), to be the person(*) whose acknowledged to me that he/she/they executed the same //her/th/dr signature(*) on the instrument the person(*), or the

## OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUM	MENTPower Of Attorn	ney /	
DATE OF DOCUMENT	undatesh	NUMBER OF PAGES (1)	
SIGNER(S) OTHER THAN N	NAMED ABOVE		

### POWER OF ATTORNEY

HEILEY DIELE	MELANSON	
REDRIC E. ZARSE, a licensed and bonde attorney for him and his name, place and stead natters pertaining to the sale, disposal, use, or sarcel of cemetery property described as follow	The state of the s	ace in all
MOUNT HOPE CE	EMETERY.	
Division 10		
LOT 1524 & 13		
nd purposes as he might or could do if person to or cause to be done by virtue of these presen	appropriate to be done in and about the premises as fully ally present, hereby ratifying all that his said attorney shouts.  The gender includes the feminine and/or neuter, and the sire	all lawfull
	1. Jamela	<u></u>
Signature	Signature	
ALL PURPOSE A	ACKNOWLEDGEMENT	
tate of <u>CALIFORNIA</u> County of	of	id State
ersonally known to me (or proved to me on the ame(s) is/are subscribed to the within instrument his/her/their authorized capacity(ies), and the	before me, the undersigned, a Notary Public in and for sa  MEZANSON  the basis of satisfactory evidence), to be the person(s) who ent and acknowledged to me that he/she/they executed that by his/her/their signature(s) on the instrument the person	ose ne same
ersonally known to me (or proved to me on the ame(s) is/are subscribed to the within instruments	before me, the undersigned, a Notary Public in and for sa  MEZANSON  the basis of satisfactory evidence), to be the person(s) who ent and acknowledged to me that he/she/they executed that by his/her/their signature(s) on the instrument the person	one same on(s), or to ORIGUEZ 2978
ersonally appeared, SHEMAY LESS ersonally known to me (or proved to me on the ame(s) is/are subscribed to the within instrument his/her/their authorized capacity(ies), and the natity upon behalf of which the person(s) acted VITNESS my hand and official seal	before me, the undersigned, a Notary Public in and for sa  MEZANSON  The basis of satisfactory evidence), to be the person(s) who ent and acknowledged to me that he/she/they executed the at by his/her/their signature(s) on the instrument the person, executed the instrument.  FULBERTO ROC Comm. # 117  NOTARY PUBLIC COMM. # 117	ose same on(s), or to the one of
ersonally appeared, SHEMAY LESS ersonally known to me (or proved to me on the ame(s) is/are subscribed to the within instrument his/her/their authorized capacity(ies), and the ntity upon behalf of which the person(s) acted WITNESS my hand and official seal	before me, the undersigned, a Notary Public in and for sa  MEZANSON  The basis of satisfactory evidence), to be the person(s) who ent and acknowledged to me that he/she/they executed the at by his/her/their signature(s) on the instrument the person, executed the instrument.  FULBERTO ROC Comm. # 117  NOTARY PUBLIC COMM. # 117	ose same on(s), or to the one of
ersonally appeared, SHEMAY LESS ersonally known to me (or proved to me on the ame(s) is/are subscribed to the within instrument his/her/their authorized capacity(ies), and the ntity upon behalf of which the person(s) acted WITNESS my hand and official seal	before me, the undersigned, a Notary Public in and for sa  MEZANSON  The basis of satisfactory evidence), to be the person(s) who ent and acknowledged to me that he/she/they executed the at by his/her/their signature(s) on the instrument the person, executed the instrument.  FULBERTO ROD  Comm. # 117  NOTARY PUBLIC Comm. # 117  NOTARY PUBLIC COMMY Comm. Expires F	one same on(s), or to ORIGUEZ 2978

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 04-08-03

ot (500)	of Devel	M		
in a	F	uneral, date, time		
Type of Burial	Container	4		
Church, Chapel, Graves	and the same of th		THE RESERVE THE PARTY OF THE PA	_ Mortuary
All Funeral cars must ar	rive before 3:30 p.m. o	f regular work day or	an extra charge of \$	
will be applied and billed	to undersigned			
1581				1.5
Lot 1525 Grave_	Row	O. atlan	Oideles (Black	10
Lot 1990 Grave	How	Section	Division/block	
Grave space & Care Fur	nd			
Additional spaces and c	are fund			
Opening/Closing & Setu Burial Container	1.	N 3		
Opening/Closing & Setu	The state of the s	1501		
Burial Container	No	peny		
Handling Fees	100	, / ·		
Flower vases - Marker s				
Recording and filing fee				
Sales taxes	Ox			
Sol.	1017	Total	Due	-0
Ser!	200			
1.	Paid re	eceipt number		-
			Balance due	
I hereby certify I am the			of the above name	ed decedent
and this is your authorit	y to make disposition	of remains as above	indicated. I certify an	d represent
that I have the right to many liability on account	of said authorization a	and i agree to note want interment.	it. Hope Cemetery na	rmiess troui
I hereby authorize the in	nterment in lot I	Signature		-
hold under deed.		200000000000000000000000000000000000000		
		Address	4/1/2	
Signature of recorded holder of dee	ď.	City		Zip Code
		200		
		Telaphone		
		Invoice #		
F ·	17020			
Work Order #	11020	Acct. #		



CEMETERY SERVICES AGENCY
MAILING ADDRESS, P.O. BOX 2454, ALPINE, CA 91903 F 17020
TELEPHONE: (619) 579-9456

#### OFFER TO PURCHASE

NO. C1040			DATE APRIL 8, 2002
CEMETERY BROKER, he regulations of the cemeter	e the following described interment ereinafter referred to as "Seller," si y, which are incorporated herein by	t property, subject to acceptance and appublicate to the terms and conditions contain reference. Buyer hereby grants to Seller at this agreement, Buyer authorizes Seller to fi	ned herein and to the rules and security interest in the following
CEMETERY MOUN	T HOPE PROPE	RTY DESCRIPTION	
SPACE	107 1524/1525	LAWN DIVISION 10	
CRYPT	TIER	LOCATION	
NICHE	TIER	COLUMBARIUM	
LAWN CRYPT #	SINGLE D / DOUBLE D	LOCATION	
Property Purchase Price	current Regular Cemetery Price \$	Less Brokers Discount \$	\$ 1500. \$ 45.
	1.	4	\$
ALL MAINTEN	ANCE PAID- (ENDOWM	ENT CARE	
			\$
(1) CASH PRICE (TO		1-1-	1115 1545.
	CASH DOWN PAYMENT	s 1545.	
	ADDITIONAL DOWN PAYMEN	NT \$ Due	
	OTHER	5	1-11.5
(2) TOTAL DOWN PA	AYMENT		(2)5 /54/5
(3) UNPAID BALANC	CE OF CASH PRICE AND/OR	AMOUNT FINANCED (1) minus (2)	
(4) FINANCE CHARC	GE: interest at % on t	unpaid balance for months	(4)\$
ANNUAL PERCEN	TAGE RATE %		0
(5) TOTAL OF PAYMI	ENTS (TIME BALANCE) (3) p	lus (4)	(5)\$
(6) DEFERRED PAYN	MENT PRICE (1) plus (4)		(6)\$
For value received, I /we ad	aree to pay jointly and severally to FRI	EDRIC E. ZARSE at ALPINE, California, the	esumof (S
follows:	Installments of \$,th	e first installment being payable on	ani
		tive until paid in full.	
this property named herein available for sale, the The method of	n still being available for sale. If this en Buyer's check or cash will computing the unearned portion of	contract is unacceptable for any reason of the finance charge in the event of pr	r if the said property is no longe will become null and void repayment is the Rule of 78's
in copy of this agreement, charge, if any, provided to be furnished upon request	(3) Under the law, you have the right to r herein. (4) If you desire to pay off in ad (5) You the Buyer may cancel this trans	ou read it or if it contains any blank space. (2) Yo pay off in advance the full amount due and to ob vance the full amount due, the amount of the ref action with full refund at any time prior to midnight cancel, mail written notice of your intent to above	tain a partial refund of the finance und you are entitled to, if any, will not of the 5th calendar day after the
CHEAD	sue Certificate of Ownership as foll	ows: D Joint Tenancy D Individual Own	nership
NAME GEORGE	BINTI		(RELATIONSHIP)
Accepted by Cemetery Br	oker 2012	BUYER'S SIGNATURE	
this 8 day of		BUYER'S SIGNATURE 700	= - 0
By July 30	use	HOMEADDRESS 100 36	FLMA PLACE
. 0	FREDRIC E, ZARSE	SAN DIEGO, CA	92114
	Source TYRONE BROWN	TELEPHONE 619-264-	9134
IMPORTANT. The terms and co	ndilions on the reverse side	Counselor FRED ZARSE	No. C/040

## Mt Hope Cemetery Agreement Confirmation

05/22/2002

Agreement Number: E-17019-L

Agreement Date:

04/08/2002

Purchaser:

Stevens, George

700 Selma Place

Purchaser Number: 112/

Phone: 619-264-9134

San Diego ,CA 92114

Child Protection: N

Beneficiary: ors: 3

Counselors:

SUE SHACKELTON

Qty Category	- 1	Description o	f Contract Items	Price		Tax	Allowance
1 Graves	Div	vision 10		0.00	0	0.00	THE PART OF PERSON
1 Graves		vision 10		0.00	0	0.00	
1 Misc Fees Property	Re	cording Fee		45.00	0	0.00	
	Division	Section	Blk / Row	Lot 1524 1525	Grave	Depth/	LvI A A
BASE PRICE		45.	00	-			
SALES TAX		0.0	00				
TOTAL CASH PRICE		45.	00				
TOTAL DOWNPAYMEN	NT	45.	00-				
TRANSFER ALLOWAN	CE	0.0	00 -				
DISCOUNT OR ALLOW	ANCE	0.0	00-				
FINANCE CHARGE		0.0	00				
TOTAL OF PAYMENTS		0.0	00				
DEFERRED PAYMENT	PRICE	45.0	00				
BER OF INSTALL	MENTS		1				
REGULAR PAYMENT O	)F	0.0	00				
ODD PAYMENT OF		0.0	00				
DATE FIRST PAYMENT	DUE	06/22/200	02				
PAYMENT PLAN		MONTHL	Y				

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 05/22/2002

Contract Number: E-17019-L

Contract Date: 04/08/2002

Purchaser: Stevens, George

700 Selma Place

Purchaser Number: 112 /

Phone: 619-264-9134

Child Prot: N

San Diego ,CA 92114

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty Category	Description	of Contract Item	s Pric	e Tax	Allowance	Addl. Desc.
1 Graves	Division 10		0.0	0.00	Prope	rty Transfer
1 Graves	Division 10		0.0	00.00	Prope	rty Transfer
1 Misc Fees	Recording Fee		45.0	00.00		
Property						
Div	rision Section	Blk / Row	L	ot Grave	Depth/Lvl	
			152		A	
			152	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh	A	The lands
BASE PRICE	111111111111111111111111111111111111111	45.00			INSTALLMENTS	
SALES TAX		0.00		REGULAR PA	AYMENT OF	0.0
FOTAL CASH PRICE		45.00		ODD PAYME	ENT OF	0.0
TOTAL DOWNPAYMENT		45.00 -		DATE FIRST	PAYMENT DUE	06/22/2002
TRANSFER ALLOWANCE	E	0.00 -		PAYMENT P	LAN: MONTHLY	
DISCOUNT OR ALLOWA	NCE	0.00-				
				SOURCE:	Walk-in	
FINANCE CHARGE		0.00@	0.000%	AMORTIZE		
TOTAL OF PAYMENTS		0.00				
DEFERRED PAYMENT PR	RICE	45.00				
ACCOUNT CONTRIBUTION	ONS	AMOUNT	FRACTION			
I V P/N Trust		45.00	1.0000			
R S Equity		0.00	3100000			
A Interest		0.00				
R_S Tax Recovery		0.00				
Cost of Goods		0.00				
R V Late Charge		0.00				



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-8-07

of NODENI UI	77 4/ 1 130
in a LIVER	Funeral, date, time Thurs 411/02
Church, Chapel, Graveside DELIVER)	ONLY : BAYVIEW Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 216 Grave Row	Section 2 Division/Block \ 2
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Bunal Container	740.00
Handling Fees	145.00
Flower vases - Marker setting fee	W7-0
Recording and filing fee	45.00
Sales taxes	11.13
DARNELL	Total Due
PRICE Paid	receipt number
	Balance due
	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed.	City Zin Custa
	Telegination

This information is available in alternative formats upon request.

Pround on recycled paper

REA-104 (7-96)

Per Ray:

OK to go ahead

will bill

Country for this

Co take buried Vi

#### CITY OF SAN DIRGO, CALIFORNIA CITY TREASURER

#### ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

	CUSTOMER ACCOUNT HO.
	PAYMENT DATA
	PAYMENT P.M. RECEIVED DATE 5-10-07
	PAYMENT REFERENCE NUMBER # 238 337
	AMOUNT PAID 1664.73
	" CUSTOMER DATA
	ET 1702)
••	MEMANUS
	CASHIER

CASHIER\_ TR-1281 [2-87]

## E- 17021

#### 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.

	alle X	2	Gutiere,	Ч
	7	8	9	1
		Lik		
Interment space for:	Т	ime:	2 Div	v: 12
Grave Laid out by: NF	· PA	div		
Agrees with Legal Card:	Yes C	J No	the	on
Agrees with Map:  Yes	01	No	Gu	w
Blind Check & Verified By:			Date: _	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			ATE OF DEATH 4. SEX
ROBERT	J.	The state of the s	DIXON	08/07/1928 04	/01/2002 M
SA CITY OF DEATH		58. COUNTY OF DEAT		S. NAME. RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
And the second s	DIEGO	2		DARNELL PRICE - PUB	LIC ADMINISTRATOR
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON			5201 A RUFFIN RD.	
	MATION & BURIAL, 7510 CLAIREM	MONT		SAN DIEGO, CA 92123	any the same
	SAN DIEGO, CA 92111			A. SIGNATURE OF APPLICANT—PERSON LIN	Ny permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10036 of the flexith and Salety Code, and was author	meed pursuant to Section 7100 of th	the Health and Salety Code	June G Miles	104/08/2002
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 SITES NO RIGHT OF DEPOSITE OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	04/08/200 TC MITCHE	A CONTRACTOR OF THE PARTY OF TH	EGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA P.O. BOX 85222, SAN DIEGO, C	H 9E. AD	ODRESS OF REGISTRAR C	OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CALIFORNIA	
Control of the Contro	92186-5222			FOR CORONER	YE HEE ONLY
D. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FARE SALES	
A BURIAL UNCLE	OSITION(S) CHECK APPLICABLE ITEMS  UDES ENTONBMENT)	E. TEMPORARY ENV/	AULTMENT		NG-REMAINS LOCATED AT
A BURIAL-UNCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS	ORNIA SIDE OF CALIFORNIA	I BISPOSITION PENDI (Name and Address)	NG-REMAINS LOCATED AT
A BURIAL-UNCLU B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U. BURIAL	OF CREMATED REMAINS OTHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 MA	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS RY ARKET STREET	SIDE OF CALIFORNIA	I BISPOSITION PENDI (Name and Address)	NG-REMAINS LOCATED AT
A BURIAL-UNCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CHEMATED REMAINS DITHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 MA SAN DIEGO, CA 92102	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS RY ARKET STREET	ORMA SIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE	I DISPOSITION PENDI (Name and Address)	NG-REMAINS LOCATED AT  CHARGE OF BURIAL  CHARGE OF CREMATION
BURIAL  BURIAL  BURIAL  BURIAL  BURIAL  CREMATION  SCIENTIFIC	OF CREMATED REMAINS DITHER EMETERY SE  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 MA SAN DIEGO, CA 92102  12A NAME AND ADDRESS OF CALIFORNIA CREMATO	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS RY ARKET STREET ORY RECEIVING REMAINS COUNTRY WHERE	ORMA SIDE OF CALIFORNIA 118. DATE BURIED 128. DATE CREMATE	1 DISPOSITION PENDIN (Name and Address) 110. SIGNATURE OF PERSON IN	CHARGE OF EXEMATION  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,

527.3403

F-17021

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diega

Date 4-8-07

1.050	X D N Funeral, date, lime
True of Build Countries Church, Chapel, Graveside	BAYVIEW Mortuary
	of regular work day or an extra charge of 5
III be applied and billed to undersigned.	CONTRACTOR SOCIETATION
Alb Greve Row	Section 2 Division/Block 12
irave space & Care Fund	995 00
dditional opaces and care fund	
Perling/Cigsing & Salup	375 nn
orial Centains/	100 00
landing Fees	100.00
lower vases - Marker setting lee	
acording and filing fee	45.00
ajes laxes	14.73
DARNELL	Total Dua
	rocelot number
	Balance due
hereby cenity I am the LEGAL And this is your authority to make disposition not I have the right to make this authorization by liability on account at said authorization thereby authorize the interment in fat I	CERCESTANT VETTO above named decedent in of remains as above indicated. I certify and represent in and I same to hold Mr. Hape Cametery harmlood from and interment.  Danuell Fruel
atd under deep.	Signatura
gristime of hyderdays harder or done	PUBLIC ADMINISTRATOR  PUBLIC GUARDIAN  5201-A RUFFIN ROAD
	'SAN DIEGO, CALIFORNIA 92123-16
Vark Order # E 17021	Invoice #

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-8-02

na T.S. Vault	Funeral, date, time Weds April 10 10:00
Church, Chapel Graveside	: Condalupana Mortuary.
All Funeral 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 secon	Section _ 3 Division/Block _ 13
Grave space & Care Fund	895.00
Additional spaces and care fund	PAID
Opening/Closing & Setup	37500
Burial Container	APR 0 8 2002 250.00
Handling FeesM	THOSE OF 185, 00
Flower vases - Marker setting feeCFT	Y OF SAN DIEGO
Recording and filing fee	
Sales taxes	19,38
	R - 547 Dotal Due 1769.38
Pa	id receipt number 1761.38
N. C.	Balance due
hereby certify I am the 1 T can this is your authority to make disposit that I have the right to make this authorization liability on account of said authorization	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I lold under deed.	Signature 4549 35th st.
ignature of recorded holder of deed	San Diego CA 92-1016 246(610)248-6016  Telephone
Nork Order E 17022	Invoice #
E 7 / (1 · 3 · 3	

© Present on recycled paper

REA-104 (7-96)

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

The same of the same	INT-FIRST (GIVEN)	1B. MIDDLE	1G. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
SERGIO		-	NOLASCO		11/12/1978	04/06/2002 M
SA. CITY OF DEATH			5B. COUNTY OF DEAT	H-OUTSIDE CALIF.		MAILING ADDRESS AND ZIP CODE
SAN DIEGO			SAN DIEGO		OF INFORMANT ALICIA NOLASCO-M	DINER O
GUADALUPAN		, 2601 IMPERI	PERSON ACTING AS SUCH 78. CA	F APPLICABLE	THE RESERVE OF THE PARTY OF THE	2116 Person lakes serm! 88 DATE SIGNED
ACKNOWLEDGMENT OF A			ruposed disposition stated herein is one of the nd was authorized pursuant to Section 7100 of t	dispositions authorized by	<b>&gt;</b> _/	pegitjaddao
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORMA HEALTH AND SAFE TY FOR THE DISPOSITION S IO NIGHT OF DEPOSAL OUTSIDE OF	PECIFIED 97 00	JOSE CHA 104/98/20	VEZ 2206109	CAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION:	VITAL RESU	EGISTRAR OF DISTRICT OF DISTRICT OF DISCASSINA BOX 8 CA. 92186-52	5222		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CAUFO	MNIA
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		N. L	FOR COR	ONER'S USE ONLY
B. CREMATION	JOES ENTOMBMENT)		E. TEMPORARY ENV.	AULTMENT	I DISPOSITION (Name and A	PENDING—REMAINS LOCATED A ddress)
C. DISPOSITION THAN IN A CE		IAINS OTHER	G. SHIP IN TO CALIF	THE RESERVE OF THE PARTY OF THE		
THAN IN A CE	SE TIA NAME AND A	DDRESS OF CALIFORNIA E CEMETERY, 3 , CA. 92102	H. TRANSIT TO OUTS	THE RESERVE OF THE PARTY OF THE	D , 11C SIGNATURE OF PER	SON IN CHARGE OF BURIAL
D. SCIENTIFIC U	SAN DERSO	DORESS OF CALIFORNIA	H. TRANSIT TO OUTS	DE OF CALIFORNIA	Laury	SON IN CHARGE OF BURIAL  FAMA  SON IN CHARGE OF CREMATION
THAN IN A CE	SAN DIESO	DORESS OF CALIFORNIA CA. 92102 DORESS OF CALIFORNIA	H. TRANSIT TO OUTS	11B. DATE BURIES	Laury	Familian SON IN CHARGE OF CREMATION
BURIAL  CREMATION  SOIENTIFIC	SAN DEBSO  12A NAME AND A  13A NAME AND A	DDRESS OF CALIFORNIA CA. 92102 DDRESS OF CALIFORNIA	CREMATORY  FACILITY RECEIVING REMAINS	11B. DATE BURIES	ED 12C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_4-8-02

	subject to your rules and vegulations, to inter the remains
of GLADYS BA	RNETT (W)
ina Line H	Funeral, date, time FRI 4-12 1.00
Church, Chapel Graveside	PREFFERED Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 226 Grave 7 Row	Section 2 Division/Block 13
	245 - 2
Grave space & Care Fund	
Additional spaces and care and	772 00
	5/5:00
Burial Container APR 0.8.20	102
Handling Fees	ETARY 145.00
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GO CA
THE PARTY OF THE P	13.00
	14.73
	Total Due 166 8 73
P	aid receipt number R-54848 1664.73
70	new Ducitor Balance due
I hereby certify I am the XI Delice	of the above named decedent
that I have the right to make this authorizati any liability on account of said authorizati	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.	Sometime and The
	Address Address
Signature of recorded holder of deed	X Son Veyr 92104
	Talephane
	Invoice #
Work Order # E 17023	Acct. #

E-17023

#### 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 3 DATE OF DEATH 4 SEX
_	Hadys		Alberdine	Barnett		8771371932 0270672002 F
JA.	San Diego			SB. COUNTY OF DEAT	n Diego	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DELOTEMANTITE BATTLE HILL - (Bau
A	greferred	DRESS OF CAUFORN			LIF. LICENSE NUMBER IF APPLICABLE	San Diego, California 92105  8A. SIGNATURE OF APPLICANT—PERM Labor Demit, 8B. DATE SIGNED
1	ACKNOWLEDGMENT OF A	I hereby a	acknowledge as applicant that the proposed 1376 of the Health and Safety Gode, and was a	disposition stated berein is one of the	e dispositions authorized by	Mark School 24 07 E00
	PERMIT THORIZATION OF ICAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPOSITION AREALTH AND SAFETY COL TY FOR THE DISPOSITION SPECIFIE TO REPORT OF DESPOSAL OUTSIDE OF CALFORN	9A. AMOUNT OF FEE F		rissued 90. Signature of Local registrar issuing permit
TIC	CHANGE IN DISPOSI- ON REQUIRES A NEW ANT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DE DUM CAMPORNIA 55222 California 9218	1 "		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
0.	AUTHORIZED DISP	OSITION(S) CHECK A		-	35	FOR CORONER'S USE ONLY
E		UDES ENTOMBMENT)		E TEMPORARY ENV	NOCTHICAL.	I. DISPOSITION PENDING—REMAINS LOCATED AT
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	SE TIA NAME AND A	DDRESS OF CALIFORNIA CEME	F. DISINTERMENT  G. SHIP IN TO CALIFF  H. TRANSIT TO OUTS  TERY		ED , 11C, SIGNATURE OF PERSON IN CHARGE OF BURIN
	C. DISPOSITION	IIA NAME AND A	DDRESS OF CALIFORNIA CEME	G. SHIP IN TO CALIFFE  H. TRANSIT TO OUTS	SIDE OF CALIFORNIA	, ,
	C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	IIA NAME AND A MT 3751 HAPPIN	DDRESS OF CALIFORNIA CEME	G. SHIP IN TO CALIFFE  H. TRANSIT TO OUTS  TERY	SIDE OF CALIFORNIA 1 11B. DATE BURIE	Hamen Lenve
	C. DISPOSITION THAN IN A CR D. SCIENTIFIC US BURIAL	IIA NAME AND A MT 51 HOPE 3751 HOPE 3751 HOPE 12A NAME AND A	DDRESS OF CALIFORNIA CEME Come tery at Street . CAlifornia 9210	G. SHIP IN TO CALIFI H. TRANSIT TO OUTS TERY	11B. DATE BURIE	Hamen Lenva
TLC Dual season of the season	G. DISPOSITION THAN IN A CR D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND ALMTS I HOPE SED DIESO 12A. NAME AND ALL 13A. NAME AND ALL 14A.	DDRESS OF CALIFORNIA CEME CEMETERY E STREET CAlifornia 9210 DDRESS OF CALIFORNIA CREM	G. SHIP IN TO CALIFI  H. TRANSIT TO OUTS  TERY  JATORY  JTY RECEIVING REMAINS  DR COUNTRY WHERE	11B. DATE BURIE	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION  IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

bre-they

City of San Diego

Date 4-8-02

in a	Funeral, date, time
Type of Burial Container	
Church, Chapel, Graveside	Mortuary.
	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	ad
	Section Division/Block 12
Grave space & Care Fund	013.00
Additional spaces and care fund	
Burial Container	ID IN FULL
Handling Fees	( , , , , , , , , , , , , , , , , , , ,
Flower vases - Marker setting fee	7-19-02
Recording and filing fee	1-11-0-
	Total Due
	Paid receipt number R-54850 300,00
	Balance due 595.00
I hereby certify I am the	of the above named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	position of remains as above indicated. I certify and represent inization and I agree to hold Mt. Hope Cemetery harmless from zation and interment.
hereby authorize the interment in lot I hold under deed.	Sandan Sile Cortis
Signature of recorded holder of deed	- X5617018/10,C4921911
sufficiential ou recovering conductin mann	Cey Zip Code
	Telephone
	Invoice #

DENNIS,	EMMA L. 4920 Dafter Dr., San Diego 92102		E-17024
4-08	Opened pre-need lot.	ПЕВІТ	CREDIT BALANCE
04-08-02 4-25-03 5-31-03 6-17-03 7-1-02 7-15-02	R-54906 Empn #1 17 R-55003 R R-55109 3 11 R-55154 4	895.00 90%	895.00 300.00 595.00 25.00 570 00 25.00 545.00 25.00 445.00 470.00 25.00
7-19-02	K-35218		25.00
	DENNIS, EMMA E-17024		

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

MOUNT HOPE CEMETERY (619) 527-3400

An

Date:

00		ollars (\$	25.00	
Se	ection		Division /	2
ED	CREDIT 20% Sales Care	67007 77184 —		
	80% Sales of Lots	77184 —	25	00
	Opening/ Closing	100 77181 —		
	Burial	100		
	Containers	77182 —		
	Handling Fee	77185 -		7
	Recording & Misc. Fees	100 77183 —		
	Pre-Need	63033		
	Trust Sales Tax	9022		
		78390 -		
	TOTAL PAID	3	25	M

Twenty- ha	L PY	e-need	d lot	Opcou	Dollars	s ( <b>s</b> _ 25.00	
· Lot 84	Grave	3	Row	Section_	1	Division Block	12
LIGHTOGG COL VILLEGOG	1 495.00 On Acct D	"PAID" IN THIS SPACE		20% : 80% : of Lo Open Closi Burita Conti	Sales Care 7718 Sales 111	000 81 22 000 83 33 33 222 001	5 00
AC-212 (Rev. 5-94)	3882	ISSUED BY DUE	OLACE C	TOTAL		s 25	00

WHITE

PINK.

CANARY

AUDITOR

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

From: Emma Denis  Twinty Rivi  In Part Payment of S	Address: One	Date: 6-17-0 2  Acord  Dollars (\$	25.00
Lot Grave	3 Row_	Section	Division 12
Invoice No.  Acct. No.  W.O. E - 170.2    BALANCE DUE 520 00  Pre-Need Lot - At Need - On Acct		20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 - Burial 100 Containers 77182 - 100 Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 9022 -	23 00
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY J JULIA	Sales Tax 60101 78390 - TOTAL PAID \$	28 00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Emma Dervis	Address:	0~	Date: 5	- 21	-03	, 20	
twenty Time	re- Merk	\$.F		D	ollars (\$	25,00	)
Lot 84 Grave	3	Row	Section	1		Division Block	13
Invoice No	NOTVALID FOR PURPOS "PAID" IN THIS SPACE	SE STATED UNLESS	20% S 80% S of Loo Open Closi Buria Contr	sales Care lales ing/ ng	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	35	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check A	ISSUED BY	Alleh	Misc. Pre-N Trust Sales TOTAL	Fees leed Tax	77183 — 63033 9022 — 60101 78390 —	25	00

Nº 54906

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

From Enough Davis	Addres	Hick acen	pate: 4-25	- 0 7	,20 25.00	
In Payment of	On- her	Row	Section		Division Block	15
W.O. F 17024  BALANCE DUE 570 00  Pre-Need Lot 12 At Need 12 On Acct 15	- "PAID" IN THIS SPI	JRPOSESTATED UNLESS STAMF		67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 9022 —	2.5	00
Pre-need Trust Cash Check C	ISSUED BY	Muller	Sales Tax  TOTAL PAID	60101 78390 —	२इ	00

Mrs Enma B. DENWIS

#### Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis (4), 4920 Dafter Drive San Diego, CA 92102 619 262-5161 E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO.		1
Payment Due Date		May-02
Payment Amount Due	*	25.00
Balance Due		570.00

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

#### Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis 4920 Dafter Drive San Diego, CA 92102 619 262-5161 E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

2
June-02
25.00
545.00

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

#### Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis 4920 Dafter Drive San Diego, CA 92102 619 262-5161 E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO. 3
Payment Due Date July-02
Payment Amount Due 25.00
Balance Due 520.00

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

#### Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis 4920 Dafter Drive San Diego, CA 92102 619 262-5161 E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO. 4
Payment Due Date August-02
Payment Amount Due 25.00
Balance Due 495.00

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

17024

#### Mt Hope Cemetery Agreement Confirmation 05/04/2002

Agreement Number: E-17024-L

Agreement Date:

04/08/2002

Purchaser:

Dennis, Emma L

4920 Dafter Drive

Purchaser Number: 61 /

Phone:

Child Protection: N

San Diego ,CA 92102

Beneficiary:

Counselors:

SUE SHACKELTON

Qty Category	Description of Cont	ract Items Price		Tax	Allowance
	ivision 12-1	895.00		0.00	
Division Division 12	Section Blk	Row Lot 84	Grave 3	Depth/Lvl A	
BASE PRICE	895.00				
SALES TAX	0.00				
TOTAL CASH PRICE	895.00				
TOTAL DOWNPAYMENT	300.00-				
TRANSFER ALLOWANCE	0.00 -				
DISCOUNT OR ALLOWANCE	0.00-				
INANCE CHARGE	0.00				
TOTAL OF PAYMENTS	595.00				
DEFERRED PAYMENT PRICE	895.00				
NUMBER OF INSTALLMENTS	24				
REGULAR PAYMENT OF	24.79				
ODD PAYMENT OF	24.83				
DATE FIRST PAYMENT DUE	05/08/2002				
PAYMENT PLAN	MONTHLY	MONTHLY PAYMENT	= \$ 24.79		

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 05/04/2002

E-17024

Contract Number: E-17024-L

Contract Date: 04/08/2002

Purchaser: Dennis, Emma L

4920 Dafter Drive

Purchaser Number: 61 /

Phone:

San Diego ,CA 92102

Child Prot: N

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty Cat	egory	Description o	f Contract Item	s Pric	ce	Tax	Allowance	Addl. Desc.
1 Grave:	5 1	Division 12-1		895.0	00	0.00		
Property								
	Division	Section	Blk / Row	L	ot (	irave	Depth/Lvl	
	Division 12	1		8	34	3	A	
BASE PRICE		ALC: NAME	895.00		NUMBE	R OF I	NSTALLMENTS	24
SALES TAX			0.00		REGULA	AR PA	YMENT OF	24.79
TOTAL CASH PI	RICE		895.00		ODD PA	YMEN	NT OF	24,8
OTAL DOWNP	AYMENT		300.00-		DATE FI	RST P	AYMENT DUE	05/08/200
RANSFER ALL	OWANCE		0.00 -		PAYMEN	NT PL	AN: MONTHLY	
DISCOUNT OR A	ALLOWANCE		0.00-					
					SOURCE	E;	Family Member He	ere
INANCE CHAR	GE		0.00 @	0.000%	AMORTIZ	E		
TOTAL OF PAY	MENTS		595.00					
DEFERRED PAY	MENT PRICE		895.00					
CCOUNT CON			AMOUNT	FRACTION				
R L Perp. Care			179.00					
R S Equity			716.00					
A Interest			0.00					
R S Tax Recov	ery		0.00					
R S Cost of Go			0.00					
R V Late Charg	ė		0.00					

# Pre- Doed to

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-10-02

na Ash Vault	Funeral, date, time	
Type of buttal Container	runeral, date, unle	
Church, Chapel, Graveside	-1.	Mortuary,
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra	charge of \$
will be applied and billed to undersigned		
Lot 90 Grave Row	46	7 0
		- 1-0
Grave space & Care Fund	······	300.00
Additional spaces and care fund	, ,	
Opening/Closing & Setup	24 105.00	210,0
Burial Container		
Handling Fees		Charles and the Company of the Compa
Flower vases – Marker setting fee		23.78
Recording and Wingles	at 45.00	90.0
Sales taxes PAID		
APR 1 0 2002	Total Due	1 00 1
APR 10 2002	receipt number R#548	58 623.7
MT HOPE CEMEIANT		nce due
CITY OF SAN DIEGO. CA		above named decedent
and this is your authority to make disposition	of remains as above indicated	I certify and represent
hat I have the right to make this authorization any liability on account of said authorization	and interment.	emetery narmless from
hereby authorize the interment in lot I nold under deed.	Signature & 202 R	onal Gorge
	Address C C C	192110
ligrature of recorded holder of deed	015 01	De Cook
	1619) 287-	-4630
	10-10000	
Nork Order # E 17025	Acct. #	

O Printed on recycled paper

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-11-02

You are hereby authorized and instruct		s, to inter the remains
O DARIENE WAR		1/ /
in a LINEY Type of Burnal Container	Funeral, date, time TUES	de Cremation
Church, Chapel, Graveside	- Leferia	AL Mortuary.
All Funeral cars must arrive before 350	p.m. of regular work day or an extra c	harge of \$/50 00
will be applied and billed to undersigne	d	
Lot 120 Grave 4 Roy	w Section _ 2 Divis	sion/Brock 12
Grave space & Care Fund		895.00
Additional spaces and care fund		27.5
Opening/Closing & Setup		313.00
Burial Container	PAID	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	APR 1 2 2002	The second secon
Recording and filing fee	- HODE OFMETANT	45.00
Sales taxesCF	TY OF SAN DIEGO, CA	14.73
		1664.73
	Paid receipt number R-54869	
	Son. Balan	~
I hereby certify I am the X MUC and this is your authority to make disputhat I have the right to make this authorizany liability on account of said authorizany	pallwall of the all pattern of remains as above indicated station and I agree to hold Mt. Hope Ce	bove named decedent I certify and represent
hereby authorize the interment in lot I hold under deed.	P.O. Box 1	War \\ 3743
Signature of recorded holder of deed	Engles 3-95	CA 92170 57 29 Code
Work Order # E 17026	Invoice #	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 existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1			
		2				
HOME	2/	3/	4 X	5/	6	
1	& Muon	9/	10	11/	12	
Interment	space for:	Do	ulen	e wa	re_	
Interment	Date: 4-	16-1	7ues	day Time:	1:00	
			Row:		2 D	iv: 12
Grave Lai	d out by: _	DAU	ID			
	ith Legal C	/		□ No	1000	x gr

No

Agrees with Map: Yes

Blind Check & Verified By: Losever

## E-17026 64

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

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

7/	NAME OF DECEDE Darlens	NT-FIRST (GIVEN)	18 MDDLE Catherine	IC. LAST (FAMILY)		MON	O4/1938		OF DEATH	4. SEX
5	Mationa	1 City		5B COUNTY OF DEAT ENTER STATE	H-OUTSIDE GALIF.	OF INFORMA	TIONSHP, FULL MAN		and the same of	
7/		Ca. 92104	ard Ste., A	and deposition stated herein in one of the	FD-1746 depositors authorized by	San Die	Street #8	ornia		E SIGNED 5/2002
	PERMIT AUTHORIZATION OF COCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE OF THE DISPOSITION SPECIAL OF THE DISPOSITIO	PA. AMOUNT OF FEE P			2206541	CAL REGIS	TRAR ISSUIN	G PERMIT
Dia.	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BERMIT TO SHOW PRIVAL DISPOSITION.	P.OUTH OFFICE	GISTRAR OF DISTRICT OF O	100	DRESS OF REGISTRAR DISPOSITION IS TO OCCU	Control of the Contro	AND ADDRESS OF THE PARTY OF THE	NIA		•
110	B. CREMATION	OF CREMATED REM		E TEMPORARY ENV.  F. DISINTERIMENT  G. SHIP IN TO CALIF.  H. TRANSIT TO OUT!	DRNIA		FOR CORU	PENDING-	2000 - AVE-1903	
	BURIAL	3/61 Marke	ORESS OF CALIFORNIA CEN CEMETERY IT Street		118. DATE BURIE	110.80	AND PERS	JON IN CH	ARGE OF BU	IRIAL
BLE ITEMS	CREMATION		California 92 DORESS OF CALIFORNIA CRE		128. DATE CREMAT	ED 12C SIG	NATURE OF PERS	ON IN CHA	RGE OF CRE	MATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B DATE RECEI	VED 13C. SIG	NATURE OF PERS	ION IN CH	ARGE OF FA	CILITY
MPLETE A	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPI		PLACING WITH TH			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA I		18B. DATE OF DISPOSITION		NATURE OF PERS		OF CREM. MAINS DI —IF APPL	ATED RE-

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-10-02

ina		time Fri # 12 0	2.0
The state of the s	Funeral, date,		
Church, Chapel, Graveside		SELVICES	Mortuary.
All Funeral cars must arrive befo	re 3:30 p.m. of regular wor	k day or an extra charge	of \$ 150.00
will be applied and billed to unde	ersigned. 7		
/11		11	1
Lot 4/4 Grave	_ Row Section	on T Division/B	lock 8
Grave space & Care Fund		***************************************	300.00
Additional spaces and care fund			
Opening/Closing & Setup			105:00
Burial Container			S
Handling Fees		***************************************	
Flower vases - Marker setting fe	ie	*******	
Recording and filling fee			45.00
Sales taxes			7
		Total Due	450.00
	Paid receipt numbe	54859	450.00
		. Balance due	0
		A CONTRACTOR CONTRACTOR	
I hereby certify I am the + day	unter lelen	a A Softhe above of	amed decedent
I hereby certify I am the House the right to make this	e disposition of remains as	above indicated. I certif	arned decedent y and represent
	e disposition of remains as authorization and I agree to	above indicated. I certif	v and represent
and this is your authority to mak that I have the right to make this any liability on account of said au	e disposition of remains as authorization and I agree to uthorization and interment.	above indicated. I certif	v and represent
and this is your authority to mak that I have the right to make this	e disposition of remains as authorization and I agree to uthorization and interment.	s above indicated, I certifo hold Mt. Hope Cemeter	y and represent y harmless from
and this is your authority to mak that I have the right to make this any liability on account of said au I hereby authorize the interment hold under dead	e disposition of remains as authorization and I agree to uthorization and interment.	s above indicated, I certifo hold Mt. Hope Cemeter	y and represent y harmless from
and this is your authority to mak that I have the right to make this any liability on account of said au I hereby authorize the interment	te disposition of remains as authorization and I agree to uthorization and interment.  In lot I Segnature	s above indicated, I certifo hold Mt. Hope Cemeter	y and represent y harmless from

E- 17027

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

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FA)			DATE OF BIRTH	3. DATE	OF DEATH	4. SE)
Mariya			-	Begas		01	/27/1928	04/07	7/2002	F
A. CITY OF DEATH		ndido		ENTER STA	San Diego	OF INFOR	MANT Gittleman			P CODE
Cremation	Services,	Inc.		ACTING AS SUCH	7B. CALIF. LIGENSE NUMBER —IF APPLICABLE	3914 W	adsworth E	Blvd.	(	87
2570 Forti	une Way Vi				FD 1618		HE OF APPLICANT-		rnt, 88. DAT	E SIGNE
ACKNOWLEDGMENT OF AS	PPLICANT   Tereby a Section 10	schnowledge as applican 376 of the Health and S	t that the proposed disposed proposed disposed for the proposed disposed to the proposed disposed disp	oution stated herein is a rized pursuant to Section	ne of the dispositions authorized by 7100 of the Health and Safety Code	Fana	Colita		104/1	10/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT NOTE: THE PERMIT GRES N	ORNIA HEALTH A	NO SAFETY CODE	9A. AMOUNT OF \$7.0	04/10/20 L. Colit	002	2206283	DCAL REGIS	STRAR ISSUIN	IG PERM
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF R	x 852222	STRICT OF DEATH	-	RE ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			ORNIA,		
O. AUTHORIZED DISPI			Description of the Party of the			- 1	FOR COR	RONER'S	USE ONL	Y 4
X A. BURIAL (INCLU	JDES ENTOMBMENT)		Г	F. DISINTERME	NT		43	COCCUPIED OF THE PROPERTY OF T		
X B. CREMATION	OF CREMATED REMEMETERY SE  11A. NAME AND A Mt. Hope San Diego	DDRESS OF CAL Cemetery , CA 9210	3751 Mark	RY set St.	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIS	=D   11C. S	GNATURE OF PER	Len	mer	_
B CREMATION C DISPOSITION THAN IN A CI	OF CREMATED REMEMETERY SE  11A. NAME AND A Mt. Hope San Diego  12A. NAME AND A Crematio	DDRESS OF CAL Cemetery , CA 9210 DDRESS OF CAL n Service	3751 Mark )2 JEORNIA CREMAT	G SHIP IN TO H TRANSIT TO RY CET St.	CALIFORNIA  GUTSIDE OF CALIFORNIA  11B. DATE BURIL	=D   11C. S	GNATURE OF PERSONAL GNATURE GN	Len	HARGE OF B	_
B CREMATION C DISPOSITION THAN IN A CO O SCIENTIFIC US BURIAL	OF CREMATED REMEMETERY SE  11A. NAME AND A Mt. Hope San Diego  12A. NAME AND A Crematio	DORESS OF CAL Cemetery , CA 9210 DORESS OF CAL n Service tune Way	3751 Mark )2  FORNIA CREMAT  ES, Inc.   Vista, (	G SHIP IN TO HE TRANSIT TO RY SET St.	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIL 14-12-02 12B. DATE CREMA	TED 12C. 8	borman	Lengton in CH	ARGE OF CR	EMAT
B CREMATION C. DISPOSITION THAN IN A CO D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A. NAME AND A Mt. Hope San Diego 12A. NAME AND A Crematio 2570 For 13A. NAME AND A	DDRESS OF CAL Cemetery , CA 9210 DDRESS OF CAL IN Service tune Way	3751 Mark )2  IFORNIA CREMAT es, Inc.  Vista, (  IFORNIA FACILITY	G SHIP IN TO H TRANSIT TO RY Cet St.  ORY CA 92083 FRECEIVING REM COUNTRY WHER	CALIFORNIA  OUTSIDE OF CALIFORNIA  11B. DATE BURIE  14-12-02  12B. DATE CREMA  4/102  AINS 13B. DATE RECE	TED 12C SI	GNATURE OF PER	SON IN CHI SON IN CH	ARGE OF FR	ACILITY

COPY 1

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

VS 9 (REV.



## MT. HOPE CEMETERY

City of San Diego

Date 4-11-07

a Liver		Funeçal, date,	time then 4-1	5 10
Church, Chapel, Graveside	·		mayer	Mortuary.
	2.20		0	
Il Funeral cars must arrive before		n, or regular won	day or an extra charge	DI 3
vill be applied and billed to unders	ignea			
. 73 8	Down	Sectio	n Division/ <del>Di</del>	- 12
				10 1 A
Prave space & Care Fund			F-1010 9	
dditional spaces and care fund		11	Λ1	A
pening/Closing & Setup		71	11	-0
urial Container			······································	-
andling Fees			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
lower vases - Marker setting fee				
lecording and filing fee				-
ales taxes				
			Total Due	-0
	Pai	d receipt number		
1			Balance due	_
hereby certify I am the				amed decedent
nd this is your authority to make hat I have the right to make this a	uthorizati	on and I scree to	above indicated. I certify hold Mt. Hope Cemetery	and represent harmless from
my liability on account of said aut	horization	and interment.		
hereby authorize the interment in	lot I	Signature	0	
old under deed.		X	See.	
gramme of recorded holder of deed		Address	stacke	
		Villy	an	Zip Code
		Telaphone	EI BIRLINE	
		Invoice	#	
	-			

Date:

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

	ARMENTA	2	3	4	WRIGHT
	1	73 X 8	9	10	II
					948
Interment space for:	Der	na Ba	wie		11 5
Interment Date:			ime:	*	
Lot: 73 Grav	e: 8	Row:	Sect:	1 D	iv: 12
Grave Laid out by: -	NF.	DAUI	0		
Agrees with Legal C			J No.	July San	in
Agrees with Map: [	J Yes		No	0.0	

Blind Check & Verified By: POBERT

#### 93

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

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

		OUE DENOR HIN OHE! MINNS	HO ENAGONES, II	THILDOID ON ON	TEN ALTERNATION	
1A	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4 SEX
1	Donna		Barne	es		09/2002 F
5A	Vista		5B. COUNTY OF DEATH ENTER STATE SE	n Diego	OF INFORMANT  Greg Brown, PA	DDRESS AND ZIP CODE
7A	Mayer Mort	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON UACY AVENUE, San Diego, CA 9211	-	APPLICABLE	5201-A Ruffin Rd. San Diego, CA 9212 A SIGNATURE OF APPLICANT—Person taking	DODELLA PROPERTY OF THE PROPER
	ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant that the proposed dap Section 10376 of the Health and Safety Code, and was author			Dusan & May	04/12/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE ALTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTE THIS PERMIT GWIS NO BISHT OF DISPOSAL CUITSDE OF CALIFORNIA.	9A. AMOUNT OF FEE P.	98 DATE PERMIT I	DO SEC. TO SEC. OF SEC	HSTRAR ISSUING PERMIT
11	Y CHANGE IN DISPOSI- ON RECAMES A NEW RMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 San Diego. CA 92186-5222			OF DISTRICT OF DISPOSITION— E IN ANOTHER DISTRICT IN CAUFORNIA	•
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	i. DISPOSITION PENDING (Name and Address)	3 REMAINS LOCATED AT
1	BURIAL	Mt. Hope Cametery 3751 Market St., San Diego		118. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN C	HANGE OF CREMATION
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPEI	0 14C. ADDRESS AND SIGNATURE CO. OF PLACING WITH THE CARS	
ó	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FRIAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED BE- 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.



04/12/2002 FRI	13:14	FAX	858	495	5127
54/11/2002				81-7	

S D PAPG MAYER MORTUARY

@001 PAGE 01

ATTN: GREG BROWN

04/11/2002 09:12 SD MT. HOPE CEMENTERY + 95917587

PLEASE Sign + RETURN (619) 281-7587

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-11-03

con day or an extra character 1 Onlaion P-16782	12
E-16782	12
E-16782	- <del>0</del>
E-16783	- <del>0</del>
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	φ φ
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Tetal Due	
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1001	
Bulance	que
of the above	e names secoder
e to holo Mt Hope Come	mary hormioss fran
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CAN DE	CELLIE
THE THE	2 0 0 00
CONN LOU	2508 mg
XX XI GAN	C-8 -
100 #	
,	
	of the above Indicated, I de se to holo fit whose Come

## MT. HOPE CEMETERY

City of San Diego

Date 4-11-02

of MARIA MISS	, subject to your rules and regulations, to inter the rem QNI	
ina LINER	Funeral, date, time Mon. April 15th	11
Church, Chape Graveside	: S.D. Memoral Month	ary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$	1114
will be applied and billed to undersigned.		
Lot 224 Grave 6 Row	Section 2 Division/Blook 12	
Grave space & Care Fund 5-1666	g(Pre-need lot) 2001 8	
Additional spaces and care fund		
Opening/Closing & Setup	<u> </u>	
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
x to Roso	Total Due	
440,	aid receipt number	
	Balance due	1000
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 deceition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless for and interment.	sent
I hereby authorize the interment in lot I hold under deed.	Address	
Signature of recorded trolder of deed	City Ze	Code
Work Order # E 17029	Invoice #	

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E-17029

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

3	4	5	Q X	and the		
9	(0	mitch	nell 12 Jorgo			
Interme	ent space f	or: Ma	via Mis	sah	i	
			02 Tir			
Lot 2	14 G	rave: Ce	_ Row:	_ Sect: .	2 D	iv: 12
Grave	Laid out b	y: N f	: DAV :	0		
Agrees	s with Leg	al Card:	J Yes	No	and it	to of
Agree	s with Map	: 🗆 Yes	1 D No	0	XX	of
Blind	Check &	Verified By	HALKEY	<u> </u>	Date:	4-12-02

E-17029

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

ad

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

MARTA	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST	(FAMILY) SSAGHI	1		2. DATE OF BIRTH MONTH, DAY, YEAR 04/16/1907	04/10/2002	P
SAN DIEGO				TY OF DEATH-	DIEGO	6. NAME OF IN	RELATIONSHIP, FULL I FORMANT COOZ AFSHAR-	MAILING ADDRESS AND Z SON-IN-LAW	OP CODE
SAN DIEGO	MEMORIAL O	MA-FUNERAL DIRECTOR O CHAPEL SAN DIEGO CA		—IF AI	LICENSE NUMBER PLICABLE	SAN	4 REGENTS A DIEGO CA 9	QAD #1P	TE SIGNED
ACKNOWLEDGMENT OF AF		acknowledge as applicant that the 1376 of the Health and Safety Code.		in is one of the disp	ositions authorized by	17	Pose Me	wa 04/1	1/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S NO ISSET OF DISPOSAL OUTSIDE OF	TY CODE SPECIFIED		04/11/ ROSA N	2002	9C. SIGNATURE OF LO 2206367	DCAL REGISTRAR ISSUI	NG PERMIT
	P.O.BOX						RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO		
O AUTHORIZED DISPO	NAME OF TAXABLE PARTY.					100	FOR COF	RONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC UI	OF CREMATED REM	IAINS OTHER	F. DISINT	TO CALIFORN			i Disposition (Name and /	PENDING—REMAINS L Address)	OCATED A
BURIAL		DDRESS OF CALIFORNIA	CEMETERY		11B. DATE BURI	ED   11	C. SIGNATURE OF PER	RSON IN CHARGE OF B	URIAL
	3751 HA	RKET ST SAN I	IEGO CA 921	02	April 15,	2002>	Kuny F	- brusse	1
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY		12B. DATE CREM	ATED 12	C. SIGNATURE OF PER	SON CHARGE OF CE	REMATION
SCIENTIFIC	ISA. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING	REMAINS	138. DATE RECI	EIVED 13	C. SIGNATURE OF PER	RBON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AF		HERE	148. DATE SHIP	PED 14	OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHOREL ENTIFY FINAL PLACE AND			15B. DATE OF DISPOSITIO		C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CRE	NUMBER MATER 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.



## MESSAGE CONFIRMATION

04/11/2002 09:44 ID:SD MT. HOPE CEMENTERY

DATE S.R-TIME DISTANT STATION ID MODE PAGES RESULT
04/11 00'29" 619 6920896 CALLING 01 OK 0000

04/11/2002 09:43

SD MT. HOPE CEMENTERY + 96920896

NO.729 D01

MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-11-02

SID MEMITIAL Mortuar  Bay or an extre charge of \$  Division/Sheet 12  O  O
2 Division/Bleek 12
Ð
I
0
9
0
Total Due

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-11-02

071	subject to your rules and regulations, to inter the remains
in a Type of gime Cossanse Church, Chapel, Graveside	Funeral, date, time July, 4-16 11:0
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 47 Grave 4 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	AID
Opening/Closing & Setup. APR 1	6 2002 190,00
Handling Fees	CEMETARY 145.00
Recording and filing fee	45.00
Sales taxes	14. 7.3 1664. 23 1664. 23 1664. 23
Xmo	the Balance due
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati 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 n and interment)
I hereby authorize the interment in lot I hold under deed.	>59LO OID menory LN
Signature of recorded holder of deed	X30 Digo Co 99/14 200 Ze Code 1000phone
Work Order # E 17030	Invoice #

E-17030

#### 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.

		47	ع	3	41
	Hn	B20 3	WALKER 8	9	100
	40	Mar 1	HERNAM!	a y	EARNHAR
					*
Interment space for:	THY	NYL	ivings	NOTE	-
Interment Date: Tu	e 4-1	6	rime:	00	-
Lot: 47 Grave	4	Row:	Sect: _	a D	iv: 13
Grave Laid out by: _				/ 6	
Agrees with Legal C	ard: 🗆 Y	es l	□ No	July .	in
Agrees with Map:	J Yes				
Blind Check & Veri	fied By:			Date:	

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



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

18	NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH	4. SEX
	Anthony		Lee	Livingston				/10/2002	M
54	CITY OF DEATH			SB. COUNTY OF DEA	TH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILIN	G ADDRESS AND 2	OP CODE
	San Diego			San Dieg	0		ORMANT icia Livingsto	n. Mother	
7.4			IA-FUNERAL DIRECTOR OR PERS		ALIF. LICENSE NUMBER IF APPLICABLE		Old Memory La		
	Anderson-R		rt. 5050 Federal	Blvd.;	A THE STATE OF		Diego, CA 92114		
_			ego, CA 92102		⊢1329	BA. SIGNA	TURE OF APPLICANT—Person I	ARREST OF THE RESIDENCE OF THE PROPERTY OF THE	
	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	schedulings as applicant that the proposed 1376 of the Health and Salety Code, and was	pethorgod pursuent to Section 7100 of	the Health and Safety Code.	> lai	rails 1015/14	04/1	2/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIGNS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY CO TY POR THE DISPOSITION SPECIF IN MIGHT OF DISPOSAL OUTSIDE OF CALIFOR	0DE 9ED 67 00	98. DATE PERMI	Editor Control	OC SIGNATURE OF LOCAL		6429
At T	IY CHANGE IN DISPOSE	Vital Recor	EGISTRAR OF DISTRICT OF DI ED IN CAUFORNIA rds P. O. Box 85 Diego, CA 92186-	222"	DORESS OF REGISTRAF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		•
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONL	Y
of the latest desired the latest desired to	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			DISPOSITION PENI		OCATED AT
-	BURIAL		DIRESS OF CALFORNIA CEM Cemetery 3/51 Ma Diego, CA 92102	Section of the Control of the Contro	4-16-02		SIGNATURE OF PERSON	IN CHARGE OF B	URIAL
BLE ITEMS	CREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CREE	MATORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON	CHARGE OF CE	REMATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AI	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	ISB. DATE RECE	VED 130	SIGNATURE OF PERSON	IN CHARGE OF F	ACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	ED 14G.	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER		CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA DI		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	DF CRE	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.



# 4

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-10-02

of GRACIE	WALTON
ina LINER	Funeral, date, time TUE 4-16 1:30
Church, Chapet 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 4 Grave 10 Row	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container PAID	190.00
Handling Feesxpp -1-1-2nn2	145.00
Flower vases - Marker setting fee	
	ARY
Sales taxes CITY OF SAN DIEGO	J. CA 14.73
	Total Due
Pi	aid receipt number 13 1664.73
X B	taftle Balance due
I hereby certify I am the / and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	of the above named decedent into of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment to III ns to place.
I hereby authorize the interment in lot I hold under deed.	Signature Should Sheet
Signature of recorded holder of deed	(619) 232-3772
F 47004	Invoice #
Work Order # <u><b>L</b> 1/031</u>	Acct.#
REA-104 (7-96) This info	ormation is available in alternative formats upon request.

@ Printed on recycled paper

E-17031

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

)	2	3	4	3	Ь
7	8	FGARAN	74 X 10	SCHM i	th 12
			Ver		

Interment Date: Tue 4-16 Time: 1:30

Lot: 74 Grave: 10 Row: Sect: 2 Div: 13

Grave Laid out by: DAULD NORMAN

Agrees with Legal Card: Yes No No

Blind Check & Verified By: DL Date: 4-12

93

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

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4 MONTH, DAY, YEAR MONTH, DAY, YEAR				
GRACIE		-	- WALTON			09/02/1908 04/09/2002 FEN			
EL CAJON			SB. COUNTY OF DEA ENTER STATE SAN DIEGO	H-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FU OF INFORMANT COLLINS PEOPLI	The state of the s	ZIP CODE		
CALIFORNIA	CREMATION	& BURIAL CEA SAN DIEGO.		LIF. LICENSE NUMBER IF APPLICABLE P-1357	835 SO. 32ND SAN DIEGO, CA	92113	TE SIGNER		
ACKNOWLEDGMENT OF A	PPLICANT   I hereby a Section 10	acknowledge as applicant that the 1376 of the Health and Saleta Code.	proposed disposition stated herein is one of the and was authorized pursuent to Section 7700 of	or dispositions sufficiently by the Health and Safety Code	P 44	the same and the same to the s	15/2002		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT FORMA HEALTH AND SAFE I'V FOR THE DISPOSITION S IO BIRNT OF DISPUSAL OUTSIDE OF	SPECIFIED \$7.00	J. BENYA	1 1990689	CONTRACTOR STATEMENT OF STATEME	ING PERMIT		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL" RECO	EGISTRAR OF DISTRICT BINSAPOSINA RDS-P.O. BOX CA 92186-5	85222 "		OF DISTRICT OF DISPOSED, UII IN ANOTHER DISTRICT IN C				
10. AUTHORIZED DISP		Charles and the Control of the Contr			FOR (	ORONER'S USE ON	LY		
8. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE	DDRESS OF CALIFORNIA			CName 2	ICH PENDING-REMAINS I	1		
BURIAL	Book and the second of the second	ET ST., SAN I	DIEGO, CA 92102		- War	IN tamb	land		
CREMATION	- NAME AND AL	DORESS OF GALIFORNIA	CREMATORY	12B. DATE CREMAT	TED 1 10C. BIGNATURE OF	CHARGE OF C	REMATION		
SOMENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138 DATE RECEN	VED 13C. SIGNATURE OF	RERSON IN CHARGE OF I	FACILITY		
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AF	TATE OR COUNTRY WHERE IE TO BE SHIPPED	148. DATE SHIPPI		SIGNATURE OF PERSON II THE CARRIER	N CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158, DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS	POSITION   OF CRE	E NUMBER EMATED RE- DISPOSER		

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

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-15-02

in a LINER	Funeral, date, time FR   April 19	4 10:
Church, Chapel, Graveside	1100	rtuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of	nrey
will be applied and billed to undersigned.		
ot 5345 Grave Row	Section Division/Block	0_
Grave space & Care Fund	e-0144	X
Additional spaces and care fund		_
Opening/Closing & Setup	37	15.0
Burial Container	PAID 19	0.0
Handling Fees	(5)	0,00
Flower vases - Marker setting fee	APR 1.5.2002	
Recording and filing fee	40	5,00
Sales taxes	MT. HOPE CEMEGO, CE MOSed	12
	Total Due 77	5.16
P	aid receipt number PAID 77	5.10
	Balance due	2
hereby certify I am the	of the above named de	cedent
hat I have the right to make this authorize	ition of remains as above indicated. I certify and rep ation and I agree to hold Mt. Hope Cemetery harmles	resent is from
any liability on account of said authorizati	V Felensi Murae	for.
hereby authorize the interment in lot I	The state of the s	
hold under deed.	X1480 FIRST KUENU	下
Standarus of recorded holder of deed	JCAULAVISTA, CA 4	
Carried Control of the Control of	269-246-0845	Zip Code
		_
	Totophone	
Nork Order # <b>E</b> 17032		

F-17032

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the

ALC: NO.	er's in the applace.			A STATE OF THE PARTY OF THE PAR	
548 CANA	5346 Kodan		5344 muraa	63 43 AN	EDA
	cc for: 1+a			aoka 10:00	
5345	Grave:	Row: _	Time: Sect	D	
grees with I	Legal Card:	Yes	□ No	Fla	g on Ogranu

POBERT

ind Check & Verified By: .

Date: -1.18.02

E-17032

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

94

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)	1	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Baruko		-	Muraoka		06/90/1907 04/13/2002 F
5A. CITY OF DEATH Chula Vi	ata		SE COUNTY OF DEATH	an Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	The second second	A—FUNERAL DIRECTOR OR PERSON	and the second second second		Takenori Muraoka - Son
	ITY HORTUAL	I MICHAEL CONTRACTOR PROGRAMMENT		F APPLICABLE	1480 lst Ave Chula Vista Ca 91911
Chu	la Vista (			1682	8A SIGNATURE OF APPLICANT—Person being bernst, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A		chrowledge as applicant that the proposed dis 176 of the Health and Safety Code, and was with		er Health and Safety Cide.	DA 1411 41 de 184/15/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND BAFETY CODE TY FOR THE DISPOSITION SPECIFIED DINORT OF DISPOSAL OUTSIDE OF CALFORNIA.			TISSUED 90 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
The second secon	Vital Reco	GISTRAR OF DISTRICT OF DEAT D N CAUFORNA Ords P.O.Box 85222 Calif 92186-5222	I IF I		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUPORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		CETTALE	FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE.	İ	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		
BURIAL	Mouba Hop	e Cometery		118. DATE BURIE	ED   11C. SIGNATURE OF PERSON IN CHARGE OF BURIA
CREMATION	3751 Market San Diego Ca 92102  12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEI	EIVED 13C. SIGNATURE OF PERSON IN 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	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND GA <u>DIST</u> E		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSES —IF APPLICABLE

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

### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-15-02

You are hereby authorized and instructed of	d, subject to your rules and regulations, to inter the remains
	THUR 4-18 11:30
Church, Chape (Graveside)	Funeral, date, time 11 0 K 1 10 Mortuary.
	120 00
All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.	p.m. of regular work day or an extra charge of \$ 15 0 00
Lat 218 Grave 1 Row	Section 2 Division/Block 12
Grave space & Care Fund	9 10:00
Additional spaces and care fund	~A
Opening/Closing & Setup	- 315.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting ved	
Recording and filing fee	45.00
Sales taxes	14-73
naturan to	Total Due
Bring Check P	Paid receipt number R-54883 1664.73
	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorizate	of the above named decedent skin of remains as above indicated. I certify and represent lation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
I hereby authorize the interment in lot I hold under deed.	X Sherley Water Jacobs X 1604 48th Street
Segrature of recorded holder of deed	1619) 263-1205 Zip Code
Work Order # E 17033	Invoice #

A Printed on recycled page:

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.

					-
			-SACK SON		
	FRAVES	SRX /	2	3	4
		7	8	9	10
Interment space for	or: Lilli	AN EAR	ILY		
Interment Date:	THUR 4-	18	Time: Wi	3D .	
Lot: 218 Gr	rave:	Row:	Sect:	Div:	15
Grave Laid out by	y:			V 5	
Agrees with Lega	al Card:	es (	J No €	My	m
Agrees with Map	: 🗆 Yes			G	nur
Blind Check & V	/erified By: _			. Date:	

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

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF E	BIRTH 3, DATE		SEX
Lillian		E.	Early	Early			3/2002 F	
SA. CITY OF DEATH			58. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP,	FULL MAILING AT	DRESS AND ZIP COL	DE
San Diego			San Diego		OF INFORMANT Shirley Jaco	bs. Daugl	ter .	
	ODRESS OF CALIFORN	A-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 7B. CAL		1604 48th St			
Anderson-R		rt. 5050 Feder Diego, CA 921	ral Blvd.		San Diego, C		permit 88. DATE SIG	INED
ACKNOWLEDGMENT OF AP			sposed disposition stated herein is one of the if was authorized pursuant to Section 7100 of th		▶ Timati	unden	04/15/20	002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	PED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY FOR THE DISPOSITION SP ID BEST OF DEPOSAL OUTSEE OF CA	Y CODE ECIFIED	98. DATE PERMIT		OF LOCAL REG	STRAR ISSUING PER 220655	District Control
ANY CHANGE IN DISPOSI-	Vital Reco	EGISTRAR OF DISTRICT OF IN CALIFORNIA P. O. Box go, CA 92186-5	85222		OF DISTRICT OF DISPOS II IN ANOTHER DISTRICT II	Y CALIFORNIA		
IO. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS			FOI	R CORONER'S	USE ONLY	-
D. SCIENTIFIC US	11A. NAME AND A	DDRESS OF CALIFORNIA (		The second second		o and Address)  OF PERSON IN (	HARGE OF BURIA	
BURIAL	ner nope o		, CA 92102	4-18.0	2 - Keyer	FL	muse	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMAT	ED 12C SIGNATURE	OF PERSON IN C	HANGE OF CREMATI	ION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECEN	VED 13C. SIGNATURE	OF PERSON IN (	HARGE OF FACILIT	Y
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			148. DATE SHIPPE		ID SIGNATURE O	F PERSON IN CHAF IER	AGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15C. SIGNATURE CHARGE OF	OF PERSON IN DISPOSITION	OF CREMATED MAINS DISPOSE —IF APPLICABIL	ER:

COPY 2 IS RETAINED BY 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 4-15-02

n a ASH VAUCT Type of Burier Container Church, Chapel, Graveside	AVO Funer	nger o		(g+h Mortuary.
All Funeral cars must arrive before	3:30 p.m. of reg	ular work day or an e	extra charge of \$	
vill be applied and billed to unders	signed.			
ot 466 Grave	Row	Section	Division/Block	10
irave space & Care Fund	D-3	3244		.03
dditional spaces and care fund				
pening/Closing & Setup				0
urial Container	a	11		0_
andling Fees	14	er.		0
lower vases - Marker setting fee	er.			0
ecording and filing fee	ee	**		0
ales taxes	C			0
		Total Due		1
	Paid receip	t number		~
hereby certify I am the Xda	ATON		Balance due	
nd this is your authority to make hat I have the right to make this ar my liability on account of said auth	disposition of re- uthorization and I	mains as above indic agree to hold Mt. Ho	ated. I certify and	represent.
hereby authorize the interment in old under deed.	lot I	Sattent Signature 39 Box	uder Pe	merge
gradure of recorded holder at dood	1226	DEFFELSO CINY 273-635 Telephone	-9392	26 Code
7 E 1703	4	Invoice #		
EA-104 (7-96)	his information i	s available in altern	ative formats upo	n request

@ 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.

	- 20				and a	THE	1
1	45mins	FAUY	466	Williams	tarris	NAMA	104 10
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Agrees with				J No		69	
Agrees with	мар: [	J Yes		No	_ Date:		



#### MISSOURI DEPARTMENT OF HEALTH BUREAU OF VITAL RECORDS

#### **OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION**

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193,175, RSMo (1986)

DECEDENT		WAS FILED WITH THE LOCAL REGISTRAR OF
Clara Jean Springer		
Cole	MISSOURI ON	April 5, 2002
CEMETERY OR CREMATORY NAME	LOCATION (CITY STATE)	DATE (MONTH, DAY, YEAR)
Mt. Hope Cemetery	San Diego, California	April 15, 2002
SIGNATURE FUNERAL HOME LICENSEEL	-	MO LICENSE NUMBER
D in A	· ) lata	6886

### 2

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

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

				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			
TA	NAME OF DECEDE	THE SHAREST PARTY OF THE SHARE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
-311	Clara	Jean	Sprin	ger	06/12/1902	04/04/2002	Femal
5A	CITY OF DEATH		SB. COUNTY OF DEATH		S. NAME, RELATIONSHIP, FULL I	MAILING ADDRESS AND Z	P CODE
	Jeffer	son City	ENTER STATE MI	ssourt	OF INFORMANT Kathryn C. Ba	edon-Naemovo	
7A		DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		F. LICENSÉ NUMBER APPLICABLE	1039 Boonvill Jefferson Cit	e Road	
		conville Road Jefferson City,	100 65100	- 1	BA SIGNATURE OF APPLICANT-		T DICHES
-	ACKNOWLEDGMENT OF A	I I have returned to a contract that the amount that	tion stated herein is one of the	dispositions authorized by	Talkern Anthon	PANIENA 04/1	
ī	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-	THE RESERVE AND THE PERSON OF	THE PERSON NAMED IN COLUMN	SSUED, 9C SIGNATURE OF LO	Marie State of State	NAME AND ADDRESS OF
	UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$7.00	04/15/200	12 Sunge Rada	beeld	mA
AN		9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA		SPOSITION IS TO OCCUR	of DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CAURA TOTAL		•
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS		-	FOR COR	ONER'S USE ONL'	7
1	B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	L DISPOSITION (Name and A	PENDING—REMAINS LO	OCATED AT
쯘		-6.	THE RESIDENCE OF THE PERSON OF		4		
	BURIAL	11A NAME AND ADDRESS OF CALFORNIA CEMETER MT HOTE CEMETERS 3751 Market Street San Diego, CA 92102		1 11B. DATE BURIED	I 11C SIGNATURE OF PER	A Fame	HAL
ILE ITEMS	GREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMATE	D 12C SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
C APPLICAB	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 19C SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
Æ	-W.				1		
OMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR I REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	D 14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE .
Ö	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 PER CHARGE OF DISPO	SITION I OF CREA	AATED RE- XSPOSER
_					<b> </b>		MAINS I

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



#### INTERMENT ORDER

City of San Diego

alle mile

Date 4-15-02

You are hereby authorized and instructed is	subject to your rules and regulations, to inter the remai
or EDITH PRICE	
ina ASH VAULT	Funeral, date, time
Type of Burief Container Church, Chapel, Graveside	MAYER Mortua
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 3 \ GraveRow	Section IOOF_DWISION/Block 35
Grave space & Care Fund	Pre- need 0-7540 0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
	Total Due
Paid	d receipt number
X Sala	Balance due
that I have the right to make this authorization any liability on account of said authorization	of the above named deced on of remains as above indicated. I certify and represon and I agree to hold Mt. Hope Cemetery harmless from and interment Daryl L. Pa
I hereby authorize the interment in lot I hold under deed.	X 945) Calle Del Lago
Signature of recorded holder of deed	7 Sant-De, CA 720 1619-208-5202 (Mobile) Trelephone 619-449-7594 (Home
Work Order # E 17035	Acct. #

Durid on True = 4= 23

Dervice | set up of

Chairs on Wed

4-24 10:00

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#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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The same						
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n: 31	Grave	e:	Row:	Sect:	10 r	w: <u>35</u>
ave La	id out by: -				**	
grees w	vith Legal C	Card: 🗆 Y	es 1	J No	they	in
grees w	vith Map: [	J Yes		No		
ind Ch	eck & Ver	ified By: _			_ Date: _	- 1

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 27/16

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

	DECEDENT-FIRST (GIVEN)	18. MIDDLE	IC LAST (FAMILY)	d ma	2 DATE OF BIRTH	a DATE OF DEATH MONTH DAY YEAR 04/15/2002	4. SEX
Fdith 5A. CITY OF D San Di		i Legare	58. COUNTY OF DEATH	ige Houtside CALIF. In Diego	6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIE	FCODE
Mayer	Mortuary	an Diego, CA 9211	ACTING AS SUCH 7B. GAL	F APPLICABLE	Daryl L. Paige 9437 Calle Del Santee, CA 92 8A SIGNATURE OF APPRICANT-	Lago	E SIGNED
MOSES, ANDRESSK	ON OF APPLICANT   December 1	acknowledge as applicant that the proposed disp 0276 of the Health and Safety Code, and was matter	oution stated herein is one of the sound purposed to Section 7500 of the	despositions sufficient by e Health and Safety Code.	Edelar & 1	May 2404/18	5/200
PERMIT AUTHORIZATIO LOCAL REGIS ANY CHANGE IN D TION REQUIRES A PERMIT TO SHOW DISPOSITION	THIS PERMIT IS ISS SIONS OF THE CALIF AND IS THE AUTHORIT IN OF IN THIS PERMIT GREST PROPERTY OF THE PROPERTY	SUED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED NO MIGHT OF DISPOSAL QUISDE OF CALFORNIA REGISTRAR OF DISTRICT OF DEATH ED IN CALFORNIA	7.00	98. DATE PERMIT 04/16/20 B.E. Maye	002   2206584		3 PERMIT
A BURIAL  B. CREM.  C. DISPO	SITION OF CREMATED REM IN A CEMETERY	APPLICABLE ITEMS	E TEMPORARY ENVAI F. DISINTERMENT G. SHIP IN TO CALIFO	FINIA		RONER'S USE ONLY  N PENDING REMAINS LOI Address)	
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEMETE Cemetery Ket St., San Diego		118. DATE BURIES	1/	PRISON IN CHARGE OF BUILD	RIAL
CREMATI	ON PCI	DORESS OF CALIFORNIA CREMAT THE St., Lake Elsin		11/10/	ED 12C SIGNATURE OF PER	RSON A CHARGE OF CREE	MATION
CHEMAIN	The state of the s						mar annual
SCIENTIF USE	13A. NAME AND A	ODDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 130 SIGNATURE OF PE	RON IN CHARGE OF FAC	GILITY
SCIENTIF	13A. NAME AND A	ODRESS OF CALIFORNIA FACILITY DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE	13B. DATE RECEN		NATURE OF PERSON IN C	

COPY 1

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

VS9 (REV. 6/91)

#### INTERMENT ORDER

City of San Diego

Date 4-15-02

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
ina DOUBLE DEPTH	Funeral, date, time MON 4-27 11
Church, Chapel Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30 p.m.	. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	r pyr
LOT 148 Grave 4 Row	Section Division/Block
Grave space & Care Fund	a Med E-6451 _ 0
Additional spaces and care fund	327.00
Opening/Closing & Bup	3 /5.00
Handling Fees APR 1 52002	
Flower vases – Marker setting fee MT. HOPE CEMETARY Recording and HUPO PSAN DIEGO: OF	45.00
Sales taxes	J20.00
Paid	receipt number R-54871 420.00
V	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
my mounty on account of sale assisting	X Bronda (1. Koss-
I hereby authorize the interment in lot I hold under deed.	X127937 BIAZE LN
Signature of recorded holder of deed	X SUN CITY CA 9258.
Work Order # E 17036	Invoice #

Q Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

Juliar						
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grees wi	th Map:	J Yes	0 1	No		
ind Cher	ck & Veril	ied By:			_ Date: _	

## E 17036

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



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

17	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (F)	MILY)				I. SEX
	Dorothy		-	Edward	s			5/2002	F
	emecula			58 COUNTY O	OF DEATH—OUTSIDE CALIF., AIE de	OF INFO	RELATIONSHIP, FULL MAILING FRMANT A Kerr, Niece	NDDRESS AND ZIP C	CODE
	Anderson-Ra	gsdale Mor	t. 5050 Fed	R OR PERSON ACTING AS SUCH leral Blvd.	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	27937	Blaze Lane ity, CA 92585		
	Sar	Diego, CA			Fd-1329	BA. SIGNAT	TURE OF APPLICANT—Person takin		
_	ADMINUMENT OF AF			the proposed dispusition stated terreio is ade, and was sufficient pursuant to Section		> FIN	成上生现多台	04/17/	2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE FORNIA HEALTH AND S TY FOR THE DISPOSITION IN RIGHT OF DISPOSAL CHITSEN	AFETY CODE ON SPECIFIED \$7.00	F FEE PAID 98 DATE PERM	MARSON AND	C. SIGNATURE OF LOCAL RE Benye R Horea		PERMIT
ANTR	ON REQUIRES A NEW FRMIT TO SHOW FINAL	O ADDRESS OF RECORD THE RECORD LIVERS IDEA.	South Control of District Control of State Control of C	ct of DEATH— th Dept. Dept. of inty Circle Dr.	Dept. of Vital	Recor	ot of disposition— her district in california ds P. O. Box 8: 92186-5222	5222	
10	AUTHORIZED DISP	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER	S USE ONLY	
COLUMN STREET STREET, STREET,	B. CREMATION		AINS OTHER	F. DISINTERM G. SHIP IN TO	TO THE COUNTY OF		L DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCA	ATED AT
	BURIAL	Mt. Hope C	odness of Califor demetery 375 lego, CA 921	I Market St.	4-22-0		SIGNATURE OF PERSON IN	CHARGE OF BURN	AL C
BLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFOR	INIA CREMATORY	128, DATE CREMA	TED 120.	SIGNATURE OF PERSON IN	HARGE OF CREMA	MORTA
LL APPLICABL	SCIENTIFIC USE	13A, NAME AND AI	ODRESS OF CALIFOR	RNIA FACILITY RECEIVING REI	MAINS 138. DATE RECE	EIVED 19C.	SIGNATURE OF PERSON IN	CHARGE OF FACIL	LITY
COMPLETE A	TRANSIT			G STATE OR COUNTRY WHE	RE 14B. DATE SHIP		ADDRESS AND SIGNATURE OF PLACING WITH THE CAP		HARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A, ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHOP ENTIFY FINAL PLACE A	RELINE, OR OTHER DESCRIPTION OF DISPOSITI	SUF- ON DISPOSITIO		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	19D. UCENSE NUI OF CREMATE MAINS DISPO —IF APPLICA	ED RE- OSER

COPY 2 IS RETAINED BY 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 4-15-2002

You are hereby authorized and instructed of EARL CAN	subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time PRI. April 19th/1/30
Church Chapel, Graveside	: CA BURIAL Mortuary.
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
97 Grave 8 Row_	Section 2 Division/Block 12
Grave space & Care Fund	845.00
Additional spaces and care fund	PAID =
Opening/Closing & Setup	375.00
Burial Container	APR 1.8.2002
Handling Fees	- SEMETARY
Flower vases - Marker setting fee	MT. HOPE CEMEGO, CA 03.78
Recording and filing fee	45.00
Sales taxes	14.73
all A. Aming	Total 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 tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	8479 Winterberry PR
Signature of recorded holder of deed	Chy (916) 681-5026  Telephone
Work Order # E 17037	Invoice #

& Printed on recyclini gaper

This information is available in alternative formats upon request.

REA-104 (7-96)

#### GRAVE BLIND CHECK FORM

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

e burial	space.		7399	19 11		
		t	2	manuel	4	5 6 amp
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terment	Date:	4-19-	Carpen 02	Time:		
			_ Row:		2	Div: 12
ave La	id out by	711	· DA	aiv.		
rees w	ith Legal	Card:	Yes	□ No	Tian	or give

grees with Map: Yes No

ind Check & Verified By:

Date: 41.18-02

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

41

1

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

	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST SFAM	MLY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
EARL		TYRONE	CARPEN'	TER	0971371960" 0271472062" M
A. CITY OF DEATH				DEATH-OUTSIDE CALF.	8. NAME. RL. ATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO			SAN DI		RUBY H. BARNARD-MUTHER-409 WEST
CALIFORNIA	BURIAL CH	Control of the contro		IF APPLICABLE	4TH. AVE., #A, ESCONDIDO, CA 92025
2200 HIGHL		ATIONAL CITY, C		FD-1689	8A. SIGNATURE OF APPLICANT—Person billing permit, 8B. DATE SIGNED
ACKNOVALEDGMENT OF A		schoolings as applicant that the prop 375 of the Hoolib and Safety Code, and			04/16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I ORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPE IN BURNT OF DEPOSAL DIFFISION OF CRI	CODE	PEE PAID 98. DATE PERM 04/16/2 C.RUSS	IT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSETION REQUIRES A NEW PERMIT TO SHOW FINAL	SAN DIEGO	EGISTRAR OF DISTRICT OF O IN CAMPORIA VITAL RECORDS— DIEGO, CA CA 92	P.O.BOX		R OF DISTRICT OF DISPOSITION— CUE IN ANOTHER STRICT IN CALIFORNIA
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
			The manufacture of the	in the same of the	(Name and Address)
D. SCIENTIFIC US	SE	DDRESS OF CALIFORNIA C	- International International	All margaretes	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	EMETERY SE 11A NAME AND AL NT. HOPE C	DDRESS OF CALIFORNIA C	G. SHIP IN TO (  H. TRANSIT TO	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURI	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	IIA. NAME AND ALL MT. HOPE CO. 3751 MARKE	DDRESS OF CALIFORNIA C	G SHIP IN TO C H. TRANSIT TO EMETERY DIEGO, CA 92102	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURI	ED 110. SIGNATURE OF PERSON IN CHARGE OF BURNE
CREMATION  CREMATION  CREMATION  CREMATION  CREMATION  CREMATION  CREMATION  CREMATION	11A. NAME AND AL MT. HOPE C 3751 MARKE	DORESS OF CALIFORNIA COMETERY T STREET SAN D	G. SHIP IN TO G H. TRANSIT TO SEMETERY DIEGO, CA 92102 REMATORY	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURB	ED 110. SIGNATURE OF PERSON IN CHARGE OF BURNE
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND ALMT. HOPE COMPANY OF THE COMPANY OF	DORESS OF CALIFORNIA CO CEMETERY T STREET SAN D DDRESS OF CALIFORNIA CO	G. SHIP IN TO G  H. TRANSIT TO  EMETERY  DIEGO, CA 92102  REMATORY  FACILITY RECEIVING REMATERY  ATE OR COUNTRY WHERE	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURB 128. DATE CREMA	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURNATURE OF PERSON IN CHARGE OF CREMATION EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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

#### INTERMENT ORDER

City of San Diego

Date 4-15-02

You are hereby authorized and instructed, or ALBERT GUS	subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time TUC 4-23 10:30
	m. of regularwork day or an extra charge of \$
Lot 47 Grave 2 Row_	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	PAID
Opening/Closing & Setup	375.00
Burial Container	PR 17 2002
Handling Fees	
Flower vases - Marker setting fee .CITY.C	
Recording and filing fee	11000
Sales taxes	Total Due 1664-73
~	Balance due
I hereby certify I am the and this is your authority to make disposite that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from an and interment.
I hereby authorize the interment in lot I hold under deed.	X 80 25-15 9 Markon
Emistro & Script noiser I avail + 4 MA	Rtix Escopino CA Proces
E 47000	Invoice #
Work Order # <b>L</b> 1/038	Acet #

Exercises 283-5731

CALE 138 AT
HEMPHRESS WHEN
WE REC'V CHECK
TO SET DELIVERY
DATE

E 17038

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

e burial space.					
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grees with Lega	al Card: Y	es (	J No	Aly Go	ine
grees with Map	Yes	,/0	No /	Al.	11.1.

Date:

ind Check & Verified By: MIM

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

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

	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE	
ALBERT		WILLIAM	GUSSA			12/18/1934		3/2002 H
A CITY OF DEATH			SB. COUNTY OF DEATH	-OUTSIDE CALIF.,		ORMANT	MAILING AD	DRESS AND ZIP CODE
EL CAJON	ADDRESS OF CALIFORNIA	E FUNERAL RIPERTON OF PERSON			MAN AND AND AND AND AND AND AND AND AND A		Compression and the same of	
HUMPHREY C	HULA VISTA		-	FAPPLICABLE	ESCO	NDIDO, CA	92026	
/33 DEUAUW		VISTA, CA 91910			8A SIGNA	TURE OF APPLICANT-	Person taking p	emit 88. DATE SIGNE
ACKNOWLEDGMENT OF AP		chrowledge as applicant that the proposed disp 376 of the Health and Safety Gode, and was autho			P 0	171416	~	04/23/200
PERMIT	SIONS OF THE CALIF	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF FEE P. \$7.00	04/23/20	002	2206966	OGAL REGI	STRAR ISSUING PERMI
COURSE THE OWNER THAT	A STATE OF THE PARTY OF THE PAR	O HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	1.00	ARACELY FL		Name and Parks of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow		
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RE	EGISTRAR OF DISTRICT OF DEATH D H CALFORNIA CORDS - P.O. BOX 1 0, CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU				
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CO	RONER'S	USE ONLY
TEL A DUDIAL CHICAGO	DES ENTONOMENT	r	TE TEMPOPARY ENVI	UII TAICHT		CT I DIPROPINO	neuman	DENIME LOCATION
B CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNIA		I. DISPOSITION (Name and		REMAINS LOCATE
B. CREMATION C. DISPOSITION OF	OF CREMATED REM. METERY SE  11A. NAME AND AL	DORESS OF CALIFORNIA CEMETE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	ED   11C		Address)	
B. CREMATION C. DISPOSITION OF	DE CREMATED REM. METERY SE  11A. NAME AND AL  Mt. Hope		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA SIDE OF CALIFORNIA		(Name and	Address)	
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US	DF CREMATED REM. METERY  ITA NAME AND AL  Mt. Hope  San Diego	DDRESS OF CALIFORNIA CEMETE Cometery 3751 Man	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY rket Street	ORNIA DE OF CALIFORNIA	21	SIGNATURE OF PER	Address)	
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US	DF CREMATED REM. METERY  ITA NAME AND AL  Mt. Hope  San Diego	DDRESS OF CALIFORNIA CEMETE Cometery 3751 Mai CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY rket Street	ORNIA IDE OF CALIFORNIA I 11B. DATE BURIE	21	SIGNATURE OF PER	Address)	HARGE OF BURIAL
B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US BURIAL	DE CREMATED REMAINS THE METERY  ITAL NAME AND ALL  Mt. Hope  San Diego  12A. NAME AND ALL	DDRESS OF CALIFORNIA CEMETE Cometery 3751 Mai CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY rket Street	HIB. DATE BURIE	Z   120	SIGNATURE OF PER	Address)	HARGE OF BURIAL
BURIAL  CREMATION  C. DISPOSITION OF THAN IN A CE  D. SCIENTIFIC US  BURIAL  CREMATION	DE CREMATED REM. METERY  11A. NAME AND AL  Mt. Hope San Diego  12A. NAME AND AL  13A. NAME AND AL  14A. NAME AND AL	DDRESS OF CALIFORNIA CEMETE COMETERY 3751 Mai CA 92102 DDRESS OF CALIFORNIA CREMAT	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY rket Street TORY Y RECEIVING REMAINS COUNTRY WHERE	HIB. DATE BURIE	Z   120	SIGNATURE OF PER	Address)  RSON IN CORSON I	HARGE OF BURIAL HARGE OF CREMATION HARGE OF FACILITY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	DE CREMATED REMAMETERY  ITAL NAME AND AL  Mt. Rope  San Diego  12A NAME AND AL  ISA NAME AND AL  REMAINS OR	DDRESS OF CALIFORNIA CEMETE COMETERY 3751 Mai CA 92102 DDRESS OF CALIFORNIA CREMAT DDRESS OF CALIFORNIA FACILITY	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS  FY  THEE STREET  THEE DESCRIPTION SUF-	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMAT	Z   120   120   130   140   140   15	SIGNATURE OF PER	Address)  RSON IN CORSON IN CORSON IN CORRECT CARR RSON IN CORRECT CARR	HARGE OF BURIAL HARGE OF CREMATION HARGE OF FACILITY

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

THE WASTERLY

#### INTERMENT ORDER

City of San Diego

#### OPEN BACK GATE

Date 4-15-02

ıa	Funeral, date, time Muyaday 9/13 /
Type of Burial Container Church, Chapel, Graveside	: GREEN WOOD Mortuary
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 unders	
1344	MUSL'M
ot TO   Grave	Row Section Division/Block
rave space & Care Fund	
dditional spaces and care fund	PAID 450.00
urial Container	ADD 2 2 2002
andling Fees	
ower vases - Marker setting fee	MT. HOPE CEMETARY.
	CITY OF SAN DIEGO, C. 45.00
ales taxes	Total Due 301.20
	Paid receipt number PAID BY MC 501.20
	Balance due D
nereby certify I am the	FE of the above named decedent
nd this is your authority to make at I have the right to make this at	disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said auth	norization and interment.
hereby authorize the interment in	lot I Begnehure Total
old under deed.	- / I Address
grature of recorded holder of deed	reelett 10923 GRANA#
	San Diego CA 9219
	Invoice # 858-792-0818
Ork Order # E 1703	0
/ork Order # E 1/U3	J Acct. #

Q Proceed on propoled paper

### E- 17039 MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

	X	BAROLLAH
		MAS HOUT!
terment space for: AB terment Date: 9-12-		
orms Lim Grave:	37 Row:	#
rave Laid out by:	Janes	
grees with Legal Card:	□ Yes □ N	0

grees with Map: Yes

ind Check & Verified By:

17039

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

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

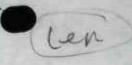
1/	NAME OF DECEDE	NT-FRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	Name of the last o		TE OF DEATH 4. SEX
5,0	ARDOT.RA		5B COUNTY OF DEAT			DDRESS AND ZIP CODE
7.8		MORTUARY: I-805 & IMPERIAL SAW DIEGO, CA 921	ACTING AS SUCH 7B, CA	IF. LICENSE NUMBER F APPLICABLE  D 843	7777 BELDEN STREET,	#233 92111 -
	ACKNOWLEDGMENT OF A	PLICANT I hersty administration as applicant that the proposed dap Section (10376 of the Health and Select Cude, and was author THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-	ued pursuant to Section 7100 of th	re Friedth and Safety Code.	OUGUY CARE	09/11/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THE PERMIT GIVES NO RESITT OF DEPOSAL OUTSIDE OF CALIFORNIA.	\$7.00		ZARO 2214762	and the state of t
	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH # DEATH OCCURRED IN CAUFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222	A CONTRACTOR OF THE PARTY OF TH		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	4.2
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		1	FOR CORONER'	S USE ONLY
	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	JRNIA.	L DISPOSITION PENDINI (Name and Address)	G-REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN II		118. DATE BURNED	Norman Le	CHARGE OF BURBAL
BILE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMATE		
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEIVE	ED ISC. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	OF PLACING WITH THE CAR	
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

# at need

REA-104 (7-96)

#### MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

	233				
You are here	by authorized and instru			d regulations, to	inter the remains
of	Eunice 1	vierre	Car	isle	
in a	Type of Bustel Container	Funera	il, date, time _	+R1-199	hApril 11
Church, Cha	pel, Graveside	,,,		ods Valen	tine Mortuary
All Funeral co	ars must arrive before 3	30 p.m. of regi	ular work day	or an extra charg	74's
	ed and billed to undersig		5-8400 DSU 5-5-01 IV	ALCOHOMOS DUNCOS	
Lot 109		Row	Section	/ Division/	Block //
Grave space	& Care Fund				89500
Additional sp	aces and care fund				
Opening/Clos	sing & Setup				375.00
Burial Contai	iner		ALD		190.00
	98		7115		145.00
Flower vases	s - Marker setting fee	APR	1.5.2002		
Recording an	nd filing fee	W 444	10 2002		45.00
Sales taxes.		MT. HOP	E CEMETA	RY CA	14.73
. 6	188°148	OIII OI C		d Due	1664.7
My ale.	. 0.	Paid receipt	number R	54872	16647
R.				Balance di	ue
that I have th	our authority to make di ne right to make this authon account of said autho	horization and I	agree to hold	indicated. I cer	
I hereby auth hold under d	norize the interment in lo leed.	at 1	Seminary 265	F. Parkin	nan St
Signature of record	led holder at deed		YOUTO, Y 636"	Kenw (a 794-195	9/881 O In Code
Work Order	E 17040	1	Invoice #		
REA-104 (7-96)	Thi	s information is	available in a	alternative forma	ats upon request.

& Printed on recycled paper

#### MT HOPE CEMETERY

	(	GRAVE BL	IND CHE	ECK FOR	RM	
ock m	arked wit	e of the dece h "X". Place in the appro	the name	e's, lot # a	nd grave	# of all
		Klong	moses Harris			
2	3	ч	5 <sub>X</sub>	Kinkend	XX.	
					1	
terme	nt space fo	or: Eui	nice 1	M. Car	-lisle	-
terme	nt Date:	4-19-	02 7	ime: 1	100	(Church)
		ave: 5		Sect:	1_1	Div: 1
ave I	aid out by	n			1	FV

☐ No

Date:

O No

grees with Legal Card: Yes

grees with Map: Yes

ind Check & Verified By: .

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

60

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

IA. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE MERREL	CARLISLE				E OF DEATH 4. SEX
5A. CITY OF DEATH	SANTA M	ONICA	SB. COUNTY OF DEAT ENTER STATE LOS ANGELE	H-OUTSIDE CALIF	OF INF	RELATIONSHIP, FULL MAILING A ORMANT E CARLISLE, JR.,	
WOODS-VAL	ENTINE MORT	A-FUNERAL DIRECTOR OR PERSO TUARY FE., PASADENA, CA	-	E ADDITION OF	265 E ALTAD	. PARKHAN STREET	r
ACKNOWLEDGMENT OF API	n to see I heroby a	Angeledge as applicant that the proposed of 176 of the Health and Safety Code, and was as	Sposition stated herom a one of the	Repositions authorized by the Health and Safety Code.	BA. SIGNA	TURE OF APPLICANT—Person taking	04/16/200
AUTHORIZATION OF	THIS PERMIT IS ISSU 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 O MIGHT OF DISPOSAL OUTSEE OF CALFORNIA	BA. AMOUNT OF FEE P			→ 447-9426 J. B	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	313 N. F	GISTRAR OF DISTRICT OF DEA D IN CALIFORNIA IGUEROA STREET LES. CA 90012		SAN	DIEGO	ICT OF DISPOSITION— THER DISTRICT IN CALIFORNA CO. HEALTH DEP 5222, SAN DIEGO,	T. CA 92186 222
B. CREMATION	DES ENTOMBMENT)  OF CREMATED REM.  METERY		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)	3—REMAINS LOCATED A
BURIAL	MI. HO	DDRESS OF CALIFORNIA CEME PE CEMETERY ARKET ST., SAN DI		4-19-0		SIGNATURE OF PERSON IN	Charge of Burill
CREMATION	12A. NAME AND AL	IDRESS OF CALIFORNIA CREMA	ATORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON OF	HARGE OF CREMATION
SOMENTIFIC	13A. NAME AND AS	ODRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE COREMATED REMAINS ARE TO E		148. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE ( OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	J 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

Presta sust

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-15-02

or Johnie	Carlisle Jr.	
in a Type of Burlet Continuer	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of	t \$
will be applied and billed to undersigned	ed	
	w Section Division/Blo	daca2
Grave space & Care Fund		8 42.00
Additional spaces and care fund		3.06.6/
Opening/Closing & Setup	PAID	375.00
Burial Container	- 0000	140.00
Handling Fees	APR 1 5 2002	145.00
The state of the s	E PART TO THE PART OF THE PART	-
Recording and filing fee	CITY OF SAN DIEGO, C	45 00
		1473
110 11010	Paid receipt number R-54872	1664
US NAVY HMCM/E9	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 authority.  I hereby authorize the interment in lot	the Enlarge	and represent
hold under deed.  Signature of recorded holder of dead	1 365 F. farlaman	St - 9/00/ 5 74000
work Order # E 17041	Telephone Invoice # Acct. #	

#### INTERMENT ORDER

City of San Diego

Date\_ 4-16-02

	, subject to your rules and regulations, to int	ter the remains
or John William		10th IN NO
in a Liner Type of Burul Container	_ Funeral, date, time Thur.S. April	18, 10.00
Church, Chapel, Graveside Lelive	ery Only : MAYER	Mortuary.
All Funeral cars must arrive before 3:30 p.	.m. of regular work day or an extra charge of	
will be applied and billed to undersigned.		
Lot 88 Grave 3 Row	Section Division/Ble	
Grave space & Care Fund		895.00
Additional spaces and care fund	PAID	2000
Opening/Closing & Setup		375.00
Burial Container	APR 1-7-2002	190.00
Handling Fees	·····	145.00
	MT. HOPE CEMETARY TY OF SAN DIEGO	
Recording and filing fee	TO GAT DEGE G	45,00
Sales taxes		14.73
7587	Total Due	1664.73
D. 1 # 0-281	aid receipt number R-54801/	1664.73
Pax#619-281-7587	Balance due	0
I hereby certify I am the	of the above na	amed decedent
and this is your authority to make disposi	tion of remains as above indicated. I certify tilon and I agree to hold Mt. Hope Cemetery on and interment.	and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
- 17010	Invoice #	
Work Order # E 17042	Acct. #	

LAW OFFICES
LACKIE & DAMMEIER LLP

E-17042

#### JOHN A. TURNER

ATTORNEY AT LAW

10200 Sepulveda Blvd., Ste. 245 Mission Hills, CA 91345-2662 Telephone (818) 892-4305 Facsimile: (818) 892-4595

Email: john@policeattorney.com

21060 PLACERITA CANTON DEAD NEWHAU, CA 91321.

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

072 72

IA. NAME OF DECEDENT—FIRST (GIVEN) ! 18. MIDDLE			IC. LAST (FAMILY)	HITEOUTS ON OT		TE OF DEATH   4 SEX			
John	ohn William			Neill	11/25/1929 03/31/2002				
Escondido	PROFESS OF A VIEWN		Commence of the second	OUTSIDE CALIF.  6. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NAME DELATIONS, PA					
Mayer Mortu	ary	an Diego, CA 92116	-0	APPLICABLE MARA	5201-A Ruffin Rd. San Diego, CA 92123 A SHANTURE OF APPLICANT—PROVIDEN	E HEINT BB. DATE SIGNED			
ACKNOWLEDGMENT OF AP		acknowledge as applicant that the proposed dispo 1376 of the Health and Safety Code, and was author			Dersen & Mays	04/15/200			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO BIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	7.00	04/17/20 B.E. Maye		GISTRAR ISSUING PERMIT			
TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.		Control of the Contro			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	1			
O. AUTHORIZED DISPO	Commence of the Commence of th				FOR CORONER	S USE ONLY			
B CREMATION C DISPOSITION OF THAN IN A CE	OF CREMATED REM	IAMS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RINIA	DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED AT			
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEMETER Cametery ket St., San Diego		4-18-0Z	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL			
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMATE	D 12C SIGNATURE OF PERSON N	CHARGE OF CREMATION			
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. PATE RECEIVE	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			148 DATE SHIPPED	0 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAP				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		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.

PLEASE SigN INTERMENT ORDER

TAX BACK City of San Diogo

(619) 281-7587 City of San Diogo

DNO\_4-16-02

Liner	m Uneill Funeral, state, time Thurs. April 18th 10:00
Country of Author South Co.	very Daly MAYER MONUSTY.
	Borbera
	p.m. at requier work day or an extra charge of \$
be applied and billed to undersignu	d
84 Grave 3 Roy	Section / Division/Others /2
- OSA GIAVO NO	
ve space & Cera Fund	395.00
tilional spates and care lund	annous an
ening/Closing & Salup	375.00
iel Conteinor	190.00
ndling Feat	145.00
wer veses - Marker saming foo	and the second state of th
cording and filing fee	48,00
03 (axe)	
And the second s	Tels Due 1/9/04.73
181-19	Paid receipt number
ak#619-281-7587	Saignce due
recy curity I am the / Public A	terrainleuston Grundlen of the above named elections
this is your authority to make disco	patrion of remains as above indicated I certify and represent
lizability on account of said authoriz	ization and I agree to hold Mt. Hope Cemetery hormioss from allon and interment.
	* Mydelalde
rapy authorize the interment in lot I I under dead.	3,000
	PUBLIC ADMINISTRATOR
tion of character for header of charact	PUBLIC GUARDIAN TO COME
	5201-A RUFFIN ROAD TOURNIA 92123-
	2VV INEGO! CVPLOVATV STEED.
	Invoice s

# Placed of Father on INTERMENT ORDER Grave James Heilman INTERMENT ORDER City of San Dies

Date 4-17-02

You are hereby authorized and instructed, subject MARY CHRISTING H	et to your rules a	nd regulat	ions, to inte	er the remains
ina AST VAULT For	neral, date, time	FRI	5,-3	11,00
Church, Chapel, Graveside	: Pa	citic	View	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day	or an extra	a charge of	\$ 150.00
will be applied and billed to undersigned.				
Lot 5 Grave   Row   Grave space & Care Fund   Pre nee				* 0
Additional spaces and care fund				_
				105 00
PAIN				55.00
Handling Fees MAY 0 3 7007		**********		60.00
Flower vases - Marker setting fee				
Recording and Inflation CHY OF SAN DIEGO, Comments				45.00
				4.26
	Tol	tal Due		269.26
Paid rec	eipt number <u>K</u>	- 541	30	367-26
		Bal	ance due	
I hereby cexify I am the TOUSTEE and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold	e indicate	d. I certify	med decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Address	Proces	M Cru	40 Ro
Signature of recorded holder of deed	Foliamone 661	164 164	A 71 0-13 1.460	39 0000
Work Outer E 17043	Invoice #			
Work Order # <u>E 1/U43</u>	Acct. #	During Wall	Tana and the same of	

Pacific View
Forthary
MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

rite in the name of ock marked with "isting marker's in a burial space.	X". Place the appre	the name	e's, lot # a ace(s) tha	nd grave t are adja	# of all cent to
Campal Leilnen	Might and	1 X X	Anderson Harry nurs		
terment space for:	5-3		rime:\\	.00.	
ave Laid out by:		Row:	Sect.	<u>//12</u> D	iv:
grees with Legal C	ard: 🗆 Y	es (	J No F	- lag	
grees with Map:	J Yes		No	on all	
ind Check & Ver	ified By: _			_ Date:	

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

14993

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

1A. NAME OF DECEDENT-FIRST (GIVEN)   18. MIDDLE			1C LAST (FAI	MILY)		2. DATE OF BIRTH   3. DA	TE OF DEATH 4. SEX			
MARY		CHRISTINE	HEILM	IAN		05/08/1908 04/	17/2002 F			
SA. CITY OF DEATH			58 COUNTY O	F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE			
CORONA DE	EL MAR		ewith 31	TEORANGE	JEANN	JEANNINE TRAPP - DPOA				
PACIFIC S	DDRESS OF CALIFORN VIEW MORTUA IPIC VIEW D EL MAR, CA 9	R.	RSON ACTING AS SUCH	78. CALIF LICENSE NUMBER —IF APPLICABLE  FD 1176	CORON	A DEL MAR, CA 91 TURE OF APPLICANT—Person table				
ACKNOWLEDGMENT OF A		acknowledge as applicant that the propos 1376 of the Health and Safety Code, and wo			May a	Mullah	64/12/2003			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI'	UED IN ACCORDANCE WITH PROPRIED IN ACCORDANCE WITH PROPRIED OF PARTIES OF CARE	SPIED AT DO	A. USHER 04/23/20		4725M MARK B. HORT	au			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRE	EGISTRAR OF DISTRICT OF I ED IN CAUFORNIA TY HEALTH DEPT. ANA, CA 92702-02	P.O.BOX	9E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCI SAN DIEGO HEAT SAN DIEGO, CA	TH ME	PT. P.O. BOX 852	222			
10 AUTHORIZED DISF	POSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER	'S USE ONLY			
B. CREMATION		AINS OTHER	F. DISINTERMI			L DISPOSITION PENDI (Name and Address)	NG REMAINS LOCATED A			
BURIAL	MT. HOPE C 3751 MARKE SAN DIEGO,	T ST	METERY	118. DATE BURI	1 0	SIGNATURE OF PERSON IN				
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC VIEW CREMATORY 3500 PACIFIC VIEW DR. CORONA DEL MAR, CA 92625			128. DATE CREM	1	12C SIGNATURE OF PERSON WOHARGE OF CREMAT				
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAI			AINS 138 DATE RECE	EVED 13C.	13C. SKINATURE OF PERSON IN CHARGE OF FACILITY				
TRANSIT	14A. NAME AND AI REMAINS OR	E 14B. DATE SHIP	PED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CA						
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGENT TO ID			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.



#### INTERMENT ORDER

City of San Diego

Date 4-17-02

You are hereby authorized and instructed, subj	The state of the s	regulations, to inter	the remains
or Etta Bradton		^ ^	:100 11
in a D.D. Church Consumer Fi	neral, date, time	non Ap	r. 122 1-1
Church Chapel Graveside	;KF	160DALE	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 129 Grave 8 Row	Section3	Division/Block	12
Grave space & Care Fund E-110	33/ E-68	74 -	0
Additional spaces and care fund		CTAT	~
Opening/Closing & Setuptf	<u> </u>		0_
Burial Container	7		0
Handling Fees	£, *		0
Flower vases - Marker setting fee			0
Recording and filing fee		200	0_
Sales taxes		2	0_
	Total I	)ue 1	2
Paid re-	eipt number		
01/	2	Balance due =	
I hereby certify I am the Track and this is your authority to make disposition of	lea	of the above name	ed decedent
that I have the right to make this authorization a any liability on account of said authorization an	nd I agree to hold Mt.	Hope Cemetery ha	rmless from
any liability on account of sale authorization an	Intermedia	5/ -11	141.
I hereby authorize the interment in lot I	Signature Section	che /4	wy
Has lie Albac El	24/98 W.	word Ari	
Signalus of recorded holder of does	XSO.	CA.	72//5 Zie Code
	(615)50	0/-699/	
- 47044	Invoice #		
Work Order # E 1/044	Acct. #		

O Printed on recycled paper

This information is available in alternative formats upon request.

REA-104 (7-96)

#### GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all isting marker's in the appropriate space(s) that are adjacent to 5 burial space.

e buria	I space.					
				-		IND
		1				Ye
		townsend	X	a	10	11 8
	Williams	7 hounsend	watton			P
						1.
termen	t space for:	Etta	Brad	ford		
termen	t Date: 4	-22 03	2 7	Time:	100	
ot: 1a	g Grave	8	Row:	Sect	3	Div: 12
rave La	tid out by: _					
grees w	vith Legal C	Card: Y	es (	J No [	Flagor	grave
grees v	vith Map:	J Yes		No		V
ind Ch	eck & Ver	ified By:			Date	22

## 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 Etta Lloyd			IC. LAST (FAMILY) Bradford			2. DATE OF BIRTH 3. DATE OF DEATH 4 MONDY 5/19/22 04/15/2002			4. SEX
SA CITY OF DEATH National City			ENTER STATE OF			MAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT OPE Elie, Granddaughter			
		t. 5050 Federal B1	vd.	F APPLICABLE	4488 San 1	Winona Ave Diego, CA 9	2115		
		lego,. CA 92102		D-1329	BA. SIGNA	TURE OF APPLICANT	Person taking perm		
ACKNOWLEDGMENT OF A	Section 10	cknowledge as applicant that the proposed disposits of the Houth and Safety Code, and was pathon	roed pursuant to Section 7100 of th	in Health and Safety Code.	>401	Made tursk	11		1/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MORT OF DISPOSAL OUTSIDE OF CALFERDIA.	\$7.00	04/22/200 T. Tinsi	and the same of th	C. SIGNATURE OF LC	OCAL REGIST	22068	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEATH IN CALIFORNIA rds P. O. Box 8522 go, CA 92186-5222	1 18 1	ORESS OF REGISTRAR DISPOSITION IS TO OCC			MINIA.		
10. AUTHORIZED DISP						FOR COR	ONER'S U	ISE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		L DISPOSITION (Name and A		REMAINS LO	CATED AT
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEMETER Cemetery 3751 Mark D#4689, CA 92102	7.7	H-22-0		SIGNATURE OF PER	Duy CHA	RGE OF BL	IRIA
CREMATION SCIENTIFIC	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMA	TED 120/	SIGNATURE OF PER	SON IN CHAP	RGE OF CRE	EMATION
SCIENTIFIC USE				138. DATE RECEI	EIVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			ACILITY	
TRANSIT TRANSIT	14A. NAME AND AI REMAINS OR		14B. DATE SHIPP	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAP OF PLACING WITH THE CARRIER			CHARBE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15C.	SIGNATURE OF PER CHARGE OF DISPOS		SD. LICENSE OF CREM MAINS D —UF APPR	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

Pre-red

City of San Diego

4-18-02

	KANLUND
OI MARTIN 10	- White many and the
Type of Burnal Continue	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge of \$
will be applied and bitled to undersigne	ed.
Lot Ror	section 5 Division/Block
Grave space & Care Fund	1595.0
Opening/Closing & Setup  Burial Container PAI	<u> </u>
Handling Fees MAY 0.3 7	7002
Flower vases - Marker setting ree	
Hecording and filing MT. HOPE GET	METARY
Sales taxes CITY OF SAN D	1495.1
	Paid receipt number R-5493 R 1595.0
	Balance due
	of the above named decedent
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	position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make disp that I have the right to make this author	rization of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from eation and interment.
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz I hereby authorize the interment in lot I	position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from cation and interment.

#### PHILLIPS, HASKETT & INGWALSON

a Professional Corporation

STEVEN P. HASKETT CARL F. INGWALSON, JR. FREDERICK C. PHILLIPS TERRY D. PHILLIPS E 17095

550 WEST "C" STREET, 19<sup>TH</sup> FLOOR SAN DIEGO, CALIFORNIA 92101-3540

TELEPHONE: 619-231-3737 FACSIMILE: 619-233-1223 WRITER'S DIRECT NUMBER: 619-231-8394

April 23, 2002

Mt. Hope Cemetery Attention: Sue 3751 Market Street San Diego, CA 92102

Re: Martin N. Kanlund

Dear Sue:

Enclosed is our law firm's client trust account check made payable to Mt. Hope Cemetery in the amount of \$1,595.00. That sum is in satisfaction of the purchase on behalf of Martin N. Kanlund of the following plot within Mt. Hope Cemetery:

#### Lot 22, Grave 1, Section 5, Division 6

Flease issue your proof of ownership in the name of Martin N. Kanlung and forward it to Mr. Kanlung in care of this office as follows:

Martin N. Kanlund c/o Phillips, Haskett & Ingwalson 550 West "C" Street, 19<sup>th</sup> Floor San Diego, CA 92101

Your assistance in this matter is appreciated.

Sincerely,

PHILLIPS, HASKETT & INGWALSON

a Professional Corporation

Steven P. Haskett

SPH:ekr Enclosure

ce: Mr. Martin N. Kanlund

haskett\ltr\mthope.423

# Mt Hope Cemetery Contract Entry Verification (Preview Only) 05/06/2002

Contract Number: E-17045-L

Contract Date: 05/06/2002

Purchaser: Kanlund, Martin N

550 West C Street 19th Fl

Purchaser Number: 51 /

Phone:

Child Prot: N

San Diego ,CA 92101

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty Ca	ategory	Description o	f Contract Iten	is Pric	e T	ax Allowance	Addl. Desc.
1 Grav	res .	Division 6		1595.0	0.0	00	
Property							
	Division	Section	Blk / Row		365	ve Depth/Lvl	
	Division 6	5		2	2	1 A	
BASE PRICE		£ 1111	1,595.00		NUMBER (	OF INSTALLMENTS	
ALES TAX			0.00		REGULAR	PAYMENT OF	Q
OTAL CASH	PRICE		1,595.00		ODD PAYN	MENT OF	0.5
OTAL DOWN	PAYMENT		1,595.00-		DATE FIRS	ST PAYMENT DUE	06/06/2002
RANSFER AL	LOWANCE		0.00 -		PAYMENT	PLAN: ANNUAL	
DISCOUNT OR	ALLOWANCE		0.00-				
					SOURCE:	Family Memb	per Here
INANCE CHA	RGE		0.00 (	@ 0.000% A	AMORTIZE		
OTAL OF PA'	YMENTS		0.00				
DEFERRED PA	YMEN'T PRICE		1,595.00				
CCOUNT CO	NTRIBUTIONS		AMOUNT	FRACTION			
L Perp. Car	e		319.00				
R S Equity			1,276.00				
A Interest			0.00				
R S Tax Reco	overy		0.00				
R S Cost of C			0.00				
R V Late Cha	rge		0.00				

# Mt Hope Cemetery Agreement Confirmation 05/06/2002

E-17045

Agreement Number: E-17045-L

Agreement Date: 05/06/200

Purchaser: Kanlund, Martin N

550 West C Street 19th Fl

Purchaser Number: 51 /

Phone:

Child Protection: N

San Diego ,CA 92101

Beneficiary:

Counselors:

3 SUE SHACKELTON

Qty Category	Description of Contract Items	Price		Tax	Allowance
1 Graves Property	Division 6	1595.00	)	0.00	
Division	Section Blk / Row	Lot	Grave	Depth/Lvl	
Division 6	5	22	1	A	TOTAL PLANTS OF
BASE PRICE	1,595.00				
SALES TAX	0.00				
TOTAL CASH PRICE	1,595.00				
TOTAL DOWNPAYMENT	1,595.00-				
TRANSFER ALLOWANCE	0.00 -				
DISCOUNT OR ALLOWANCE	0.00-				
FINANCE CHARGE	0.00				
TOTAL OF PAYMENTS	0.00				
DEFERRED PAYMENT PRICE	1,595.00				
NUMBER OF INSTALLMENTS	1				
REGULAR PAYMENT OF	0.00				
ODD PAYMENT OF	0.00				
DATE FIRST PAYMENT DUE	06/06/2002				PERMIT
PAYMENT PLAN	ANNUAL				

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

#### INTERMENT ORDER

City of San Diego

Date 4-18-02

us - IN - K	Funeral, date, time Tutor 5-	2
Type of Burial Container	runeral, date, dine 200 5	111
Church, Chapel, Graveside	: geathering	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		
Lot 39 Grave 10 Row	Section Q Division	Block
Grave space & Care Fund		875.01
Additional spaces and care fund	DAID	
Opening/Closing & Setup	PAID	375,00
Burial Container	MAY 1 5 2002	190.00
	Contract of the Contract of th	145,00
Handling Fees MT. Flower vases – Marker setting fee CITY	HOPE CEMETARY	-
CITY Recording and filing fee	OF SAN DIEGO, C.	45.00
Sales taxes		14-73
	7-1-1-5	1664. 7
E-16930 Paid	R = 5 4 9 8 7	1664. 7
E-101	receipt number N 3 1 10 1	1001
	Balance du	16
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I cent and I agree to hold Mt. Hope Cemete	named decedent tify and represent ery harmless from
hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
The street street		
Signature of recorded holder of deed	City	Zip Code
	City	Zφ Code
	Telephone 2/3/99	Zφ Codu
		Zip Code

O Printed on recycled paper

#### INTERMENT ORDER

City of San Diego

Date 4-19-02

of	Funeral, date, time TUES Y-23 A
Type of Burial Coreaner Church, Chapel, Graveside	LAKES DE SANT Mortuary
week to the second seco	The state of the s
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
4	4 2 91
Lot Grave I Row _	4 Section 2 Division/Block 9
Grave space & Care Fund	FN-1000 E-785/
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	_ +
Sales taxes	
	Total Due
Pa	uid receipt number
	Balance due
I hereby certify I am the	of the above named decedent
	tion of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	√ Signature
	Address
Synature of recorded holder of deed	City Zip Cook
	Telephone
	A SHIRWAS
	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
	PAUL EDWARD RIDER			9/2002 M			
5A	CITY OF DEATH	SAN	DIEGO	The Part of the Pa	SAN DIEGO	NAME RELATIONSHIP, FULL MAILING AS OF INFORMANT FREDA TILLMAN: MOTH	
276	LAKESIDE-S	ANTEE FUNE	RAL CHAPEL:		HF APPLICABLE	9703 WINTER GARDENS LAKESIDE, CA 92040	BLVD., #109
_		1 Decely	AKESIDE, CA 920	040 and disposition slated herein is one of		A. SIGNATURE OF APPLICANT—Person taking	
	ACKNOWLEDGMENT OF A	Section 10	0376 of the Health and Safety Code, and w	was authorized pursuant to Section 7100 of	the Health and Safety Code.	Duna Suus	04/02/2002
	PERMIT THORIZATION OF ICAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC TO BORT OF DISPOSAL DUISES OF CALL	\$7.00	04/02/200	SSUED 9C SIGNATURE OF LOCAL REG 2205775	ISTRAR ISSUING PERMIT
AN		P.O. BOX				F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A				FOR CORONER'S	USE ONLY
8	T & DUDING ANOTH	INDER STATISTICAL PROPERTY.		THE TENNONANY PAR	TALK TRAPELY		PIPERALDINE LONGINSON AT
	B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	SE TIA. NAME AND A	DDRESS OF CALIFORNIA CE	METERY	FORNIA SIDE OF CALIFORNIA 11B. DATE BURIED	DISPOSITION PENDING (Name and Address)	HARGE OF BURIAL
	B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REM EMETERY SE  11A NAME AND A MOUNT HOP	DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA 11B. DATE BURIED	(Name and Address)	terminal division terminal di di mala
	B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CREMATED REMEMETERY SE  11A NAME AND A MOUNT HOP S 12A NAME AND A GREENWOOD	DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT METERY 51 MARKET STREE 2102 REMATORY 805 & IMPERIAL	FORNIA ISIDE OF CALIFORNIA I 11B. DATE BUHIED	(Name and Address)	HARGE OF BURIAL
LL APPLICABLE MEMS	B CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL	OF CREMATED REMEMETERY SE  11A NAME AND ALMOUNT HOP S  12A NAME AND AL GREENWOOD AVENUE, S	DDRESS OF CALIFORNIA CE PE CEMETERY: 37 SAN DIEGO, CA 92 DDRESS OF CALIFORNIA CE CREMATORY: I-8	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT METERY 51 MARKET STREE 2102 REMATORY 805 & IMPERIAL 2102	FORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 14-23-02	(Name and Address)  11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
	B CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A NAME AND ALL MOUNT HOP S  12A NAME AND ALL GREENWOOD AVENUE, S  13A NAME AND ALL 14A NAME AND ALL	DDRESS OF CALIFORNIA CE PE CEMETERY: 37: AN DIEGO, CA 92 DDRESS OF CALIFORNIA CE CREMATORY: I-6 AN DIEGO, CA 92	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT METERY 51 MARKET STREE 2102 REMATORY 805 & IMPERIAL 2102 ICILITY RECEIVING REMAINS	FORNIA ISIDE OF CALIFORNIA 11B. DATE BUHIED 14-23-02 12B. DATE CREMATE 4/6/02	(Name and Address)  110. SIGNATURE OF PERSON IN CO.  120. SIGNATURE OF PERSON IN CO.  130. SIGNATURE OF PERSON IN CO.	HARGE OF BURIAL  HARGE OF FACILITY  F PERSON IN CHARGE

DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS9 (REV. 6/91)

on the grant corp

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 4-19-02

U	
	ject to your rules and regulations, to inter the remains
of PRE-NECL ADREAM	1. CORP
ina ASH VAULT F	uneral, date, time
Church, Chapel, Graveside	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 3 2 Grave 2 Row E - 4	Section MAS Division/Black A
Grave space & Care Fund	1830
Additional spaces and care fund	CREMAINS TOSTOO
Burial Container ASH UAuL7	
Handling Fees	PAID 60.00
Flower vases - Marker setting fee	110
Recording and filing fee	APR 1 9 2002
Sales taves	7,46
Paid re	MT. HOPE CEMETARY  269, 26  CITY OF SAN DIFGO, C.
	R-5488 Salance 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 and interment.
I hereby authorize the interment in lot I hold under deed.	ADREA NI COEP Signature 1080 APCADIA AVE #206
Signature of recorded holder of deed	Ce (760) 631-7479
	Invoice #
Work Order # E 17048	Acct. #

#### INTERMENT ORDER

City of San Diego

Date 4-19-02

	bject to your rules and regulations, to inter the remains
of HNA B. Ku	12 PIN# 22 9827
ina Double Depth	Funeral, date, time WED 4-24 9:00
Church Chapel, Graveside	CA BUTTAL Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 156 Grave 8 Row_	Section 2 Division/Block 12
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	315.00
Burial Container	380.00
Handling Fees P A I D	320.00
Flower vases - Marker setting fee	
Recording and figggee?	45.00
Sales taxes	29.45
MT. HOPE CEMETAH	Total Due 2044.4
CITY OF SAN DIECT	receipt number <u>R-54888</u> 2044.45
	Balance due
I hereby certify I am the	of the above named decedent
	n of remains as above indicated. I certify and represent in 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 #
Work Order # E 17049	Acct. #

## GRAVE BLIND CHECK FORM

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

burial space.			
	1 2	Newsome	4
156 X	8	9	10
			T
		13.4	
terment space for: ANA RUI  terment Date: WED 4-24  terment Date: 8 Row:	Time: 9		12
ave Laid out by:	Sect.	Di	v. —
3rces with Legal Card: 🗆 Yes	□ No	Fel .	De
grees with Map:  Yes	No		9.0
ind Check & Verified By:		_ Date: _	

E17049

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

60

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)				SEX
ANA MARIA		B.	RUIZ		03/07/1941	04/20/2002	F
SA. CITY OF DEATH			5B. COUNTY OF DEATH	-DUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MA	ILING ADDRESS AND ZIP CO	90
CHULA VIST	A		SAN DIEGO		STEVE JARA-SON		
CALIFORNIA	BURIAL CH	A-FUNERAL DIRECTOR O APRIL 2200 HIJ ORHIA 91950	GHLAND AVE.	F LICENSE NUMBER APPLICABLE D-1689	2302 D. AVE., #10 MATIONAL CITY, CA BA SIGNATURE OF APPLICANT—PH	LIFORNIA 9195	_
ADVINOWLEDGMENT OF AP			proposed disposition stated herest is one of the and was authorized pursuant to Section 7150 of th		DE CHURATTO KU	1 04/23/	200
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI CORNIA HEALTH AND SAF TY FOR THE DISPOSITION O MIGHT OF DEPOSAL OUTSIDE OF	SPECIFIED	04/23/20 C. RUSS		al registrar issuing pe	RMIT
THON REQUIRES A NEW PREMIT TO SHOW FINAL DISPOSITION.	VITAL RECO		85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORN	MA.	
O. AUTHORIZED DISPO	OSITION(5) CHECK A	PPLICABLE ITEMS			FOR CORO	NER'S USE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	RNIA	L DISPOSITION P (Name and Add	ENDING—REMAINS LOCATI dress)	ED AT
BURIAL	MT. BOPE	CEMETERY 375 CALIFORNIA	1 MARKET ST.	4-24-02	D   11C. SIGNATURE OF PERSO	ON IN CHARGE OF BURNAL	•
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERS	ON THE CHARGE OF CREMAT	TON
SOMENTIFIC USE	13A. NAME AND AI	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C SIGNATURE OF PERSI	ON IN CHARGE OF FACILIT	TY
TRANSIT		DORESS IN RECEIVING GREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPP	ED 14C ADDRESS AND SIGNA OF PLACING WITH TH		RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF- ICA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSI CHARGE OF DISPOSIT		RE-

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



#### INTERMENT ORDER

City of San Diego

Date\_ 4-22-02

FIITAH R	subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time WED 4-34 1:00
Church Chapet Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$ 150,00
will be applied and billed to undersigned.	*
Lot 179 Grave Row	Section   Division/Bleek 12
Grave space & Care Fund	Madaminian — — —
Additional spaces and care fund	225 00
Opening/Closing & Setup	3/3.00
Burial Container	170.00
Handling FeesAPR 2.3 - 25117	145.00
Flower vases - Marker setting fee	
Recording and IMT HOPE CEMETAL Sales taxes	45.00
Sales taxes CITY OF SAN DIEGO	14.13
Pa	Total Due 769.73
V	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization with the property of said authorization with the property of the property	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 and interment.  Signature  Address
Signatura of recorded holder of deed	City Zp Code
	Y Telephone
	Invoice #
Work Order # E 17050	Acct.#
REA-104 (7-96) This info	rmation is available in alternative formats upon request.

**Q** Printed on resysted paper

E-17050

#### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

rite in the name of the cock marked with "X". P isting marker's in the a burial space.	lace the nam	e's, lot # a	nd grave	# of all
	T			
DIRS	TADEWA	8	King 9	GREENWOO!
				*
terment space for: Eterment Date: VED	HATIL			
	Row:		D	iv: <u>\?</u>
grees with Legal Card:	J Yes	□ No	Ally	) m
grees with Map:  Yes		No f	Date:	4-2402

E-17050

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

40

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE				11	1C. LAST (FAMILY)  2. DATE OF BIRTH MONTH, DAY, YEAR				S. DATE OF DE	
	Elijah		Ray	1	Durst 12/08/1921 04/19/20					
5/	CITY OF DEATH			16	8. COUNTY OF ENTER STAT	DEATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA	ALING ADDRESS A	IND ZIP CODE
	San Diego			1	San Die	go	Wills	am Wells, Br	other-in	-law
71			rt. 5050 Fe			B. CALIF. LICENSE NUMBER  IF APPLICABLE  FD-1329	435 4 San D	7th St. Piego, CA 921	.02	
-	ACKNOWLEDSMENT OF A	nousement I heroby a	ecknowledge an applicant that			e of the dispositions authorized by 100 of the Health and Safety Code	Section 1997	Muta harde	Section of the second section is	4/23/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE FORNIA HEALTH AND S TY FOR THE DISPOSITION TO DISPOSAL OUTSIDE	ON SPECIFIED	\$7.00	PEE PAID 98 DATE PERM 04/23/20 T. Tins	002	9C SIGNATURE OF LOC		SSUING PERMIT
1	TION REQUIRES A NEW ERMIT TO SHOW FINAL	Vital Recor	EGISTRAR OF DISTRIBUTION CAUFORNAL P. O. B. CA 92186-5	ox 85222	-	E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		RICT OF DISPOSITION— OTHER DISTRICT IN CALFOR	NOA	
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR CORC	NER'S USE	ONLY
	B. CREMATION		AINS OTHER		DISINTERMEN		A	L DISPOSITION F (Name and Ad	PENDING-REMAI dress)	NS LOCATED AT
	BURIAL	Mt. Hope (	DDRESS OF CALIFOR Cemetery 37 Lego, CA 92	51 Market	St.	118. DATE BUR	2	SIGNATURE OF PERS	have	, •
CABLE MEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREM	IATED   120	SIGNATURE OF PERS	ON IN CHANGE O	F CREMATION	
SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FAI				ANIA FACILITY RE	CEIVING REMA	INS 13B, DATE REC	EIVED 130	SIGNATURE OF PERS	ON 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 SHIP	PED 140	ADDRESS AND SIGNA OF PLACING WITH TH		ON IN CHARGE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	R PICENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION						SIGNATURE OF PERS CHARGE OF DISPOSIT	TION OF	CENSE NUMBER CREMATED RE- NINS DISPOSER OF APPLICABLE

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



#### INTERMENT ORDER

City of San Diego

Date 4-22-02

	ed, subject to your rules and regulations, to inter the remains
of Yoshiko 7	akashima
in a T.S. VAULT	Funeral, date, time Mon. 29th April 18,0
Church Chapel Graveside	: LEWIS Colonial Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	1.
1 53/3 Grave Row	Section Division/Black 10
Grave space & Care Fund	-need C-0510 0
THE RESERVE OF THE PARTY OF THE	
Opening/Closing & Setup	3/5.00
Buriel Container APR 23 2	250,00
	TAF 185.00
Flower vases - MATRY OFFINE ARE DIE!	3
Recording and filing fee	45.00
Sales taxes	19.38
	Total Due
	Paid receipt number <u>R-54896</u> 874-38
HUSEAND I hereby certify I am the	Balance due
and this is your authority to make dispo- that I have the right to make this authoriza any liability on account of said authoriza	isation of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	KATSUMI J. TAKASHIMA Signature Nadoresi Address
Signature of recurded holder of deed	SONTA, CH 91902 2017, 619-479-3313 Zib Code
	Invoice #
Work Order # E 17051	Acct. #
	A STATE OF THE STA

#### GRAVE BLIND CHECK FORM

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

			*			
	Estavele Estavele	e Glack	832X	P. LSON	Pr rede	
		(Josh)	Ko Ta	Kashi	ima	
erment	Date: 4	-29-1	72 1	ime:	1200	
			Row:		Div	: 10

ind Check & Verified By: POBERT Date: 4'25 6C

E- 17051

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



HISE BLACK INK ONLY-MAKE NO EDASLIDES WHITEOUTS OF OTHER ALTERATIONS

IA. NAME OF DECED	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR		
YOSHIKO		-	TAKASHIMA			12/11/1916	04/21/2002	F
SA. CITY OF DEATH			6B. COUNTY OF DEATH			FORMANT FULL N	MAILING ADDRESS AND Z	IP CODE
BONITA				AN DIEGO	KATS	UMI TAKASHII	MA - SPOUSE	
EL CAMINO	MEMORIAL -	BENBOUGH CHAPEL		FAPPLICABLE	The second second	SURREY DR TA, CA 91902	2	
3051 EL C		SAN DIEGO, CA 9210		480	BA. SIGN	ATURE OF APPLICANT-	Person taking permit, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dispo 376 of the Heelth and Safety Code, and was author			D P	rulette Vale	04/2	4/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THES PERMIT.	JED IN ACCORDANCE WITH PROVI- OPINIA HEALTH AND SAFETY CODE BY PORTHE DISPOSITION SPECIFIED IS MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	04/24/2 P Valent	002	9C. SIGNATURE OF LC 2207049	CAL REGISTRAR ISSUIN	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF R	EGISTRAR OF DISTRICT OF DEATH	The second secon			RICT OF DISPOSITION-	RNIA	
PERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	ORDSPO BOX 8522 . CA 92186-5222	22					-
10. AUTHORIZED DISP	POSITION(S) CHECK A	PPLICABLE ITEMS			-	FOR COR	ONER'S USE ONL	Y
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		(Name and A	PENDING—REMAINS LO	OCATED AT
BURIAL	MT HOPE C	ODRESS OF CALIFORNIA CEMETER CEMETERY, 3751 MARS O, CA 92102		4-29-0		SIGNATORE OF PER	SON IN CHARGE OF BI	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY			RECEIVING REMAINS	13B DATE RECE	IVED 130	SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND AL REMAINS OR		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN HE CARRIER	CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		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

	16		1
GET		R	)
4	164		
	200		

Date 4- 22-02

	1000 8 A 2'01
In a Type of Bursal Commoner	Funeral, date, time (UE)
Church, Chapel, Graveside	: CHAPEL of The Monuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	h <u></u>
18	MUSLIM
Lot Grave Row	v Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	1 4 5 1
Opening/Closing & Setup	PAID 450,00
Burja Contain	
Handling Fees	MAY () 1 7007
Flower vases - Marker setting fee	AT HOPE GEMETARY
Recording and filing fee	TY OF SAN DIEGO, C. 45.00
Sales taxes	6.20
	Total Due 626,20
	Paid receipt number 1256
<b>\</b> =	VISIT Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
	Car 0 1 7 0 10 12pCode
Signature of recorded neither of dead	
Signature of recorded neither of dend	Kenthuore P10 661-018 Strong
Work Order # E 17052	X 914 901-018

Chapel of the Volley chief Persons

E-17052 Belay number 888 877-5379 661 266-1821

#### INTERMENT ORDER

City of San Diego

Date 4-23-02

OF TAMEKO	JENKINS
ina LINER #7	Funeral, date, time they 4-25 11:0
Church, Chapel Graveside	: Rysdole Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
/ ~	
Lot 8 Grave 10 Row_	Section Division/Block \
Grave space & Care Fund	895.00
Opening/Closing & Setup	375.00
	320.00
Handling Fees	nn2 145.00
Recording and filing team. HOPE CEN	METARY 45.00
	17.05
of get mention	Total Due
Pa Maria	aid receipt number R-54900 1697.05
mathee XA	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposit that I have the right to make this authoriza	tion of remains as above indicated. I certify and represent tion 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	X arsanllo yenters
hold under deed.	×9119 JAMACHA Rd #239
Bignature of recorded Insider of deed	X Spring Valley 9197
	4619) 697-0633 74 Cinde
	Telephone
- 47050	Invoice #
Work Order # E 17053	Acct. #

88 13 L 37 13 W 1 more 33.32 more

17053

74

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

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE				IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
	Tameko		Dowingo	Jenkins	Jenkins 1272471977 0471472002 M					
5/	CITY OF DEATH	NEW TOWN			ATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING /	ADDRESS AND ZIP COD	Æ	
	Tijuana,	BC		ENTER STATE		Cars	andra Jenkins,	Mother		
74			A-FUNERAL DIRECTOR OR PE Mort. 5050 Fede	SAME AND ASSESSMENT OF THE PARTY OF THE PART	ALIF. LICENSE NUMBER IF APPLICABLE	Spri	Jamacha Rd CA 9	7377		
		San Diego,	CA 92102		FD-1329	8A SIGN	ATURE OF APPLICANT—Person tolin	permit BB DATE SIGN	HED	
	ACKNOWLEDGMENT OF AP		cknowledge as applicant that the propos 376 of the Hooth and Safety Code, and w		the Health and Safety Code.	> (1)	Mullerslay	04/25/2	003	
	PERMIT UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	FED IN ACCORDANCE WITH PHORNIA HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIAL DISEASE OF CALF	97.00 FIED \$7.00	PAID SE DATE PERMIT	02 ey	9C. SIGNATURE OF LOCAL RE	GISTRAB ISSUMS PER	DAIT	
AF	OCAL REGISTRAR  IV CHANGE IN DISPOSI- ION REQUIES A NEW BIRMIT TO SHOW FINAL DISPOSITION.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	EGISTRAR OF DISTRICT OF	DEATH- 19E A	DDRESS OF REGISTRAF DISPOSITION S TO OCC TaleRecords San Diego, C	P. O.	THER DISTRICT IN CALIFORNIA BOX 85222			
10	AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER	S USE ONLY		
-	8. CREMATION	SE .			FORNIA TSIDE OF CALIFORNIA	и вета при на не	L DISPOSITION PENDIN (Name and Address)		D AT	
	BURIAL	Mt. Hope (	DRESS OF CALIFORNIA CE Cemetery 3751 M Diego, CA 921	arket St.	4-25-0		SIGNATURE OF PERSON IN	CHARGE OF BURIAL	D	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				TED   12C	SIGNATURE OF PERSON IN	CHARGE OF CREMATIC	ON	
LL APPLICA	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY		CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 130	. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	Y		
OMPLETE A	TRANSIT		14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			PED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		GE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEA FICIENT TO IDE	15B. GATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. UCENSE NUMBE OF CREMATED I MAINS DISPOSE —IF APPLICABLE	胜-			

COPY 2 IS RETAINED BY 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\_4-23-02

ina LINER	Funeral, date, time then 4-25 11,00
Church, Chapel Graveside	Rysdell Mortuary.
All Funeral cars must arrive befo	ore 3;30 p.m. of regular work day or an extra charge of \$
will be applied and billed to unde	ersigned.
Lot 8 Grave 10	Section Division/Black \ 2
	0 15,00
Opening/Closing & Setup	375.00
Handling Fees	<u>145.00</u>
	¥5.00
Sales taxes	Total Due 1697.05
	Paid receipt number
	Taid Isocipi Million
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said at	Balance due  of the above named decedent 1697.  se disposition of remains as above indicated. I certify and represent authorization and intermery harmless from authorization and intermery.
and this is your authority to mak that I have the right to make this any liability on account of said as I hereby authorize the interment	of the above named decedent 1697.  Ke disposition of remains as above indicated. I certify and represent authorization and interment the such or authorization and interment.  And And And And Andrew Construction and interment the such of the such
and this is your authority to mak that I have the right to make this any liability on account of said at	of the above named decedent 1697.  Ke disposition of remains as above indicated. I certify and represent authorization and interment the such or authorization and interment.  And And And And Andrew Construction and interment the such of the such

O Printed on recyclint paper

# in the grave in a INTERMENT ORDER Of Sitgansul Gity of San Diego

Date

na ASH VAULT .	Funeral, date, time 4-23-	02
Church, Chapel, Graveside Dollve	+ 0 /	Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra char-	ge of \$
will be applied and billed to undersigned		
ot 23 Grave 2 Row_	Section 2 Division	/Block- 12
Grave space & Care Fund	E- 4332	
Additional spaces and care fund	PAID	10=
Opening/Closing & Setup		105.00
Burial Container	APR 2 3 2002	55.00
Handling Fees	LIONE DELICION	60,00
Flower vases – Marker setting fee CITY	OF SAN DIEGO CA	
Recording and filing fee	OF CAN DIEGO, CA	45.00
Sales taxes		4.26
	Total Due	269,20
Pair	d receipt number R-54893	267.2
	Gene Jansvy Balance	due _6
hereby certify I am the X & Doo Ho 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 Ceme	entity and represent
hereby authorize the interment in lot I hold under deed.	Signature 26 Cores a	AN AV.
Signature of recorded holder of deed	X S. D. CA. X C19 - 575-	9215°
	Invoice #	

C Printed in recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

	GA	AVE B	IND CH	ECK FO	RM	4
ock marke	ed with " rker's in	X". Plac the appr	eased for e the name opn ite sp	e's, lot # a ace(s) tha	ind grave	# of all
		6				
	-	13.	TO			
				1		
		1	Second Second	1	-	
	. 4	11	V			<u> </u>
terment spa	ace for: _	Eve	yn Ja	suy		
terment		23 0	2 1	lime:		
n: 23	- 2	. 2	Row	Sect: .	2 D	iv: 12
ave Laid o	out by:	Davi	D		RE	
grees with	. 40		10 000	J No		
grees with	мар:	J Yes		No		
ind Check	& Veri	fied By: _	ROBERT		_ Date:	4-23.02

Po Box 60114 (TTY OF 1) 1 9116

E-1705+ 53

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

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
Evelyn		Dagunan	Jansuy		MONTH, DAY, YEAR MONTH, DAY, YEAR 04/24/1948 04/15/2902 F		
SA. CITY OF DEATH				THE PARTY OF THE P	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
Tacoma			ENTER STATE	WA	of informatipaul Jansuy, Spouse		
Feathering	ill Mortuar	y		IF APPLICABLE	3708 12th Ave. Ct. H.W., Gig Harbor WA, 98335		
6322 El Ca	jon Blvd.,	San Diego CA 92	2115 F	D1083	BA. SIGNATURE OF APPLICANT—Person taking permit. BB. DATE SIGNED		
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Salety Code, and w	sed disposition stated herein is one of t on authorized pursuant to Section 7100 of		104/23/2002		
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORS' IN THIS PERMIT.	JED IN ACCORDANCE WITH PI FORMA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPEC ID NIGHT OF DISPOSAL GRISIDE OF CALF	COOE	04/23/20 E,Zaretz	2206986		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA	1 11	DEPOSITION IS TO OCCU	OF DISTRICT OF DISPOSITION— IN IN ANOTHER DISTRICT IN CAUFCENIA LATE Diego CA 92186-5222		
IO. AUTHORIZED DISF	POSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY		
B. CREMATION		AINS OTHER	F DISINTERMENT  G SHIP IN TO CALIF		L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)		
BURIAL	Mt. Hope C San Diego	conetery, 3751 CA, 92102	METERY Market St.,	4-23-0			
CREMATION	CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATO			12B, DATE CREMAT	ED 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE		CILITY RECEIVING REMAINS	ISE. DATE RECEI	VED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148, DATE SHIPP	ED 14G. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			158. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN 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.



#### MESSAGE CONFIRMATION

04/23/2002 09:21 ID=SD MT. HOPE CEMENTERY

01

DK

CALLING

DISTANT STATION ID MODE PAGES RESULT S.R-TIME DATE 0000

04/23/2002

09:20

04/23

SD MT. HOPE CEMENTERY > 95837038

5837038

00'40"

NO.744

P01

LOCAL FALS NUMBER

#### **BURIAL—TRANSIT PERMIT**

146

STATE FILE NUMBER

1. NAME	Firet	Mad	10	Line	2. SEX (M : F)	3 DEATH DATE IN	L Day Vo
	EVELYN	DA	GUNAN	JANSUY	Female	April 1	
4. AGE CAST DIRTH	& UNDER LYCAR	6. UNDER 1 DAY	7. BIRTHDATE (Me. Day, Vr)	8. DIFTHPLACE (City, State or Foreign Country)	WAS DECEDED	TEVER 16. COU	NTY OF DEATH
53	MOS DAYS	HOUNG MINE	Apr. 24,1948	Cavite City. Phi	lipolies	No P	lerce
Tacoma	OCATION OF DEATH			eph Medical Center		PLADE	13 SMOKING IN LAST 15 YEA/197 (Yes) / NO
14: MARITAL STATUS Naver married, Web Deversed (Specify)	Market 31 CHed,	SURVIVING SPOUS	E ()1 wite, give molden name)	16 BOCIAL SEQUENTY	17 0	ECEDENT'S EDUCATION	N
Married	13 151	Pau	1 L. Janeuy	561-31-82		12	Delings (1-4 or 5+)

MEMOVAL OTHER (Reserv) Cremation	Apr. 21,2002	Haven of Rest Crematory	Gig Harbor, Washington
X PHERAL BINEGTON SK	NATURE VIII	Haven of Rest Funeral Home	Gig Harbor, WA 98335

#### THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF WASHINGTON, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THE BODY AS STATED ABOVE.

Pre-need Lot + Trust

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Dane 4-23-02

		Date	
You are hereby authorized and instru	cted, subject to your rul	es and regulat	ions, to inter the remains
O CARMELITA BE	FRVARDINO;	For TERE	SO RIESTER B
ina Double-Depth	Funeral, date, ti	me	BERNARD
Church, Chapel, Graveside			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 undersign	ed		
Lot 67 Grave 10 R	ow Section	20	ivision/Block 12
Grave space & Care Fund			845.00
Additional spaces and care fund			
Opening/Closing & Setup	PAID		280 00
Handling Fees			
	202		
Flower vases - Marker setting fee			175.00
Recording and filing feeMOU	MI HOPE CEMI	EICHI	45.00
Sales taxes			2943
		Total Due	2044.43
	Paid receipt number	25/0	511.00
	R-54892	Bal	ance due 1533.45
I hereby certify I am the and this is your authority to make distinct I have the right to make this authority inability on account of said authority.	orization and I agree to	above indicate	a above named decedent d. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	Seprential	Delle	made to the state of the state
Signature of recorded holder of denti	Address X CV4c	-	POP Ep Code
E 470FF	Invoice #		
Wark Order # E 17055	Acct. # _		

Berge Robe 474-6868

PAID

BERNARDINO, CARMELITA 1440 PALM BEACH ST	., CHULA VISTA,		7055 9) 421–7808
4 02 OPENED Pre-Need Lot & Trust Account.	DEBLT	CREDIT	BALANCE
Lot 67, Grave 10, Section 2, Division 12	895.00		895.00
Trust includes Opening/Closing, Double Depth	1,149.45		2,044.45
Crypt, Handling Fee, Recording Fees and Tax			
on Crypt.			
4-23-02 R-54892 for 25% down payment		511.00	1,533.45
6-5-02 - R- 55073		64.00	1469.45
7-5-62 8-55171 Coupon # 2		64.00	140545
9-5-02. R-55273 111 3	640.00	6400	134145
9-5-10a R-5-557a " 4		64.00	1277 45
10-7-02 R-55487 # 5 D	AID	64 00	1213.45
11-6-02 R-55582 # 6	AIU	64.00	114945
12-4-02 R-85695 # 7 WW	0.7.000	64.00	108545
12-02 R-55788	0 / 2004	6400	1021145
103 R 55873 MOUNTER		6400	957 45
2-3803 KS5959 1810011 HO	PE CEMETERY	10400	89345
4-4 B R56103- 11		6400	829 45
5-8 03 R 56215, 12		104 00	74545
6-903 56344 13		6400	70 145
7-9 03 56466 14		1/40	63745
BERNARDINO, CARMELITA E-17055		1407	

bupon 15/16 R -36627 = 412 WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

From Carmelita Dernardin Address: 1440 Polm Berch It Olile Vister  Sixty tour  In Part Payment of Pre- need dat 2 trust.								
Lot 67 Grave	0 Row Se	ection	Division Block	13				
Invoice No.  Acct. No.  W.O. E - 170 55  W.O. E - 170 55  BALANCE DUE 1469 45  Pre-Need Lot At Need On Acct On	NOTVALIDEOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	80% Sales of Lots 7 Opening/ Closing 8 Buriel Containers 7 Handling Fee 7 Recording 8 Misc, Fees 7	7007 7184 100 7184 100 7181 100 7181 100 7182 100 7183 100 7183 100 7183	00				
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY D DILLINET	Sales Tax 6	9022 0101 8390 \$ 6 ¥	00				

TO CUSTOMER CEMETERY ... AUDITOR

CANARY .....

PINK ....

MOUNT HOPE CEMETERY (640) E27 2400

From CARMELITA Berna	Date on necond	8/5	, 20 <u>0 2</u>	
In Dart Payment of Pro	d 00		64.00	_)
Lot 67 Grave _	10 Row - s	ection 2	Division 12	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Cloaling 77181 Burisl 100 Containers 77182 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 9022 Sales Tax 60101 76590	64.00	,
AC-212 (Rev. 5-94) 5071	8 ISSUED BY Paulette C.	TOTAL PAID \$	64.00	

WHITE ....

CANARY.

PINK.

Nº 55372

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

Sixty-Four  In part Payment of Pre	Address: On rec		,2002 ,00 ,
Lot 67 Grave	NOTVALID 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 100 Handling Fee 77185 Recording 8 Misc. Fees 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY Paulotte C.	Pre-Need \$3333 Trust 7 15 \$ 9022 Sales Tax 60101 78390 TOTAL PAID \$	4 00

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55487

#### MOUNT HOPE CEMETERY (619) \$27-3400

CARMELITA B.	BERNALDIN Rodress	Dal De can	ate: UCTo1	BER 7.	20 02
Six ty - Four a	pre-need in #5	lot - trust		llars (\$ <b>6</b> 4,00	,
61	ave 10	Row	Section 2	Division Block	12
Pre-Need Lot Cash Chee	"PAID" IN THIS SPA	APPOSESTATED UNLESS STAMPE CE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/Closing Buriat Containers Handling Fee Recording & Misc. Fees Pre-Need Trust 17186 Sales Tax	67007 77184 100 77184 100 77181 100 77185 100 77185 100 77183 63033 60101	4 00
AC-212 (Rev. 5-94) 51	H. h	ulette C.	TOTAL PAID	78390	4 00

# MOUNT HOPE CEMETERY

(619) 527-3400

	Date:	Ro	). 6Th, 201	28
From C. B. Bernardin	O Address: On Y	cord	111 -	
Sixty-Four ou		Dollars (\$	64.00	}
In Dart Payment of Pres	need lot/trust	accour		
Lot 67 Grave	0 /Row Se	oction 2	Division	a
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID IN THIS SPACE."	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100	(01)	00
Acct. No		of Lots 77184 — Opening/ 100 Closing 77181 —	09	00
W.O \$ 1149.45		Burial 100 Containers 77182 —		
BALANCE DOE		Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Pre-Need 7/8 6 53033 - 9022 - Sales Tax 80101		
AC-212 (Rev. 5-94) 5/79	ISSUED BY MULLILLE.	TOTAL PAID \$	LOY	W

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Carmelito B. Bernard Sixty Four and o in Dart Payment of		on reco	cd	C · T	.20 (s 64.00	04
Lot 67 Grave	10	Row	Section 2		Division	12
Invoice No	NOT VALID FOR I STAMPED "PAID"	PURPOSES STATED UNIN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlas Containers  Handling Fee Recording &	100 77184 100 77181 100 77182 100 77185 100		
Pre-Need Lot At Need On Acct	0		Misc. Fees Pre-Need Trust	77183 63033 77186	64	00
Pre-need Trust Cash Check X 5199	ISSUED BY	infette C.	Sales Tax TOTAL PAID	60101 78390	64,	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Carmelita Bernard	Address:	2. mo	Date:	v	, 20	_
in put Payment of	Pre-me	A LAT ~	trust	Dollars	\$ 64.00 Division	2
Pre-Need Lot X At Need On Acct  Pre-need Trust Cash Check X AC-212 (Rev. 10-02)  This information is available in atternative formats upon request	ISSUED BY	URPOSES STATED UN THIS SPACE.	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 8 77184 100 77184 100 77184 100 77181 100 77182 100 77185 100 77185 60033 77186 60101 78390	64	00

CITY OF SAN DIEGO, CALIFORNIA

55873

	Da	ate: Hob -3	, 20	03
From: Carmelita Bernardino Address:			C.V. 99	16
Sixty Four dollars 1 00/100		Dollar	rs (\$ 44-00	) ,
in part payment of the nee	d lot a	trust		
Lot 07 Grave 10	Row	Section 2	Block 1	9
Invoice No. E 17055 NOT VALID FOR PUI	PPOSES STATED UNLESS	CREDIT 6700	7	11
AND THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A P	AID	20% Sales Care 7718 80% Sales 10		
W.O	W 20 20 20	of Lots 7718 Opening/ 10 Closing 7718	0	SA
BALANCE DUE 967.45 FEB	0.5 2000	Burial 10 Containers 7718 10	0	
100,000	PE CEMETAR	Handling Fee 7718 Recording & 100	5	
Pre-Need Lot At Need On Acct CITY OF S	SAN DIEGO,	Misc. Fees 7718: Pre-Need 6303: Trust 7718	3 ( 04	00
Pre-need Trust Cash Check	ntictzel	Sales Tax 6010 7839	1	
AC-212 (Rev. 10-02) 52-55		TOTAL PAID	- (0)	00

WHITE TO CUSTOMER
CANARY CEMETERY
PWIK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55959

1 1:		_ ,1	Date: Felo	30	, 20	0=
From CarmelitaBernardi	Address:	1440 Pal	n Black	h st	- CV C	7915
auty four & a	0001			Dollars (	\$ 64.	a)
in Dout Payment of	pre ru	ed lot	- ithus			
Lot Grave	10	Row	_ Section _ $\supset$	_	Division Block	)_
Invoice No. F 1765	NOT VALID FOR PUR STAMPED "PAID" IN T	POSES STATED UNLES	CREDIT	67007		H
Acct. No.		AID	20% Sales Can 80% Sales	77184 - 100		1
W.O			of Lots Opening/ Closing	77184 - 100 77181 -		
BALANCE DUE 893.49	FEB	2 8 2003	Burial Containers	100 77182 -		
	MT. HOP	E CEMETARY	Handling Fee Recording &	77185 -		
Pre-Need Lot At Need On Acct		AN DIEGO, CA	Misc. Fees Pre-Need Trust	77183 - 63033 77186 -	44	CO
Pre-need Trust Cash Check	ISSUED BY CULL	Hobel	Sales Tax	60101 78390 -		
AC-212 (Rev. 10-02) 508	ISSUED BT COUR	- 1 01001	TOTAL PAID	\$ _	64	00

# OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PINK. From: Lot Invoice No. Acct. No. W.O. BALANCE DUE 829. Pre-Need Lot At Need Pre-need Trust X Cash AC-212 (Rev. 10-02)

This information is available in alternative for

CITY OF SAN DIEGO, CALIF	ORNIA
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56103

MOUNT HOPE CEMETERY (619) 527-3400 Date: apri

**AUDITOR** 

ardini	Address:	1990 Pa	- Beach	Dollars (	\$ (04-0	00
ment of	pie me	nd lost	trust Section 2	Donais	Division Block	<u></u>
On Acct Li Checky 375	AP MT. H GHTY O	PURPOSES STATED UN	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers  Handing Fee Recording & Misc. Fees	67007 77184 - 100 77184 - 100 77184 - 100 77182 - 100 77185 - 100 77185 - 100 77185 - 63033 - 77186 - 60101 - 78390 - \$\frac{1}{2}\$	CO1	60

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56215

From Carmaleta Berno Lixte Four dollar	ediAddress; 1440 Palm	Beach St (	1.V. 91915 3.18 104 00
in	premud lot +	Section 2	Division /2
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	
Pre-Need Lot / At Need On Acct	MAY 0 8 2003  MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Containers   77182   100   1	(04)
Pre-need Trust / Cash Check / AC-212 (Rev. 10-02) This information is available in alternative formals upon malase	ISSUED BY LEW HETZEL	Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$	44

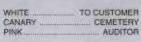


WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

# CITY OF SAN DIEGO, CALIFORNIA

56344

From: C. Bunardy	Address:	1,440 Pal	m Beach	st c	CV 9	1915
in paul Payment of C	que nu	of let	+ taux	Dollars	Division Block	(2)
Invoice No. E 17055  Acct. No	NOT VALID FOR PUI STAMPED "PAID" IN	RPOSES STATED UNI	ESS  CREDIT 20% Sales of Lots Opening Closing Burial Containers  Handling Fer Recording 8	100 77184 100 77181 100 77182 100 77185 100		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 10-02) This information is available in alternative formats upon reque	ISSUED BY LO	wHetz	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	77183 63033 77186 60101 78390	(0)	



CITY OF SAN DIEGO, CALIFORNIA

56466

From C. Bunarding Supte four + CV	Address: 1440 Paln	Beach st C	20 03 CV 91915 (s 640)
in part Payment of	pu mud let +1	Section 2	Division 12
Invoice No E 17.055  Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lois 77184	
W.O	JUL 0 9 2003	Opening/ 100 Closing 77181 - Burtal 100 Containers 77182 - 100	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY	Handling Fee 77165 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 77186	64 00
Pre-need Trust Cash Check  AC-212 (New 10-02)  This information is available in alternative formats upon reques	ISSUED BY TAW Hetzel	Sales Tax 60101 78390 - TOTAL PAID \$ .	64 00

カス



WHITE CANARY PINK

TO CUSTOMER CEMETERY ROTIGUA

0	1-		Date: 8 E/	1.	. 20	
From unelita B Be	MALAdress:	92)	record			
· The Hundred	Twesty	- Eight	00	Dollars (\$	128.00	)
in Part Payment of R	re-nae	d lot y	+ trust	acci	ount.	
Lot 67 Grave	10	Row	Section	2	Division /	2
Invoice No. <u>E-17055</u> Acct. No  W.O  BALANCE DUE \$ 509.45	NOT VALID FOR PL STAMPED "PAID" IN	RPOSES STATED UNI	CREDIT 20% Sales Car 80% Sales of Lots Opening Closing Burial Containers  Handling Fee	67007 e 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot X At Need   On Acct   Pre-need Trust X Cash   Check X AC-212 (Rev. 10-02) The information is qualitable in alternative formats goon regules	100000	whatte (	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 77186 — 60101 78390 —	128	0.0

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	FORNIA	
WHITE CANARY PINK	CEMETERY AUDITOR MOUNT HOPE CEME	ETERY	56771
O 4	O O Date:	Oct &	9 ,20 03
Lixte Four	Address: 1440 Helm	beach st Dollars	CV. 91915
in part Payment of	pre nud		Division /_2
Lot Grav	RowS	Section	_ Block/ 6
Invoice No. E 17055	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" MEHID SPACE	CREDIT 67007 20% Sales Care 77184	
Acct. No.	PAID	80% Sales 100 of Lots 77184 Opening/ 100	
BALANCE DUE 445.45	OCT 0 8 2003	Closing 77181 Burial 100 Containers 77182 100	
	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183	
Pre-Need Lot / At Need On Acct	1111	Pre-Need 63033 Trust 77186 Sales Tax 60101	(04 00
Pre-need Trust / Cash Check	a issued by the wetzel	Sales Tax 60101 78390	101/00
AC-212 (Rev. 10-02)  This information is available in alternative formats upon re-	west.	TOTAL PAID \$	04 00

# WHITE GANAF

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From C. Bernarder Dixty Four	Address: 1440 Pal	m Beach & Dollars	+ CV 91915 \$ 64.—
in Payment of Lot 07 Grave	TO Row_	Section 2	Division Division
Invoice No. E 17055	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 67007	
Acct. No.	PAID	20% Sales Care 77184 - 80% Sales 100 of Lots 77184 -	
W.O. BALANCE DUE 411-45PH	NOV 1 4 2003	Opening/ 100 Closing 77181 Burial 100 Containers 77182	
381.45		Handling Fee 77185 Recording & 100	
Pre-Need Lot / At Need On Acct	MOUNT HOPE CEMETERY	Misc Fees 77183 Pre-Need 63033 Trust 77186	64 -
Pre-need Trust/ Cash Check/	ISSUED BY COME THE ZEL	Sales Tax 60101 78390	104 -
AC-212 (Flev 10-02)  This information is available in alternative formats upon requ		TOTAL PAID \$	971

WHITE

PINK.

CANARY

TO CUSTOMER
CEMETERY
AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57000

From: Calmelita Ber	marabines 1440 Pa	ate: Dec 1  Lim Breuch 84  Dollars	5 20 03 4 CV 9191 15 64.00
Lot 67 Grave	e	Section 2	Division /2
Invoice No. E 17055	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	
Acct. No.	DAID	20% Sales Care 77184 80% Sales 100 of Lots 77184	
W.O. BALANCE DUE 317.45	PAID	Opening 100 Closing 77181 Bursal 100	
BALANCE DOE	DEC 1 5 2003	Containers 77182 100 Handling Fee 77185	
Pre-Need Lot / At Need On Acct	THE PARTY OF THE P	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186	64 0
Pre-need Trust / Cash Check	MOUNT HOPE CEME	Trust 77186 Sales Tax 60101 78390	
AC-212 (Rev. 10-02)  This information is available in affermative formats upon rec	3	TOTAL PAID \$	64 00

From: Carmelita Berner	directions: On reco	ate: Jan	ion	15.	20 04
Sixty four and	him and trust			\$64.0	00_1
in Paxt Payment of 1 Lot 67 Grave	10 Row_	_ Section	2	Division Block	12
Invoice No. <u>E-17055</u> Acet. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Can 50% Sales	100		-
W.O	PAID	of Lots Opening/ Closing Burial Containers	77184 - 100 77181 - 100 77182 -		
Pre-Need Lot At Need On Acct	JAN 0 5 2003	Handling Fee Recording & Misc. Fees Pre-Need	77185 - 100 77183 - 63033	6	4 00
Pre-need Trust X Cash Check X  AC-212 (Rev. 10-02)  This information of applicable or adversarial property control applicable or adversarial property cont	ISSUEMOUNT HOPE CEMETE	RY Sales Tex TOTAL PAID	77186 - 60101 78390 -	6	400

)	OFFICIAL RECEIPT  WHITE TO CANARY PINK	CITY OF SAN DIEGO, CALI CONSTONER CEMETERY AUDITOR (619) 527-3400		57	174
	From: C. Bunardin	□ Dete	Beach	5 3+ CV9	915
**	in Part Payment of	10 pre pue		Division Block	12
4.	Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN PAST D	20% Sales Care 77 80% Sales of Lots 77	7007 7184 100 7184 100	
)	BALANCE DUE 189-45	FEB 0 5 2004	Closing 77 Burial Containers 77 Handling Fee 77	7181	
	Pre-Need Lot At Need On Acct	MOUNT HOPE CEME TENT	Misc Fees 77 Pre-Need 63 Trust 77 Sales Tax 60	7183 9033 7186 0101 3390	(00)
	AC-212 (Rev. 10-02) This information is available in alternative formats upon reques		TOTAL PAID	5 _ 0	4 00

TO CUSTOMER CEMETERY AUDITOR CITY OF SAN DIEGO, CALIFORNIA

57308

From Calmelita Buna	edinaddress: 1440 Palm	Beach st Dollars	CV 91913 (\$ 64.00
Lot Grave _	10 Row_	Section 2	Division /2
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  MAR 1 0 2004	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot / At Need / On Acct Pre-need Trust / Cash Check / AC 212 (Rev. 10-02) This information is available in alternative formats upon reques	MOUNT HOLD	Recording & 100	64 00



WHITE CANARY

TO CUSTOMER CEMETERY

MOUNT HOPE CEMETERY

From: C Bernardin	(619) 527-340	ate: Opil	7 20 84 CV 91915
in Acut Payment of	Me-nud	Dollars	(s 64.00)
Lot 07 Grave	10 Row_	Section 2	Division 12
Invoice No. £ 17055	NOT VALID FOR PLANS STATED UNLESS	CREDIT 67097 20% Sales Care 77184	
W.O	APR 0 7 2004	80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Bunal 100 Containers 77182	
D. N	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording 8 100 Misc. Fees 77183	
Pre-Need Lot / At Need On Acct Pre-need Trust / Cash Check /	D. HAD	Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	(40)
AC-212 (Rev. 10-02) SCES Tols information is available in alternative formets upon reque	ISSUED BY TOUR IN THE SECOND	TOTAL PAID S	6400



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

## CITY OF SAN DIEGO, CALIFORNIA

# MOUNT HOPE CEMETERY (619) 527-3400

57515

	(619) 527-3400				1
From: C. Bernardis	Address: 1440 Palm	May Beach	5	V 9	04
2014	211		Dollars (\$_	36.0	0,
Div /Q Sec_	2 Blk/ Row Lot	67	Grave _	10	
Invoice No <i>E 170.55</i>	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184		
W.O	PAID	80% Sales of Lots Opening/ Closing	77184 ————————————————————————————————————		
BALANCE DUE 26.45	MAY 0 5 2004	Burial Containers Handling Fee	77182 —— 100 77185 ——		
Pre-Need Lot / At Need On Acct	MOUNT HOPE CEMETERY	Recording & Misc. Fees Pre-Need Trust	100 77183 ————————————————————————————————————	360	00
Pre-need Trust Cash Check  AC-212 (Rev. 4-04)  This information is available in alternative formats upon reques	ISSUED BY Cam Hetze	Sales Tax TOTAL PAID	60101 78390	36	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	(0.10) 021 0	0 0 7	ne/
From: C. Bernarder	Address: 1440 Pal	m Black at .	V 91915
		Dollars (\$_1	25.45
in full Payment of Div 12 Se	O / Blk/	Lot 67 Grave	10
Invoice No. E 17055	NOT VALID FOR PURPOSES STATED UNLES STAMPED 'PAID' IN THIS SPACE.	SS CREDIT 67007 20% Sales Care 77184	
W.O.	PAID	80% Sales 100 of Lots 77184 — Opening 100 Closing 77181 — Burat 100	
BALANCE DUE	JUL 0 7 2004	Burial 100 Containers 77182 100 Handling Fee 77185 Pacording & 100	
Pre-Need Lot At Need I On A	MOUNT HOPE CHIMETER	Misc. Fees 77183 ————————————————————————————————————	25 45
Pre-need Trust Cash Che  AC-212 (Rev. 4-04)  This information is available in alternative formats upo	ISSUED BY TOTAL	TOTAL PAID \$	25 45



AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Date:		1-	, 20	02
0	rd			
+	accour	ollars (\$	64.00	)
Se	ction2		Division 2	
MPED	CREDIT 20th Sales Care 80% Sales of Lots Opening/ Closing Buriel Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tox	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77183 — 83033 9022 — 80101 78390 —	64	00
-	TOTAL PAID		64	00

From: Der ma		Address:	on v	e co
1		need lo	t i tru	st
Lot 67	Grave	10	Row	
Acct. No. E - 1703  BALANCE DUE	1,405.45	NOTVALID FOR PURPOS "PAID" IN THIS SPACE.	SE STATED UNLESS S	TAMPED
Pre-Need Lot At Need Pre-need Trust Cash	□ On Acct □ □ Check □	Lau Lau	lette C	ν.

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instruction of KATHERIN		OSLE'	Y regulati	ons, to mic.	olo telliano
ina +, S. VAULT	Funera	l, date, time	FRI	4-26	1:00
Church, Chapel Graveside		:PA	cific	BEACH	_ Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regu	ilar work day	or an extra	charge of \$	
will be applied and billed to undersigned	ed				
3672					10
Lot Grave Ro	w_O	Section	-	vision/Black	10
Grave space & Care Fund	Tre-	Ned	E-155		-0
Additional spaces and care fund				000	
Opening/Closing & Setup					-6
Burial Container					-0-
Handling Fees					-0
Flower vases - Marker setting fee					4
Recording and filing fee					U
Sales taxes					5
		To	tal Due		-0
	Paid receipt	number			-
X			Bala	ince due	
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	rization and I	agree to hold	e indicated	above name I. I certify an Semetery ha	d represent
I hereby authorize the interment in lot hold under deed,	X	Signature Address			
Signature of recorded holder of sleed	*	City			Zip Code
Work Order # E 17056		Invoice #			

& Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E17056

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

00

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	V .	2. DATE OF BIRTH   3. DATE	OF DEATH 4 SEX
KATHERINE	AND STREET, ST	MOSLEY		CONTRACTOR	3/2002 F
SA CITY OF DEATH	- Author	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING AD	ALCOHOL: NAME OF THE OWNER, THE O
SAN DIEGO		ENTER STATE	AN DIEGO	ELATNE A. MOSLEY-SIST	TER
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO			1042 GRAND AVE.	
EL CAMINO	MEM-PACIFIC BEACH 4710 CAS	SS ST.	FAPPLICABLE	SAN DIEGO CA 92109	
SAN DIEGO	CA 92109	FD	815	BA. SIGNATURE OF APPLICANT—Person tours of	ernit 88 DATE SIGNED
ADENOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed di Section 10376 of the Health and Safety Code, and was au	apposition stated herein is one of the thorseed pursuant to Section 7100 of the	dispositions authorized by in Health and Safety Gode.	> FAHAC Salva	04/24/2002
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND BAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT.	E CONTRACTOR OF THE STATE OF TH	98. DATE PERMI		STRAR ISSUING PERMIT
LOCAL REGISTRAR	HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		E.GALVE		
LNY CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CAUFORNIA			E OF DISTRICT OF DISPOSITION—	
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSP.O.BOX 8 SAN DIEGO CA 92186-5222				
IO. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
X A BURIAL ONCLU	IDES ENTOMBMENT)	E. TEMPORARY ENV	ULTMENT	☐ I DISPOSITION PENDING-	-REMAINS LOCATED AT
B. CREMATION		F. DISINTERMENT		(Name and Address)	
C DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	DENIA		
D. SCIENTIFIC US		H. TRANSIT TO OUTS	IDE OF CALIFORNIA		
BURIAL	MT. HOPE CEMETERY 3753 I SAN DIEGO CA 92102		4-26-0	- 1/ -	HARGE OF BURIAL
	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	the state of the s	ARGE OF CREMATION
CREMATION			I was a second	/	/
			1	. /	
SCIENTIFIC	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	13B. DATE REGE	IVED 13G. SIGNATURE OF PERSON IN CO	HARGE OF FACILITY
	14A NAME AND ADDRESS IN RECEIVING STATE O	o country witche	14B. DATE SHIPF	PED 14C ADDRESS AND SIGNATURE OF	E DEDOOM IN CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO B		14B, DATE SHIFT	OF PLACING WITH THE CARRI	
TRANSIT			1	>	
SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND GA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER * —IF APPLICABLE
THAN IN A CEMETERY			1	1	1

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



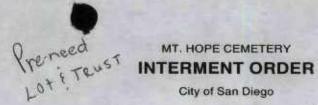
# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATHERINE MOSLEY
ins + 5. VAULT Funeral, dets, time FR1 4-26-02 1500 RM.
The of STATE Contents
All Funbral para must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
LOI 3677 Grave Row Section Division/Blook 10
Grave space & Care Fund KAL- Nuch E-19518
Additional spaces and care fund
Opening/Closing & Setup
Burlal Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing feb
Sales laxes
Total Que.
Paid receipt number
Balance due
I hereby certify I am the SISTER of the above named decodent
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mr. Hope Cometery harmless from
any liability on account of eard authorization and interment
I hereby supprize the Interment in lot I follow a styping
nold yider deed. The 1042 GRAND AVE
Select Musley 7 SAN DIEGO Ca 92109
\$58-272-2634 Cool
= 17056 invoice#
Work Order . E 17056 Acct .
REA 104 (7-88) This information is available in alternative formets upon request



REA-104 (7-96)

Date 4-23-200Z

ina IS. Vault	Funeral, date, time	1000
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 113 Grave 1 _ Row	Section 2 Division/Bleek	12
Grave space & Care Fund		X75.00
Additional spaces and care fund	_	
Opening/Closing & Setup	<u></u>	375.00
burial Container		25000
Handling Fees APR 2	2 5666	185.00
Flower vases - Marker setting fee	3 /111/	-
Recording and filing fee MT. HOPE	CEMETARY	45.00
Sales taxes	N DIEGO, CA	17.38
	Total Qua	164.38
Paid :	eceipt number R - 39899 /	169.00
1.	Balance due _	0
I hereby certify I am the x 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.	Fillian Cummenta	
Signature of recorded holder of deed	SAN Diego (A. 92114) 2014) 264-762 1561-	Zip Code
Work Order # E 17057	Invoice #	

O Pristed on recycled paper

This information is available in alternative formats upon request.

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-23-02

You are hereby authorized and instruct of GENEVA	ted, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time SAT 4-27 1100
Church, Chapel, Graveside	MAYER 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	d
Lot 191 Grave 3 Ro	
Grave space & Care Fund	Pre-red E-16170 -0
Additional spaces and care fund	1001
Opening/Closing & Samp	0
Burial Container 5000	
Handling Fees APR 23	ATAPLEDAY OVERTIME 600.0
Flower vases - Marker semple CEM	EGO AND OVER TWO POOLS
Recording and filing top OF SAN DI	
Sales taxes	700
	Paid receipt number R-51905 600.00
×	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	osition of remains as above indicated, I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	X advance
Signature of recorded holder of deed	City attached 240 Code
Work Order # E 17058	Invoice #

@ Printed on recycled paper

'04 (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.

	900	dien				
	1	2	n X 9	NEUDUAM	10 5	6
		7	8	FO	SINEGA	17
	space for:				and the same	
	_ Grave:_				20 9	iv: 12_
Grave Lai	d out by:					
Agrees wi	th Legal Card	: 🗆 Y	es C	J No	all.	Jen ica
Agrees wi	ith Map:	Yes		No	~	
Blind Che	ck & Verific	d By: Z	OBERT		_ Date: _	42500

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	MT. CIDST WINESA	18. MIDDLE	1 IC. LAST (FAMILY)			2. DATE OF BIRTH	3 DATE	OF DEATH	4 SEX
Geneva	ALL THIS TOPPEN	C.	Walton			MONTH, DAY, YEAR	MONTH,	20/2002	72
A. CITY OF DEATH			5B. COUNTY OF DEATH	-OUTSIDE CALIF.	B. NAME.	RELATIONSHIP, FULL M		THE RESERVE	IP CODE
Sam Diego			ENTED STATE	an Diego	OF INF	G Brown, PA		THE RESIDENCE	N. C. TATTON
	ary	A-FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH 7B. GAL		520 San	1-A Ruffin I	9212		E SIGNED
ACKNOWLEDGMENT OF A	marriage I hereby a	cknowledge as applicant that the proposed di 376 of the Health and Safety Gode, and was au			De	well M	large	- 04/	25/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVIDENT A HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIES DIRECTOR DEPOSAL DUTSES OF CALFORNIA	7.00	04/25/20 B.E. May	02	2207194	CAL REGI	STRAR ISSUM	IG PERMIT
THE PROPERTY CHANGE IN DISPOSATION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX 8					ICT OF DISPOSITION— THER DISTRICT IN CAUFOR	RHEA.		-
O. AUTHORIZED DISPI	THE RESERVE AND ADDRESS OF THE PARTY OF THE	TO A PART OF THE PARTY OF THE P				FOR COR	ONER'S	USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E TEMPORARY ENVA	PRNIA		I. DISPOSITION (Name and A		HEMAINS L	OGATED AT
BURIAL	Mt. Hope	Canetery cet St., San Dieg		11B DATE BURIE	D   110	Havey	Jan 14 0	there are a	URIAL
CREMATION		DORESS OF CALIFORNIA CREMA		12B. DATE CREMA	TED 12C	SIGNATURE OF PERS	SON IN CH	NARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PER	BON IN C	HARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OF SHORELY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS			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

0210 4-23-07

You gro heraby authorized and instructs of GENEVA	WALTON
1150	Funeral, date, time
Church, Chapel Greveside	MATER Morrusny
Al Funeral care must arrive before 3:36	a m of regular work day as an extra sharge of \$
will be applied and billed to undersigned	
Lot 191 Grove 3 Now	Pre- Need E- 16170 -0
Grave space & Care Fund	1/4- red = 10110 -0
Additional spaces and care lund	All places and a second
Opening/Closing & Selup	
Handling Faes	Hurday overtime 600.00
TO THE CHANGE - MAINTING TO STATE OF	Turday overtime 600.
docurring and hing les	to the same and th
Sales laxes	7000
	Your Due
	Paid receipt number
X	Balance due
hat I have the right to make this authorit	of the above named decedent string of the above named decedent string of remains at above indicated i deality and represent string and agree to be above the string of the above
hereby authorize the interment in lot to	X Juga a. D.
rold Under 2002.	Address
Happinia of Jacobal Publish of Seen	- X
	Public Administrator Public Guardian 5201-A Ruffin Road
Work Order # E 17058	Acc. V San Biego, California 92123
This in	formation is available in siturnative formats upon request

# / market of repolity groups

619-281-7587 619 281 7587

## MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-24-02

	bject to your rules and regulations, to inter the remains
OF DAVID WARREN B	Funeral, date, time MAY 2nol ) Thurs. 10.
Type of Burel Contener Church, Chapel Graveside	Community Mortuary
All Funeral cars must arrive before 3:30 p.m.	MARRY
will be applied and billed to undersigned	
Lot 24 Grave / Row_	Section 2 Division/Block 19
Grave space & Care Fund	995,00
Additional spaces and care fund  Opening/Closing & Setup	PAID 32500
Burial Container	260.00
Handling Fees	1-10-09
Flower vases - Marker setting fee	HOPE CEMETARY
Recording and filling fee	OF SAN DIEGO, CA 45.00
Sales taxes GOLV	20.16
Cal 426-3616	Total Due
nael 1	A Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent a and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Street Addrain
Signature of recorded holder of deed	(619) 934-9875 20 Code
Work Order # E 17059	Invoice #
	ation is available in alternative formats upon request.

O Printed on recycled paper

E-17059

# 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	2 schalk - Williams	3.	4 Heathers
	7	Hill 7c	如西	Ho who h
Interment space for:				1
Interment Date: 5-2-0	) 2 T	Time: _ / 0	00	
Lot: 24 Grave: /	Row:	Sect: .	2 D	iv: <u>12</u>
Grave Laid out by: NF	DAU'D			
Agrees with Legal Card:	Yes [	J No	V \	for god
Agrees with Map:  Yes		No	1/0	1
Blind Check & Verified By:	POBERT		_ Date: _	4-36-02

17059

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

0

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

14	NAME OF DECEDE DAVID	NT—FIRST (GIVEN)	1B. MIDDLE WARREN	1C. LAST (FAMILY)	IC. LAST (FAMILY) BLANCHARD			3. DATE OF DEATH MONTH, DAY, YEAR 03/24/2002	4. SEX MALE
54	CITY OF DEATH	PALHDALE		58. COUNTY OF DEATH	ANGELES	OF INFORMANT		AILING ADDRESS AND ZI	PCODE
71	COMMUNITY		A FUNERAL DIRECTOR OR PERSON  , CA 91911	1 4	F APPLICABLE  D = 1682	BONITA, CA	91902	ence taking permit, BB. QAT	E SIGNED
	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dic 276 of the Health and Sofety Gode, and was auth			1	~	- 4/2	5/02
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL DISTREE OF CALFORNIA.	THE RESIDENCE OF THE PARTY OF T	04/25/	The state of the state of the state of	Freel	Lack	G PERMIT
1	NY CHANGE IN DISPOSI- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	IGUEROA STREET	P.O	DIESS OF REGISTRAR DISPOSITION IS TO OCCU DIESO, CA S	R IN ANOTHER DISTR		INIA	Υ -
	B. CREMATION	SE .	AINS OTHER [	E. TEMPORARY ENVA	DRNIA		Name and Ad	PENDING REMAINS LO	
	BURIAL		E CEMETERY ET, SAN DIEGO, CA 9210	02	5-2-02	- Kum	, F.	lowers	•
IBLE ITEMS	CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMAT	ED 12G. SIGNATI	JRE OF PERS	CHANGE OF CRI	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEN	PED 13C SIGNATI	JRE OF PERS	SON IN CHARGE OF FA	CILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		S AND SIGNA CING WITH TH	ATURE OF PERSON IN HE CARRIER	CHARGE
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DISTI</u>		15B. DATE OF DISPOSITION	15C. SIGNATI CHARGE	URE OF PERS		ATED RE-

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

# MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-25-07

You are hereby authorized and instructed, sut	bject to your rules and regulations, to inter the	ne remains
or JAMES LING	AD-LINGAC	-44-
in a BOURLE DEPTH P	Funeral, date, time TUES April 2	30th 0
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		
Vot 27 Grave 4 Row	Section Division/Bleek _	11
Grave space & Care Fund	re-Ned_	-0-
Additional spaces and care fund		
Opening/Closing & Setup		-0
Burial Container		-0_
Handling Fees		-0
Flower vases Marker setting fee PAID	5-7-93	0
Recording and filing fee		
Sales taxes		0
(0	Total Due	0
Paid r	eceipt number	
WY X Paidr	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 and PATRICIA DIA	and I agree to hold Mt. Hope Cemetery han	represent
I hereby authorize the interment in (of I hold under deed.	Signature	
Signature of recorded holder of deed	Tulephone	Zip Code
Work Order # E 17060	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.					1
	)	3	Mesocoale	K	6	
Breichmy	-	0	assumed separation	Oyer 5		
GRAPY	WE BSTER	webster	10	OAKes	BROOKS	
				46.40		
Interment	space for: _ Date: Tue	7 4-3 (	) 1	rime:	00 .	
Lot: 27	_ Grave	<u>. 4</u>	Row:	Sect: .	Div	: 11
			140			
Agrees wi	th Legal C	ard: 🗆 Y	es [	J No 🌂	ingref.	me!
Agrees wi				No		

Blind Check & Verified By:

# 31

# .

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DE	
5/	JAMES?		CRUZ		TE		03/06/1971 RELATIONSHIP, FULL MA	04/23/20	02 M
7/	BERGE-ROB	ERTS MORTUA	RY, 607 NAT		78. CALIF LICENSE NUMBER —IF APPLICABLE	6589 FALL	TICIA DIAZ - RAINBOW HEI BROOK, CA 91	IGHTS RD 2028	
-	ACKNOWLEDGMENT OF A		cknowledge as applicant that the	proposed disposition stated borse is a and was sufficient gursuant to Section	se of the dispositions authorized by		ATURE OF APPLICANT—PI	Planton State of the last	4/25/2002
A	PERMIT  AUTHORIZATION OF  OCAL REGISTRAR  IN CHANGE IN DISPOSHION REQUIRES A NEW  ERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED SHOWS OF THE CALIF MAD IS THE AUTHORITY IN THIS PERMIT.  HOTE: THIS PERMIT GWIZ RE	IED IN ACCORDANCE WI ORNIA HEALTH AND SAF IN FOR THE DISPOSITION ID MOST OF DISPOSAL OUTSIDE O EGISTRAR OF DISTRICT	TH PROVI- ETY CODE SPECIFIED 9A. AMOUNT OF \$7.00	P Valent PE ADDRESS OF REGISTRAR H DISPOSITION IS TO OCCU VITAL RECORD SAN DIEGO. C.	ine OF DISTR HI IN AND	2207282  INCT OF DISPOSITION— WHER DISTRICT IN CALIFOR  O BOX 85222		SSUING PERMIT
The state of the s	B. CREMATION	11A. NAME AND AS MT HOPE C	DDRESS OF CALIFORNICEMETERY, 375	F. DISINTERME  G. SHIP IN TO  H. TRANSIT TO  A CEMETERY	CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIE		DISPOSITION (Name and Action and		
ITEMS		12A. NAME AND AL	, CA 92102		14-30.0	410	121/11	lean	2012
140	CREMATION	The state of the s	ODRESS OF CALIFORN	A CREMATORY	129. DATE CREMAT	ED   120	SIGNATURE OF PERS	ON IN CHARGE	F CHEMATION
L APPLICABLE IT	CREMATION  SCIENTIFIC USE			A CREMATORY  A FACILITY RECEIVING REMA			SIGNATURE OF PERS	//	
140	SCIENTIFIC	13A NAME AND AD	odress of Californi	A FACILITY RECEIVING REMA	AINS 138. DATE RECEP	VED 130	//	SON IN CHARGE	OF FACILITY

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



# on The of Mile Ting INTERMENT ORDER

4-25-02 Date

of No HONG TINE	
ina ASH VALLET	Funeral, date, time 5-3-02 Tri May 10
Type of Buttat Commer Church, Chapel, Graveside	: 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	1.
Lot 231 Grave 8 Row	need Lot E-16299
Additional spaces and care fund	
Opening/Closing & Setup	1050
Burial Container	
Handling Fees	PAID 60 0
Flower vases - Marker setting fee	
Recording and filing fee	MAY n 2 2002 45 00
01.000	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA Paid receipt number Q - 54533
Mar Over	Balance due
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of said authoriza	of the above named deceden sition of remains as above indicated. I certify and represen zation and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded holder of steed	City. Dp Cod
- 47004	Invoice #
Work Order # E 1/061	Acct. #

E-17061

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

25

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

IA NAME OF DECEDENT—FIRST (GIVEN) 1 1B. MIDDLE		IC. LAST (FAMILY)	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR		
Po Hong		Ting	Tine		/04/2002 M		
SA. CITY OF DEATH		5B. COUNTY OF DEATH	5B COUNTY OF DEATH—OUTSIDE CALIF. 6. NAME		ADDRESS AND ZIP CODE		
Village of Monticello			ENTER STATENES	New York		son	
	DORESS OF CALIFORNI			C ADDI WADD C	37-30 83rd St #2E Jackson Heights, Ne		
	la Vista C			682	IA. SIGNATURISHOF APPLICANT FRESH W	IN MATE SIGNED	
ACHNORLEDGMENT OF AF	militarity     herefor a	educatedes as applicant that the prior	esed disposition stated herein is one of the was authorized pursuant to Section 7106 of the	dispositions authorized by e Health and Safety Code.	AUNIALIA	/ 04/22/2002	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPECIES OF DISPOSAL OUTSIDE OF CALL	CODE	04/23/200: D.Heldenbr		EGISTRAN ISSUING PERIMIT	
ANY CHANGE IN DISPOSETION REQUIRES A NEW PERMIT TO SHOW FRAIL DISPOSITION.	OD. ADDRESS OF RE	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA	Vite	ASPOSITION IS TO OCCUR 11 Records S	OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA an Diego County an Diego Ca 92186—	5222	
10. AUTHORIZED DISPI	DSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONE		
B. CREMATION	VIII (1971-7-400-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	AMS OTHER	F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	ORNIA	I. DISPOSITION PEND (Name and Address	ING_REMAINS LOCATED AT	
BURIAL	Might Hope Cemetery 3751 Market San Diego Ca 92102			118. DATE BURIED	11C SIGNATURE OF PERSON I	N CHARGE OF BURNA	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMATE	ED 12C SIGNATURE OF PERSON II	CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B, DATE RECEIV	ED 13C. SIGNATURE OF PERSON	N CHARGE OF FACILITY	
TRANSIT TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			158. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N ISO. 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.



## INTERMENT ORDER

City of San Diego

Date 4-26-200 Z

Fo! Man a	1 12
0.	d 12:0
: Clairemont	Mortuary. 58 279-22
of regular work day or an extra charge of	
-	10
Section Division/Block	*12
.,	895.00
PAID	375,00
	190.00
PR 26 2002	45.00
	-
F SAN DIEGO O	45.00
	14.73
Total Due	664,73
D 71007 1	6647°
	D
	0
of remains as above indicated. I certify a	and represent
and I agree to hold Mt. Hope Cemetery had interment.	armless from
Vairaleth Rodrio	us-
Gindun Culture mond (1)	nutil b
Address G	man!
Tecajor 1	Zip Code
19- 554. 1344 Telephone	
Invoice #	
	PAID  PR 2 6 2002  IOPE CEMETARY  PE SAN DIEGO, CA  Total Due  Total Due  Gelipt number R-34907  Balance due  of the above nan

## ₹ 17062 MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

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

ine buriar space.						
			Time: 12:00 CHAPEL  Sect: 2 Div: 12  No 10 10 10 10 10 10 10 10 10 10 10 10 10			
	pace for: Steve Parraz  Date: 53-02 Time: 12:00 CHAREL  Out by: MF David  The Legal Card: Yes No No See See See See See See See See See Se					
	Steve Parraz  Steve Parraz  Time: 12:00 CHAPEL  Row: Sect: 2 Div: 12  F Dav. D  rd: 12 Yes 12 No/ 12					
Interment space for:	Steve	. Parra	2.		1	4
Interment Date: 5	3-0%	2_ T	ime: 12:1	ob Cit	ARE	<i>L</i>
Lot: 159 Grave:	6	Row:	Sect: _	2	oiv: _	12
Agrees with Legal Car	d: 🗆 Y	cs C	ON C	los	g.	
Agrees with Map:	Yes		No	623		
Blind Check & Verific	ed By: 🗐	20BE12T		_ Date:	4-30	2.0

E-17062

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST	FAMILY) RAZ JR	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
STEVE 5A. CITY OF DEATH SAN DI	IEGO			OF DEATH-OUTSIDE CALIF.	OF INFORMANT
		4266 MT. A	BERMATHY AVE	H 78. CALIF LICENSE NUMBER —IF APPLICABLE	Tiest
ACKINOWLEDGMENT OF A			the proposed disposition stated horses	is one of the dispositions authorized by tour 7100 of the Health and Safety Code	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUI SIONS OF THE CALIFI AND IS THE AUTHORY IN THIS PERMIT	NAME AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	WITH PROVI- AFETY CODE IN SPECIFIED S7		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRED P.O. BOX 8: SAN DIEGO,	D IN CALIFORNIA			AR OF DISTRICT OF DISPOSITION— CCUM IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION		UNS OTHER	F. DISINTER	ARY ENVAULTMENT IMENT TO CALIFORNIA TO DUTSIDE OF CALIFORNI	L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
BURIAL	MOUNT HOP	DRESS OF CALIFOR E CEMETERY ET STREET.	NA CEMETERY	92102 0 - 3-02	
CREMATION		ORESS OF CALIFOR		128. DATE CREA	
USE:	13A. NAME AND AD	ORESS OF CALIFOR	NIA FACILITY HECEIVING R	EMAINS 138. DATE REC	DEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A, NAME AND AD REMAINS OR C	DRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHARE TO BE SHIPPED	ERE 14B. DATE SHI	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA	15A. ADDRESS, NEAR FICIENT TO IDE	REST POINT ON SHOP	ELINE, OR OTHER DESCRIPTI		15C. SIGNATURE OF PERSON IN 13D. DOESSE NUMBER ON CHARGE OF DISPOSITION OF CREMATED RE-

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



E 17061

Date: \_\_\_\_

## MT HOPE CEMETERY

	GRAVE	BLIND CH	IECK F	ORM	
Write in the nam block marked wi existing marker's the burial space	th "X". Plants in the ap	ace the nar	ne's, lot pace(s)	# and grave that are are	ve # of all diacent to
		+:			
	Ø.	マ	3	4	5
	7	6 x	9	10	11
Interment space f	or: <u>Po</u>	Hung 2	Time:	10 00	
Lot: 23  G	rave: 8	_ Row:	Se	ct: 2	Div: 12
Grave Laid out b		J Yes	□ No	.//	3 Jave
Agrees with Map	: 🗆 Yes		No		9

Blind Check & Verified By: \_

4-201 Muriet Elaine Wy SD 92120 MT. HOPE CEMETERY

## INTERMENT ORDER

6	RAVE	- 07	250	
MY	RTLF	GIN	THE	K

City of San Diego

ou are hereby authorized and instruct	ed, subject to your rules a	and regula	tions, to inte	or the remains
ASH VAULT	Funeral, date, time	TUE	5-7	3:00
hurch, Chapel, Graveside	: 52	ATHER	CINE:LL	Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work day	or an extr	a charge of	\$ 4
ill be applied and billed to undersigne	d,		151	The same
ot 49 Grave 5 Roy	Section Section	4	Division/Bloc	*5
rave space & Care Fund	in idea			- +
dditional spaces and care fund	ND			105.00
urial Container	3 2002			55.00
andling Fees	I SECONDATE OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		60.00
ower vases - Marker setMT-HOPE CITY OF SA	CEMETARY AN DIEGO, CA			45.00
ales taxes	Paid receipt number	tal Due	37	269.26
hereby certify I am the Mucrol not this is your authority to make disposal I have the right to make this author ny liability on account of said authorize	sition of remains as aborization and I agree to hold	ent of the	ed. I certify	med decedent and represent narmless from
hereby authorize the interment in lot I old under deed.	× (MUR	Sth a	we#	PERER)
LOWL STEVENS, 619,465-8671	and 1619	- 231 ) 46	1-400 0-1276	4 Zip Code
Vork Order # E 17063	RS8-469-177	30		02/88

17063

## 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. MYRTLE GINTHER

Charre of

	6 49	X 5 GIN	H he koon	me Koon
Interment space for: _ Interment Date: Tue	5-7	_ Time:	2100	
Lot: 49 Grave:				Div: <u>5</u>
Grave Laid out by:				M. S.
Agrees with Map:			Det	5-6-02

E-17063

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		1C. LAST (FAMILY)		11110-1111		ATE OF DEATH 4. SEX
Orabelle		-		Ginthe	r		STORES OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	11/2002 F
SA. CITY OF DEATH				6B. COUNTY OF DEATH			, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
La Mes	а			San Diego			el Holderer, ni	ece
7A. TYPED NAME AND AD	DRESS OF CALIFORNI	IA-FUNERAL DIRECTOR	OR PERSON A	CTING AS SUCH 78. CAL	IF. LICENSE NUMBER		5th Ave. #104	
Featheringil	1 Mortuary			1 7	AFFLICABLE	San	Diego, CA 92101	
6322 W1 Cajo	n Blvd., S	an Diego, Ca	92115		FD1083	BA SIGN	NATURE OF APPLICANT—Person to	Ain penit BB DATE SIGNED
ACKNOWLEDGMENT OF AF	PLICANT I hereby a Section 18	scienced and applicant that the 1376 of the Henlih and Safety Cod	e proposed disposite, and was sufficial	tion stated berson is one of the and purculant to Section 7100 of th	depositions authorized by in Health and Safety Gode.	1	-4/(C)	05/03/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE W TORNIA HEALTH AND SAI TY FOR THE DISPOSITION O MIGHT OF DISPOSAL OUTSIDE (	SPECIFIED	9A. AMOUNT OF FEE P	05/03/200 C. MAGGA	02	90. SIGNATURE OF LOCAL S	REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	PO Box 852	22					FICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	
10 AUTHORIZED DISPO		CA 92186-52	22	- 1			= COR CORONE	R'S USE ONLY
		PPLOADLE ITEMS	-					
B. CREMATION		AINS OTHER		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		(Name and Address	ING—REMAINS LOCATED A
BURIAL -	Mt. Hope	Cemetery, 37 , CA 92102	NO. THE RESIDENCE OF THE PARTY		11B. DATE BURIE	D   11	C. SIGNATURE OF PERSON I	N CHARGE OF BURIA
CREMATION	12A. NAME AND A	DORESS OF CALIFORN	IA CREMATO	RY	128. DATE CREMA	TED   12	C. SIGNATURE OF PERSON II	PHANGE OF CREMATION
Don:	13A. NAME AND A	DORESS OF CALIFORN	NA FACILITY	RECEIVING REMAINS	138. DATE RECE	VED 19	C SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS			14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGNATUR OF PLACING WITH THE C.	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORE ENTIFY FINAL PLACE AN			ISB. DATE OF DISPOSITION		C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	

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



## INTERMENT ORDER

City of San Diego

Date 5-1-02

ina LINER	_ Funeral, date, I	time MON 5-6	9:3
Church, Chapel, Graveside DELIVE	RY ONLY	MAYER	Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigned.		ELECTION AND	
Lot 58 Grave 9 Row	Section	n a Division B	lock_12
Grave space & Care Fund	ne-nu	C E-16667	
Additional spaces and care fund			-
Opening/Closing & Setup			
Burial Container		**	-
Handling Fees			
Flower vases - Marker setting fee			
Recording and fiting fee			
Sales taxes			-0
		Total Due	
Pai	d receipt number		
		Balance due	
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization	ion and I agree to	above indicated. I certif	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	See,	6.1
Signature of recorded holder of dised	City	Mr	Zip Code
Work Order # E 17064	Invoice (		

E17064

## 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			
		FULLER 2	SUBLET?	4	AGABIN	collick
	7	8	M <sub>X</sub>	THONAS	CARTER	St WOHL
Interment					30	
Interment Lot: 58						iv: <u>12</u>
Grave Laic	out by: _		W. W.		LI EXL	
Agrees wit	th Legal Ca	ard: 🗆 Y	es (	J No	your Co	in
Agrees wil	th Map:	J Yes			9 1	
Blind Chee	ek & Veril	ied By:			_ Date:	THE .

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E1/064 82

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

1/	Theodore	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	urk		DAY, YEAR
5	La Masa			58. COUNTY OF DEAT ENTER STATE SE	H-outside calif	6. NAME, RELATIONSHIP, FULL MAILING AT OF INFORMANT Jim Feesch, PA	DORESS AND ZIP CODE
7,1	Mayer Mort	uary	Diego, CA 92116	-	LIF LICENSE NUMBER F APPLICABLE 01424	5201-A Raffin Road San Diego, CA 9212 BA SIGNATURE OF APPLICANT, PHYSIN TAINE	permit 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	PYLICANI Section 16	cknowledge as applicant that the proposed dispo 376 of the Health and Safety Code, and was author	ized pursuant to Section 7100 of the	or Health and Safety Code.	Derbor & Mary	05/02/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	98 DATE PERMIT 05/03/2 B.E. May		ISTRAR ISSUING PERMIT
- 3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCUPIE P.O. BOX SanDbeso	85222			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
31	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	USE ONLY
Secondary Secondary	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	(Name and Address)	-REMAINS LOCATES
	BURIAL	Mt. Hope	Cametery Ket St., San Diego,	Mili	118. DATE BURIE	Morrian Luca	
BLE ITEMS	CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMATO	YRY	128. DATE CREMA	The state of the s	Other death of the last of the
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
OMPLETE AL	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH INTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	150. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER 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.



## INTERMENT ORDER

City of San Diego

Date 5-1-02

LIVER	Funeral sath, tim	MON 5-	6 9:30	
thurch, Chapel, Graveside DELI	THE RESERVE OF THE PARTY OF THE	MAYER	Menuary.	
el Funaral cam must arrive before 3:30		ley or an extra share	a of \$	9
HI an applied and billed to undereigne				
ro 0		2	13	
ol 58 areve 1 Hou	Section.	9 Sivision	7	
irava space & Care Fund	hr- my	E- 16667		
additional spaces and care (und				
Doening/Closing & Serus	ls		-	
Burial Centainel	N	15	-	
landing Fees	1	15	-0_	9 4
Nower veses - Marker setting fee	Managar Managar Harris Angeles	Transfer Transfer		
Recording and filling les	<b></b>			
jalet jares	The surper Process Cliffing	100-100-100	0	1
		Teras Oue	-0	
	Ps-4 1600/81 (14/1041 _			
		Betonice d		9
nerees contry I am the	*		named secodent	
and this is yest sufficiely to make dist not i have the right to make his sustaina	ization and regree to ?			
eny limbility on account of said outhoriz	ation and interment	4	0 00	bli our
hereby authorize the interment in lot i	()	Colum	WIFEIN RD	
	AMINE	COLVER	CA 9212	E-1699
pige factor of collegely having all dates	- > = =	~ Diego	CA TOTAL	
	The space of	इक्ष देवता-	35 62	5 1
12 12 12			10	F
The same of the sa	fevoles #	4.0		

PAGE BI

MAYER MORTUARY

2892-182-619 90:bt 2002/20/90

## INTERMENT ORDER

City of San Diego

ON 20HN E'	FRIEMAN	28		FOR	- 100
na LINER	Funeral, date, tir	me	JUAN!	TA G.	LK
Type of Burul Container Church, Chapel, Graveside				M	ortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	day or an	extra charg	e of \$	<u> </u>
will be applied and billed to undersigned	1.		**************************************		
Lot 133 Grave 6 Row	Section	2	_ Division/	Block \	1
Grave space & Care Fund					5,00
Additional spaces and care fund					1-0
Opening/Closing & Setup				200	0,00
Burial Container				170	100
fandling Fees				145	,00
lower vases - Marker setting fee				115	07
Recording and filing fee				··· \\	77
Sales taxes				151	13
	Paid receipt number	R-5	1920	395	000
			Balance di	ie [16]	Lel
hereby certify I am the and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriza	zation and I agree to I stion and interment.	above indi hold Mt. H	ope Cemeti	tify and re ery harmle	present ess from
hereby authorize the interment in lot I hold under deed.	Total Control of the	-	HTH S		
Signature of recorded holder of sleed	The state of the s		7-64		
Nork Order # <b>E</b> 17065	Invoice #				
Manager Commencer Commence	formation is available	a in altern	nativa forms	ete unon e	tsouce

& Promist on recycled paper

E-17065

FREEMAN, JOHN E.

# Mt Hope Cemetery Agreement Confirmation 05/01/2002

Agreement Number: E-17065-F

Agreement Date:

05/01/2002

Purchaser:

Freeman JR., John E.

241 East 4th Street

Purchaser Number: 54 /

Phone: 619-477-6422

Child Protection: N

National City ,CA 91950

Beneficiary:

Counselors:

3 SUE SHACKELTON

Qty Category	Description of Cor	ntract Items	Price		Tax	Allowance	1
1 Graves	Division 11-2		795.00		0.00		
1 Opening/Closing	Single Grave		375.00		0.00		
1 Burial Vaults	#5 Bell Liner		190.00		14.73		
1 Handling Fee	Bell Liner Handeling	Fee	145.00		0.00		
1 Misc Fees Property	Recording Fee		45.00		0.00		
Divisi	ion Section Blk	c/Row	Lot	Grave	Depth/Lvl	THE RESERVE	
Division	11 2		133	6	A		
BASE PRICE	1,550.00					7 3 5 5 3	10
SALES TAX	14.73						
TOTAL CASH PRICE	1,564.73						
TOTAL DOWNPAYMENT	395.00-						
TRANSFER ALLOWANCE	0.00 -						
DISCOUNT OR ALLOWANC	E 0.00-						
FINANCE CHARGE	0.00						
TOTAL OF PAYMENTS	1,169.73						
DEFERRED PAYMENT PRIC	E 1,564.73						
NUMBER OF INSTALLMENT	rs 24						
REGULAR PAYMENT OF	48.74						
ODD PAYMENT OF	48.71						
DATE FIRST PAYMENT DUE	06/01/2002						
PAYMENT PLAN	MONTHLY	MONTHLY	PAYMENT =	\$ 48.74			

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 E-17065

Contract Number: E-17065-F

Contract Date: 05/01/2002

Purchaser: Freeman JR., John E.

241 East 4th Street

Purchaser Number: 54 /

Phone: 619-477-6422

Child Prot: N

National City, CA 91950

Beneficiary:

Counselors: SUE SHACKELTON

BASE PRICE	1,550.00	NUMBER OF	NSTALLMENTS		24
SALES TAX	14.73	REGULAR PA	YMENT OF		48.74
TOTAL CASH PRICE	1,564.73	ODD PAYMEN	NT OF		48.71
TOTAL DOWNPAYMENT	395.00-	DATE FIRST I	PAYMENT DUE	74	06/01/2002 -
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	1,169.73				
DEFERRED PAYMENT PRICE	1,564.73				
ACCOUNT CONTRIBUTIONS	AMOUNT F	RACTION			
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				

# Mt Hope Cemetery Contract Entry Verification 05/01/2002

E-17065

Contract Number: E-17065-F

Contract Date: 05/01/2002

Purchaser: Freeman JR., John E.

241 East 4th Street

Purchaser Number: 54 /

Phone: 619-477-6422

Child Prot: N

National City ,CA 91950

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty Category	Description of	Contract Items	Price	Tax	Allowance	Addl. Desc.
1 Graves	Division 11-2		795.00	0.00		
1 Opening/Closing	Single Grave		375.00	0.00		
1 Burial Vaults	#5 Bell Liner		190.00	14.73		
1 Handling Fee	Bell Liner Hande	ling Fee	145.00	0.00		
I Misc Fees	Recording Fee		45.00	0.00		
Property						
Divisi	on Section	Blk / Row	Lot	Grave	Depth/Lvl	
Division	11 2		133	6	A	

## INTERMENT ORDER

INTERM	ENT ORDER
Pre-need cityo	of San Diego Date 5-1-02
or for Willie Bell	eject to your rules and regulations, to inter the remains
in a D. D. Church 2nd F. Church, Chapel, Graveside	uneral, date, time
All Funeral cars must arrive before 3:30 p.m. o will be applied and billed to undersigned.	of regular work day or an extra charge of \$
Lot 104 Grave 12 Row	Section 2 Division/Bleek 12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	FAID
	MAY 0 1 2002
Recording and filing fee CITY Sales taxes	OF SAN DIEGO, CA
	Total Due 420,00 420,00 420,00 F 5492/Balance due
I hereby certify I am the au here 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.	Suprahure 19-48+h ST.
Signature of recorded holder of deed	Address San Diego CA 92/03  Cay 6/9 - 266 - 0959  Telephone
Work Order # E 17066	Invoice #

## INTERMENT ORDER

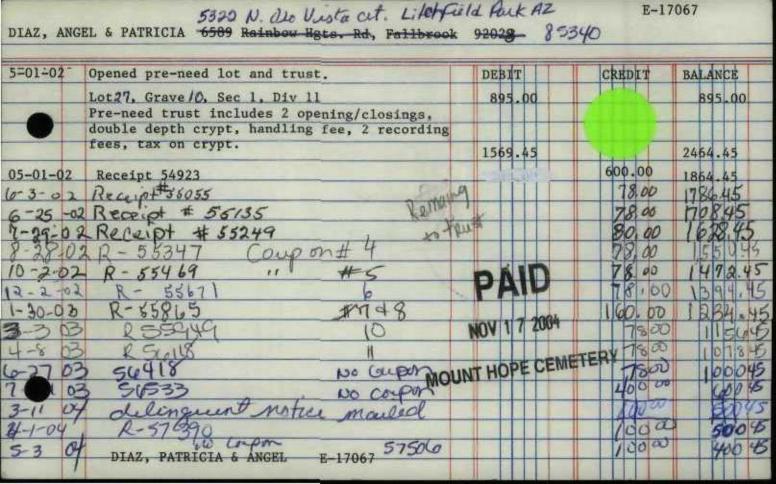
gre need struck

City of San Diego

Date 5-1-07

You are hereby authorized and instructed, subject to	
or PATRICIA DIAZ	2 ANGEL DIAZ
in a Double Depth Funera	i, date, time
Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regu	lar work day or an extra charge of \$
will be applied and billed to undersigned.	
721 410	1
Lot Grave Row	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	
Additional spaces and care fund	375 750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	
	5 90.00
Sales taxes Willed	29,45
Paid receipt	number R-51923 600,00
THE ALOUS O	Balance due 1864,4
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of rem that I have the right to make this authorization and I any liability on account of said authorization and inte	agree to hold Mt. Hope Cemetery harmless from
16.00	Patrisia C Di
I hereby authorize the interment in lot I hold under deed.	Sprange Raindon Hote Rd.
	talldrook, CA 92028
Signature of recorded houser of doed	Zip Code
	Telephone
	Invoice #
F 17067	Aoct. #
	available in alternative formats upon request.

O Province on recycleal puper



57969 # 23 58180 11-17 NPOSSIBPERIO PAID NOV 1 7 2004 MOUNT HOPE CEMETERY On June 25, 2002 approximately around 12:30 Ms. Patricia Diaz came into the office to see if there was a available grave next to her son (James Cruz Lingao Lingao), if so she would like to exchange from Lot 7, Grave 4, Sec 1, Div 11 that she is making monthly payments on and change to Lot 27, Grave 10, Sec 1, Div 11. The contract in file has been changed along with other documents.

P.C. naw ford

## INTERMENT ORDER

City of San Diego

Exper durit centery. Date 5-1-07	_
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remaind	
ina ASH VAULT Funeral, date, time Fridge 14th	2!
Church, Chapel Graveside Church Chapel Graveside CA BURIAL Mortus	агу.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.	
11 c 11 +	<del>}</del>
Lot TG Grave Row Section Division/Block	=
Grave space & Care Fund	On
Additional spaces and care fund. Markey bulling the 125	00
Opening/Closing & Setuto A I D	00
Burial Container 55	00
Handling FeesMAY 0 1 2002	00
Flower vases - Marker setting fee MT. HOPE CEMETARY	00
Recording and Chry POF SAN DIEGO, CF	26
Total Due	26
Paid receipt number R-50924 394	26
V	=
Balance due	
I hereby certify I am the of the above named deced 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 to any liability or account of said authorization and integment.	ent
X	
I hereby authorize the interment in lot I signafure Signafure	à_
X 14770 Home ax 3	08
Sometime of recorded history of deed > San Outro 921	05
VI C19-2637597	Code
Invoice #	
Work Order # E 17068 Acct. #	
Work Order # Acct. #	_

O Printed an recycled paper

## MT HOPE CEMETERY 17 068

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Wree	3 tree	4 Domusk	5	Herden	19.01	
	8	9	10	" X			
-		A.F.	New York				
					Mullen		

interment space for.	*
Interment Date: 6-14-02 Time:	-
Lot: 114 Grave: 11 Row: — Sect: 2 Div: 11	
Grave Laid out by: Norman Davie	1,
Agrees with Legal Card: Yes No No	,
1.	
Blind Check & Verified By: Mau Date: 6-11-6	2

E-17068

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

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

			The second second second	- prince	A PROPERTY OF THE PARTY OF THE	STREET, STREET				
	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10.	LAST (FAMILY)			2 DATE OF BIRTH		DAY, YEAR
	LINNIE		-		MULLEN			12/30/1913	3 04/	09/2002 F
5A,	CITY OF DEATH				COUNTY OF DEATH	-OUTSIDE CALIF.,			MAILING AD	DORESS AND ZIP CODE
	CHULA VIST	'A					OF INFORMANT AMES GRAYES-GRANDSON			
7A.	CALIFORNIA	DRESS OF CALIFORNI CREMATION	& BURIAL C	R OR PERSON ACTING		F. LICENSE NUMBER	4770	HOME AVENU	JE #308	3
			SAN DIEGO,	The state of the s	F.	-1357	The second second second	DIEGO, CA 9	ACCULATION OF THE PARTY.	100
					- A		BA. SIGNI	ATURE OF APPLICANT	-Person taking	BB DATE SIGNI
	ACKNOWLEDGMENT OF AF		cknowledge as applicant that 376 of the Health and Salety C				>41	anata D	mar	04/17/200
	PERMIT		JED IN ACCORDANCE ORNIA HEALTH AND S	WITH PROVI- SAFETY CODE BA. A	AMOUNT OF FEE PA	10 198,09 F 55997	ISSUED,	9C. SIGNATURE OF L	OCAL REG	ISTRAR ISSUING PERM
AU	THORIZATION OF	AND IS THE AUTHORIT	Y FOR THE DISPOSITIO		\$7.00	J. BENY	23 20 10	2206719		
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	MIT TO SHOW FINAL		RDS-P.O. BO	2000		1111				
		CATORIC SOCIETY FOR THE SAME OF THE SAME O	CA 92186-5	222						
10.	AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMS					FOR CO	RONER'S	USE ONLY
		DES ENTOMBMENT)		ET	EMPORARY ENVAL	JUTMENT				- REMAINS LOCATED
[2	A. BURIAL (INCLU			10000				(Name and	ACCURAGE	
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1	B. CREMATION C. DISPOSITION (	OF CREMATED REMA	INS OTHER		ISINTERMENT CHIP IN TO CALIFO	RNA		V Name and	110010011	
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12	B. CREMATION C. DISPOSITION ( THAN IN A CE D SCIENTIFIC US	OF CREMATED REMARKETERY  ITA. NAME AND ALL  MT. HOPE C  SAN DIEGO,	ORESS OF CALIFOR EMETERY 37: CALIFORNIA	G. S H. T INIA CEMETERY 51 MARKET S A 92102	PHIP IN TO CALIFO	DE OF GALIFORNIA	2	SIGNATURE OF PI	ERSON IN	CHARGE OF BURIAL
12	B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKED ITA. NAME AND ABOUT OF SAN DIEGO,	DRESS OF CALIFOR EMETERY 37: CALIFORNIA DDRESS OF CALIFOR	G. S H. T SINIA CEMETERY S1 MARKET S A 92102 SINIA CREMATORY	HIP IN TO CALIFOR	DE OF CALIFORNIA	Z   N	SIGNATURE OF PI	ERSON IN	land
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COMPLETE ALL APPLICABLE ITEMS	B. CREMATION C. DISPOSITION C. THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE TRANSIT	OF CREMATED REMARKED FOR METERY  11A. NAME AND AS MT. HOPE OF SAN DIEGO,  12A. NAME AND AS CREMATION WAY, VISTA  13A. NAME AND AS REMAINS OR —  15A. ADDRESS, NEA FICIENT TO IDE	CALIFORNIA DDRESS OF CALIFOR SERVICES, I CALIFORN DDRESS OF CALIFORN DDRESS OF CALIFORN DDRESS OF CALIFORN DDRESS IN RECEIVIN	G. S  TH. T  INIA CEMETERY  51 MARKET S  A 92102  RNIA CREMATORY  INC 2570 FO  IA 92083  RNIA FACILITY RECE  IG STATE OR COUNTS S ARE TO BE SHIPPI	PHIP IN TO CALIFOR PRANSET TO OUTSI  ST.  DRTUNE  EVING REMAINS  TRY WHERE  ESCRIPTION SUF-	118. DATE BURIE  118. DATE BURIE  128. DATE CREMA  138. DATE RECE	Z   120   120   130   140   140   15	SIGNATURE OF PE	ERSON IN CONTROL OF THE CARL	CHARGE OF FACILITY OF PERSON IN CHARGE

## INTERMENT ORDER

City of San Diego

Date 5-2-07

	subject to your rules and regulations, to inter the remains
OF ROBERT CUN	NING HAM
ina T.S Vault	Funeral, date, time SAT, 5-4 12:0
Church, Chapel Graveside	GREEN WOOD Mortuary
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 1/3 Grave Row	PAISOn 2 Division/Block 12
Grave space & Care Fund	AY 0.2 2002
Opening/Closing & Setup	IOPE CEMETARY
Burial Container CITY C	RESAN DIEGO, GA
Handling Fees	TURDAY QUERTIME 600.0
Recording and filing fee	
Sales taxes	O
SAK GATE P	R - 5492 STotal Due (410 600.00)
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization and liability on account of said authorization.	ition of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Xillian Cumph X 655 Coetschl 51.
Signature of recorded holder at sheet	X SAN Diego 92114 City 1614) 264-7621 Teleprone
Work Order # E 17069	Invoice #
The state of the s	ermation is available in alternative formats upon request.

© Printed on recycled paper

## 49

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

t.A	A NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE ROBERT EARL		1C. LAST (FAMILY)	NGHAM			DATE OF DEATH	4. SEX	
5.A	CITY OF DEATH	JON		58. COUNTY OF DEATH ENTER STATE	AN DIEGO	6. NAME, REL	ATIONSHIP, FULL MAIL		ZIP CODE
7.A		MORTUARY:	A-FUNERAL DIRECTOR OR PERSO I-805 & IMPERIAL SAN DIEGO, CA 921	AVENUE	F APPLICABLE  FOR 843	SAN D	DETSCHL STRI LEGO, CA 92 RE OF APPLICANT THE	114	TE SIGNED
	ACKNOWLEDGMENT OF A		consisted at applicant that the proposed d 376 of the Health and Salets Code, and was no			» Olli	love lizz	aco 105/0	3/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIS IN THIS PERMIT.	DED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD Y FOR THE DISPOSITION SPECIFIE DINGIT OF DISPOSAL OUTSIDE OF CALFORNI	\$7.00	05/03/20	ZARO 22	SIGNATURE OF LOCA 07605	L REGISTRAR ISSU	NG PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW REALT TO SHOW FINAL DISPOSITION.	P.O. BOX			DRESS OF REGISTRAR DISPOSITION IS TO OCCI		OF DISPOSITION— I DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ON	Y
	B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	ORNIA		I. DISPOSITION PE (Name and Addr	NONG-REMAINS (	OCATED AT
	BURIAL	MENT HOP	PRESS OF CALLEDRINA CEMET E CEMETERY ET STREET, SAN D		118, DATE BURIE	1	GNATURE OF PERSON	)	BURIAL
ALE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM	ATORY	12B. DATE CREMA	THE RESERVE AND PARTY AND PARTY.	GNATURE OF PERSON	Among Street Street, state of the contract of	REMATION
L APPLICA	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY		TY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHAR		N IN CHARGE OF I	FACILITY	
MINTELE A	TRANSIT		DORESS IN RECEIVING STATE OF		14B. DATE SHIPP		DDRESS AND SIGNATURE PLACING WITH THE		N CHANGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR HTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION		GNATURE OF PERSON HARGE OF DISPOSITION	ON OF CRE	E NUMBER MATED RE- DISPOSER PPLICABLE

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



## INTERMENT ORDER

City of San Diego

Date 5-2-07

GRAVE OF MARIA ESQ

REA-104 (7-96)

You are hereby authorized and instructed of LUZ 6' ALV A	, subject to your rules and regulations, to inter the remains
ina DOUBLE DEPTH	Funeral, date, time MON 5-6 12:00
Church, Chape, 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 Grave 4 Row	Section 3 Division/Block 12  PNS - No. 8.1 E - 165.96 - A
Grave space & Care Fund	Tre- reed E-16576 -
Additional spaces and care fund	
Opening/Closing & Stup TD  Burial Container	375.00
Recording an MT HOPE CEMETAR) CITY OF SAN DIEGO, C	45.00
Pa	Total Due 420,00
X /	Husband Balance due
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authorizati any liability on account of said authorization	3
I hereby authorize the interment in lot I hold under deed.	Squaline X 3F33 47++ ST:
Signature of recorded hottler of deed	X San Diego CA. 92105  Co. (619) Z \$3-4996  Velephone
#130	
Work Order # E 17070	Acct. #

& Printed as recycled paper

This information is available in alternative formats upon request.

E-17070

## 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	11 -> 4	3	6	
7	YOST	HEDGER 9	Δ.	11	13	
MCLAUSH	inmorr's	HAYNES	Lee	,,	Bosnell	
Interment	space for: _	LUZ	ALVA			
			т — т			
			Row:		3_ pi	iv:/3
Grave Lak	d out by: _	NE	DAU:	10	<b>K</b> 0.	En
			es C		my	inl
				No		
Blind Che	ck & Veril	ied By: #	OBEKT		_ Date: 2	301

## F-17070

## 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)	18. MIDDLE	IC. LAST (FAI	AILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
	LUZ		6	! ALVA			04/04/1957	05/02/2002	F
54	CITY OF DEATH				DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MA	ILING ADDRESS AND 2	IP CODE
	SAN DIEGO			ENTER STA	SAN DIEGO		TINO HORALES	S - HUSBARD	
7.4	BERGE-ROBE	the state of the s	RY, 607 NATI	ONAL CITY	7B. CALIF. LICENSE NUMBER —IF APPLICABLE  ***PD-284	SAN	DIEGO, CA 92 ATURE OF APPLICANT—PH		TE SIGNED
-	ACKNOWLEDGMENT OF A	en years I hereby a	cknowledge as applicant that the	proposed disposition stated herein is of and was authorized pursuant to Section	ne of the depositions authorized by	b. Side	ATTURE OF REPUBLIANT—TE		2/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W ORNIA HEALTH AND SAF TY FOR THE DISPOSITION D NIGHT OF DISPOSAL OUTSIDE O	ETY CODE SPECIFIED \$7.00	P Valent:	002	9C. SIGNATURE OF LOC 2207599	CAL REGISTRAR ISSUI	NG PERMIT
-1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	GISTRAR OF DISTRICT D IN CAUPORNIA ORDSPO BO , CA 92186-5	X 85222	9E ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC			NIA.	•
10	AUTHORIZED DISPI	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORO	NER'S USE ONL	Y
The same of the same of	B. CREMATION		AINS OTHER	G. SHIP IN TO		+	1 DISPOSITION F (Name and Ad	PENDING—REMAINS L dress)	OGATED AT
	BURIAL	MT HOPE C	DDRESS OF CALIFORNI EMETERY, 375 , CA 92102	1 MARKET ST,	118. DATE BURIE	D   110	SIGNATURE OF PERS	ON IN CHARGE OF E	
BLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNI	A CREMATORY	126. DATE CREMA	TED   120	SIGNATURE OF PERSI	ON IN CHARGE OF CA	REMATION
LL APPLICA	SCHENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORN	A FACILITY RECEIVING REM	AINS 13B. DATE RECE	IVED 13C	SIGNATURE OF PERS	ON IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHER IRE TO BE SHIPPED	E 14B. DATE SHIPP	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION O CA <u>DISTRICT</u> OF DISPOSITIO			SIGNATURE OF PERS CHARGE OF DISPOSIT	TION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

## INTERMENT ORDER

City of San Diego

Date_	5-	2-	02	
PACHE :				

And & Shirt	Date 6-2-02
or Konstant'n Perscu	ov / Zeonid Pewsakov
	ineral, date, time
Type of Buriel Container Church, Chapel, Graveside	. Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned	
	Section 2 Division/Block 12
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	140.00
Flower vases - Marker setting fee . MAR 2	1 2003
Recording and filing fee	DEMETARY 45.00
Sales taxes CITY OF SAN	V-DIEGO, CA 19,73
OI I O	Total Due
Paid rer	ceipt number 25% down 416.18
	R#5493/ Balance due 1248 55
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	V 4971 Scripps Westulew Wa
Onstantin Pentsareod	Addition DIE00 CA 9213 (Som DIE00 CA 9213 (Silv 858 6934196
Work Order # E 17071	Acct. #

REA-104 (7-96) O Printed on recycled paper

This information is available in alternative formats upon request.

PENTSAKO	VA, KONSTANTIN 9971 Scripps Westview Wy #2	3, s.	D. (	CA 921	31	E-17 (858) 69	
5-2-02 5-2-02 6-14-02 7-24-02 8-13-02 9-12-02 10-22-02 10-22-02 10-22-02 2-38-02 3-21-03	Opened pre-need lot & trust.  Lot 224, Grave 9, Section 2, Division 12  Trusts includes— (1) O/C, (1) Liner, Handling Fees, Recording & Filing fee and Tax on Liner Receipt #54931 for 25% down.  R-55140 Coupon 1  R-55140 Coupon 1  R-55315 " 3  R-55332 # 5  R-55532 # 5  R-55795 7 MAR?  R-55795 7 MAR?	1 D	Z	DEBIT 895.00 769.73	Ī	(SO) (SO) (SO) (SO) (SO) (SO) (SO) (SO)	BALANCE 895.00 1,564.73 1,248.55 1,196.\$5 1,196.\$5 1,196.\$5 1,090.55 1,090.55 1,090.55 1,090.55 1,090.55 1,090.55 1,090.55 1,090.55 1,090.55
	PENTSAKOVA, KONSTANTIN E-17071						

# WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

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

From Konstantin Pents	Sakowandress On Yes		26 ,20	02
Fifty-Two and 00		D	ollars (\$ 52.00	
Coupon # 1	renced lot f trust o	eccount.		
Lot 224 Grave	9 Row	Section2	Division Jo	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS S	TAMPED CREDIT 20% Sales Care 80% Sales Core of Lots	67007 77184 100 77184 5.2	00
W.O. E-17071		Opening/ Closing Burial	100 77181 ——————————————————————————————————	
BALANCE DUE \$ 1196.55		Containers  Handling Fee Recording &	77182	
TIGHTON TOT THE THIRTY		Misc. Fees Pre-Need Trust Sales Tax	77163 63033 9022 80101	
Fre-need Trust A Cash — Check	6 ISSUED BY Paulette C.	TOTAL PAID	52.	00

Lot 224

Invoice No.

Pre-Need Lot X At Need D

Pre-need Trust Cash

AC-212 (Rev. 5-94)



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Payment of

Grave

On Acct

Check

MOUNT HOPE CEMETERY (619) 527-3400

Row.

NOT VALID FOR PURPOSE STATED UNLESS STATED IN THIS SPACE.

Date:	1		, 20	
····	al D	ollars (\$	52.00	)
Se	ction_2	100	Division Block	12
MPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 —	इर	60
	Burial Containers Handling Fee Recording & Misc. Fees	100 77182 — 100 77185 — 100 77183 —		
	Pre-Need Trust Sales Tax	63033 9022 — 60101 78390 —	2.5	0.0
	TOTAL PAID	\$	5 %	100



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

	(619) 527-3400 Date	8-	13	, 20 5	02
FIFTY-TWO O	1TSAKOVAddress: 9971 Scripps			52.00	+921
	re-need lot/trus		oun		
Lot Thy Grave	9 Row Se	ection	2 .	Division 12	_
Acct. No. = 17071	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 —	52	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77165 — 100 77183 — 63033 9022 — 60101		
Pre-need Trust Cash Check	4 ISSUED BY Paule He C.	TOTAL PAID	78390	52.	04

Lot

Invoice No. Acct. No. W.O.

BALANCE DUE

Pre-Need Lot

Pre-need Trust

AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK. AUDITOR

Payment of

Grave

On Acct

Check

Address:

a

ISSUED BY Laula

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

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

Row

Date:	4-	1d	, 20	22_
OCC		-		
	0	ollars (\$	52.00	)
45	- accou	inf		
±ι			-3-17	
_ Se	ection 2		Division Block	12
PED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burnal Containers	67007 77164 — 100 77184 — 100 77181 — 100 77162 —	59	00
	Handling Fee Recording & Misc. Fees Pre-Need Trust 71 8 ( Sales Tax	77185 — 100 77183 — 63033 9099 — 60101		
	TOTAL PAID	78390 —	52.	00

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

10/22 2002 Date: KOMSTANTIN PENTSAKOVA Address In Record 1- Two and vo Dollars (\$ 52.00 account Division 224 Block Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Invoice No. 20% Sales Care 771B4 52 00 80% Sales of Lots Acct. No. Opening/ Closing 100 77181 W.O. Burial Containers **BALANCE DUE** Handling Fee Recording & 100 77183 Pra-Need 63033 On Acct Pre-Need Lot 60101 Pre-need Trust 78390 582 TOTAL PAID AC-212 (Rev. 5-94)



## WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

### CITY OF SAN DIEGO, CALIFORNIA

55657

11 + 1 . 0 + 1	. 1	Date: 11- 27	-0 7 .20
From: Konstantin Rentsake  Tilly two  in Payment of	Pre-need Ist	- Trust Do	illars (\$ 52,00 )
Lot 224 Grave	Row_	Section 3	Division \a
Pre-need Lot X At Need On Acct	NOT VALID FOR PURPOSES STATE STAMPED "PAID" IN THIS SPACE.	CREDIT 6 20% Sales Care 7 80% Sales of Lots 7 Opening 7 Burial Containers 7 Handling Fee 7 Recording 8 Misc. Fees 7 Pre-Need 6 Trust 7	77007 7184 100 7184 100 7181 100 7181 100 7182 100 7185 100 7163 3033 7168
Pre-need Trust Cash Check AC-212 (Rev. 10-02)	ISSUED BY Drubble		\$390 \$ 52 00

### CITY OF SAN DIEGO, CALIFORNIA

55795

From Konstantin Pentsa Tiply Juro Payment of	Reve Address	n n R	Date: 1-7-0	Dollars	\$ 52.00	
Lot 224 Grave	9	Row	Section _ 국		Division \	2
Invoice No	NOT VALID FOR I	PURPOSES STATED UNL IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers  Handling Fee Recording &	57007 77184 100 77184 100 77181 100 77182 100 77185 100	52	00
Pre-Need Lot At Need On Acct  Pre-need Trust Cash Check  AC-212 (Rev. 10-02)	ISSUED BY 1	Mullim	Misc. Fees Pre-Need Trust Sales Tax  TOTAL PAID	77183 63033 77186 60101 78390	કર	00

rom: Konstantin Pentsaki		te: Fcb. 3	.20 03
Fiftytwo dollars	+ 00/100 - + +	Dollars (\$_	52.00,
Payment of Grave _	9 Row_	0 0	vision ock
voice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	52 00
0 NLANCE DUE_ 832.55_	FEB 0 3 2003	of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 100	
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee 77185 ————————————————————————————————————	
re-need Trust X Cash Check X 212 (Rev 10-02)	ISSUED BY HAM HETZEF	Sales Tax 60101 78390 —— TOTAL PAID \$	62 00

## OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55960

11 0 1	Date	e: FED TO	,20 🔾
From: K. Pentsakova		pos westiren	U weey HJ3 921
Fyty (wo +00)	140	Dollars (\$	52.00,
in Payment of	Prima lot.	t trust	61.111
Lot OT Grave	Row	Section	Division Block
Invoice No. E 7071	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007	52 11-
Acct. No.	PAID	20% Sales Care 77184 — 80% Sales 100	-
W.O	FFD 0 0 0000	of Lots 77184 — Opening/ 100 Clasing 77181 —	
BALANCE DUE 180.95	FEB 2 8 2003	Burtal 100 Containers 77182 —	
Pre-Need Lox At Need On Acct	MT. HOPE CEMETARY	Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — Pre-Need 53033 Trust 77186 —	
Pre-need Trust X Cash Check X	ISSUED BY CULL HELD	Sales Tax 60101 78390 —	
AC-212 (Hev 10-02)		TOTAL PAID \$ _	98

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 5-3-02-

na LINER	Funeral, date, time WED 5-8 10:0
Church, Chapel, Graveside	FEATHERINGILL MORNARY.
All Funeral cars must arrive before 3:30 g	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	Land to the Medical Control of the C
ot 27 Grave 13 Row	Section 8 Division/Block 5
arave space & Care Fund	IN-TILL E-3161 T
dditional spaces and care fund	575 00
Opening/Closing & Setupp A I D	190.00
Burial Container	145.00
	175.00
Recording and filing HOPE CEME CITY OF SAN DIE	TARY 45.00
	raid receipt number R-549 39 769.73
X	Balance due
hereby certify I am the NIEC and this is your authority to make dispose that I have the right to make this authorization any liability on account of said authorizations.	ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
EMILIE ZOUHAR hereby authorize the interment in lot I lold under deed.	X Comilie C Zouhan X 1875 HIGHGATE LANE
egreeure of recorded holder of deed	XAMESA 9194
	Telephone
	Invoice #

C Printed in 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.

	957	(12			
GREIG	87	X 13	EIGEL	Keku	BLickers + A F
Interment space for:	Gwerdh x 5-8	h. H.	ill 1	0,00	
Lot: 27 Grave	: \3 Ro	w:	Sect:	8 1	Div: _5_
Grave Laid out by:	VAKRE!	7(3	1)46	5	En.
Agrees with Legal C	ard:  Yes	C	J No	thy	
Agrees with Map:	3 Yes		No		
D11 1 01 1 0 11 1	41-	-	-1	-	5-6-02

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

		THE WASTER AND THE WASTER	Market Control of the		Name of the Owner	1975	
11	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	TC. LAST (FAMILY)		2 DATE O		E OF DEATH 4. SEX
	Gwendolyn	L.	H111	0 123	03/21/		3/2002 F
5/	. CITY OF DEATH		SB. COUNTY OF DEATH	-OUTSIDE CALIF. 6	NAME, RELATIONS	HP, FULL MAILING A	DDRESS AND ZIP CODE
	San Diego			n Diego		nilie Zouh	
7/	Feathering	ill Mortuary jon Blvd., San Diego CA, 9211		APPLICABLE	91942		permit, 8B. DATE SIGNED
	ACKNOWLEDGMENT OF AF	I I have administen as analyzed that the processed design	otion stated herein is one of the		11 4	w	05/07/2002
		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIDNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND 19 THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MUTE. THIS PERMIT GIVES NO INCHES OF DISPOSAL OUTSIDE OF CALFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	\$ 7.00	05/07/200  K. Zaretz	ka >	2207756	SISTRAR ISSUING PERMIT
13	TO REQUIRES A NEW SERMIT TO SHOW FINAL	PO Box 85222, San Diego CA, 92186-5222		HISPOSITION IS TO OCCUR			
11	. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			1	OR CORONER'S	S USE ONLY
	B CREMATION	SE	F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA	U 10N	ame and Address)	3- REMAINS LOCATED AT
	BURIAL	Mt. Hope Cemetery, 3751 Mark San Diego CA, 92102		118. DATE BURIED	-1	ne of Person in	CHARGE OF BURIAL
ABLE MENS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMATE			HARGE/OF CREMATION
AL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATUR	E OF PERSON IN	CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		AND SIGNATURE ( ING WITH THE CARI	DE PERSON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION		RE OF PERSON IN OF DISPOSITION	15D. LICENSE HUMBER OF CREMATED RE- MAING 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.



# growe of Day

MT. HOPE CEMETERY,
INTERMENT ORDER

City of San Diego

Date 5-16-2002

Betty De LISE		NON
ASH VALUT	Funeral, date, time MAY	20 th . 1100
hurch, Chapel, Graveside	Douglas & 2	OUL Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra	n mon movice
ill be applied and billed to undersigned		
ot 86 Grave 6 Row	Section 16 Div	ision/Block
rave space & Care Fund	D- 5825	<u> </u>
dditions spaces and care and		705-4
pening/Closing & Setup		105.00
urial Contriggey 1 3 3000.2		35 00
andling Fees		_ (d).00
ower value - HORE Setting ree - gal	a flown west	23710
CITY OF SAP		45.00
ales taxes		4.26
alter	Total Due	293.09
Paid i	receipt number VISA	293-0 4
wienzelise		nce due
hereby certify I am the COUS III and this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization a	of remains as above indicated, and I agree to hold Mt. Hope C	above named decedent I certify and represent emetery harmless from
	Dorland	hast do to
hereby authorize the interment in lot I old under deed.	Signature 924 End	enta Blyd.
greature of recorded holder of deed	Address & Address	132.9202
posset in recipiosi noise in acco	Telephone 60 - 47	9-2334
	Invoice #	
York Order # E 17073	Acct. #	

will bring asher of service harved daten stone stone 293,04

EITY OF SO-NT HOPE CEMETERY #64 3751 MARKET STREET SON DIEGO CA 92182-4527 619-527-5474 4381322156665644

85/13/82

11:32:58

KEYED

INVOICEN

UES

XXXXXXXXXXXXXX58652

AUTHS 813778 AUS: AD AUS REDSTED REF 0 11182081

C. C. A. A.

HATL/PHONE

\$ 293.84

TOTAL

5 293.84

I AGREE TO PAY ABOVE TOTAL AHOURT ACCORDING TO CARD ISSUER AGREEMENT CHERCHANT AGREEMENT IF CREDIT VOUCHER)

PHONE ORDER

THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHANT BOTTOM COPY-CUSTOMER

### MT HOPE CEMETERY

	GR	AVE BL	IND CHE	ECK FO	MAC	
block mar existing n	ne name o ked with ": narker's in space.	X". Place the appro	the name	e's, lot # ace(s) t	and grav	jacent to
3	- Y	5	86, 6			
9	Nosfet't	, n	DAST			
Interment	space for	: BETT	y Del	'se	*	
Intermen	Date: N	N 5-	20 T	ime:	1:00	
Lot: 36	_ Grave	e:la	Row:	_ Sec		Div: 7
Grave La	id out by:_	Ken	Callii	w		
Agrees w	vith Legal (	Card:	Yes [	J No	will a	m
Agrees w	vith Map: (	J Yes	0	Vo .		
Dlind Ch.	ack & Var	ified Pur	POBERT		Date	. '

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OT	HER ALTE	RATIONS	1		
1A. NAME OF DECEDE	ENT—FIRST (GIVEN)   1B. MIDDLE	IC. LAST (FAMILY)			ATE OF BIRTH TH. DAY, YEAR	3. DATE OF DI		SEX
Betty Louise		De Lise			3/09/1929	04/16/2		7
SA, CITY OF DEATH		5B. COUNTY OF DEATH		OF INFORM	TIONSHIP, FULL M	AILING ADDRESS	AND ZIP CO	DE
Duarte		EDS Angel	9.8		A. Sch	affer - S	ion	
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A ZOOK MORTUARY, Inc.		F APPLICABLE		S.W. made OR 9700			
600 Bast F	oothill Blvd. Monrovia, CA 91	016 FI	221	A SIGNATURE	OF APPLICANT	ersyn taking permit. Bi	B. DATE SIG	NED
ACKNOWLEDGMENT OF A	PFLICANT I hereby acknowledge as applicant that the proposed dispos Section 10376 of the rigidith and Safety Code, and was authorize			Davis	) Sand	11	day 19	,21
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE RESIST GRES NO RIGHT OF DEPOSAL ONTEDE OF CALFORNIA.	8A AMOUNT OF FEE PA	05/15/	CONTRACTOR STATES	Frel	CAL REGISTRAR	ISSUING PE	U
TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA Vital Records, Rm L-1 313 N. Figueroa L.A., CA 900	V1	press of Registran operation is to occur cal Records, a Diego, CA	P.O.	Box 8522	RNIA 2	/	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	OFINIA		(Name and A	PENDING—REM/ ddress)		
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER Mount Hope Cemetery 3751 Market St. San Diego, C.	A CONTRACTOR	118. DATE BURIED	- Same	NATURE OF PER	SON IN CHARGE	OF BUI	•
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO N/A	RY	128. DATE CREMATE	12G. SIG	NATURE OF PERS	SON IN CHARGE	OF CREMAT	ON
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY  N/A	RECEIVING REMAINS	13B. DATE RECEIV	ED ISC. SIG	NATURE OF PER	SON IN CHARGE	OF FACILITY	Y
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S N/A		14B. DATE SHIPPE		DRESS AND SIGN. PLACING WITH TO		ON IN CHAI	IGE
SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158. DATE OF DISPOSITION		NATURE OF PERS	MOITH	ICENSE HUMB F CREMATED MAINS DISPOSI IF APPLICABL	HE- ER

COPY 2 IS RETAINED BY 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

N/A

-IF APPLICABLE

### MT. HOPE CEMETERY

### INTERMENT CRDER

City of San Diego

Date 5-6-02

	TRAJAS	0 0 0
ina DOUBLE DEPTH F	Funeral, date, time THUR	5-9 9:00
Church, Chape Graveside	BERGER	O BERTS Mortuary
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra c	harge of \$
will be applied and billed to undersigned.		
1/-		
Lot 113 Grave 3 Row_	Section Divis	sion/Block
Grave space & Care Fund		895.00
Control of the Contro		
Additional spaces and care fund	X 375	750.00
opening closing a gent p		2 00 00
		2 2 5 67
MAY D C 2002		
Flower vases A Marker setting fee  Record MTand ORE (GE METAR)	+ 45	00 00
	ac 1-	79.05
Sales CITY OF SAN DIEGO, CA		51110
	Total Due	2964.45
Paid n	eceipt number V15A	2464,43
V	Balanc	e due
I hereby certify I am the 11056AL	of the al	pove named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. and I agree to hold Mt. Hope Ce	metery harmless from
any liability on account of said authorization a	nd interment	<u>-</u>
I hereby authorize the interment in lot I	X Fuldi.	Junesis 214
hold under deed.	X 752 Joseph	WA DE.
	Address	92114 24 Code
A THE PARTY OF THE		1011
Signature of recorded holder of deed	City La Dia	2110 Zip Code
Segnature of recorded holder of deed	City 619-262-6	740 Zip Code
Segminum of recorded holder of deed	1 619-262-6	340 Zip Code

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

	0 0 000					
	ell risteuser	Leveland	из <sub>Х</sub> 3	4	5 Ackeran	Destard
	MARSHALL 7	8	9	10	11	Name and Address of the Owner, where
	N Autor					
Interme	nt space for: Thus nt Date: Thus Grave:	3	Row:	ime: 9:	00	iv: <u>\</u>
	with Legal Car				Sly G	ino
Agrees	with Map:	Yes	01	No		
Blind C	heck & Verific	ed By:	CRMI	AN	Date:	5-7-02

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS





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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRT		4. SEX		
DOROTHY		MARIE	BARAJAS		11/28/193	11/28/1933 05/03/2002 F			
A CITY OF DEATH			58. COUNTY OF DEAT	OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FU	LL MAILING ADDRESS AND 2	UP CODE		
NATIONAL (	CITY		ENTER STATE	SAN DIEGO	GUDELIO BARAJ	AC - DIICRAND			
BERGE-ROB		ARY, 607 NATION	NAL CITY	FAPPLICABLE	752 JOANNA DR SAN DIEGO, CA		TE SIGNED		
ACKNOWLEDGMENT OF N	1 I benefit i	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	vosed disposition stated herein is one of the	CONTRACTOR OF THE PARTY OF THE	. 0				
PORTOTE DURCHE SE NE	Section 10	376 of the Health and Salety Code, and JED IN ACCORDANCE WITH	was authorized pursuant to Section 7100 of the	فيستمسان المستحد المتناوات	Panette Va	CONTRACTOR OF THE PARTY OF THE	6/2002		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE IS MIGHT OF DISPOSAL OUTSIDE OF CAL	CIFIED \$7.00	05/08/20 P Valent	002 2207857	F LOCAL REGISTRAR ISSUI	NG PEHMIT		
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FRIAL DISPOSITION.	IF DEATH OCCURRE	CORDSPO BOX	85222	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION OF ANOTHER DISTRICT IN CO.				
O AUTHORIZED DISPO	BRIDE BOOK STATE	The second second	6-6		FOR (	CORONER'S USE ON			
B. CREMATION  C. DISPOSITION : THAN IN A CE  D. SCIENTIFIC US  BURIAL	11A. NAME AND A	DDRESS OF CALIFORNIA COMMETERY, 3751	ALC: THE STREET STREET			PERSON IN CHARGE OF E			
Same		O, CA 92102	TO THE PARTY OF TH	15-9-02	Norman	Fernan			
CREMATION	12A NAME AND A	ODRESS OF CALIFORNIA C	REMATORY	128. DATE CREMAT	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OWNER	PERSON IN CHARGE OF CR	REMATION		
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEN	13C. SIGNATURE OF PERSON IN CHARGE OF		FACILITY		
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPPE		SIGNATURE OF PERSON IN THE CARRIER	CHARGE		
SCATTERING AT SEA			OR OTHER DESCRIPTION SUF-	158. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DE		Children		

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



### MT. HOPE CEMETERY

### INTERMENT ORDER

Bu- mutual

REA-104 (7-96)

City of Sat Diego

Date\_5-6-62

Atas a solve a esth	,	Funera	il, date, tin	ne			
Type of Bures Container Church, Chapel, Graveside		7 011010	4				Mortuary.
All Funeral cars must arrive before	3:30 p.m	of regu	ılar work o	day or an	extra charge		
will/be applied and billed to unders	signed	March 18 to Mile	200-71-2000-200	NACTOR OF SERVICE		22.001.00	
Lot Grave	Row		Section		Division/	Block_	10
Grave space & Care Fund						9	95.00
Additional spaces and care fund							_
Additional spaces and care fund  Opening/Closing & Setup	2	at	37	5		7:	50.00
						3	१०,००
Handling Fees						3	20,00
Flower vasagy Warner seping fee						-	
Flower vases A Marger seging fee Recording and filing fee Sales ta MT. HOPE CEMETAL		2	al	45		4	0.00
Sales IAMT. HOPE CEMETAL CITY OF SAN DIEGO.	H)					<u>a</u>	1.45
CITY OF SAN DICOC.	(			Total Du		25	04.45
	Paid	f receipt	number_	K-2	4447	25	61.42
	· 0 +	17.	Wenn		Balance du	ie	D
I hereby certify I am the JANE	KUII	T KY	KEND		of the above	named	decedent
and this is your authority to make that I have the right to make this a	uthorization	on and I	agree to h	pove ind rold Mt. F	lope Cemete	ry harm	represent less from
any liability on account of said auti	nonzation	and into	A ment.	Por	00	11	
I hereby authorize the interment in hold under deed.	lot I		Signature	Juith	ryparo	-	-
now allow dood.		X	Address	FALC	ON 57	0.00	ADMIT DA
Signature of recorded holder of deed	-	X	CAN L	) EGO	, CA 92	1030	(920 Zp Code
					17 1 17 1		
		X	(6/9) Telephone	293-	AKA	954	7270
		X	(6/9) Telephone	293-	7171 AKA a	95-	7374

& Printed an recycled paper

This information is available in alternative formats upon request.

CHARL ME-17015
CHARL MARKETAN
COLUMN

### Mt Hope Cemetery Contract Entry Verification 05/15/2002

Contract Number: E-17075-F

Contract Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth

3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

Child Prot: N

San Diego ,CA 92103-2920

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	2,535.00	NUMBER OF I	NSTALLMENTS	1
SALES TAX	29.45	REGULAR PA	YMENT OF	0.00
TOTAL CASH PRICE	2,564.45	ODD PAYMEN	IT OF	- 0.00
TOTAL DOWNPAYMENT	2,564.45-	DATE FIRST P	AYMENT DUE	06/15/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PL	AN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-			
		SOURCE:	Walk-in	
TINANCE CHARGE	0.00@	0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00			
DEFERRED PAYMENT PRICE	2,564.45			
ACCOUNT CONTRIBUTIONS	AMOUNT I	FRACTION		
R L Perp. Care	199.00			
V P/N Trust	1,540.00	1.0000		
R S Equity	571.00			
A Interest	0.00			
R S Tax Recovery	29.45			
R S Cost of Goods	225.00			
R V Late Charge	0.00			

## Mt Hope Cemetery Agreement Confirmation 05/15/2002

E-17075

Agreement Number: E-17075-F

Agreement Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth

3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

San Diego ,CA 92103-2920

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty Category	Description of Contract Items	Price		Tax	Allowance
1 Graves	Division 10	995.00		0.00	
2 Opening/Closing	Single Grave	750.00		0.00	
1 Burial Vaults	Double Depth Lawn Crypt	380.00	3	29.45	
1 Handling Fee	D/D Crypt Handling fee	320.00		0.00	
2 Misc Fees	Recording Fee	90.00		0.00	
Property		A B THINKS			
Divis	ion Section Blk / Row	Lot	Grave	Depth/Lvl	
	SERVICE AND A SECOND	1647		A	
BASE PRICE	2,535.00				
SALES TAX	29.45				
OTAL CASH PRICE	2,564.45				
OTAL DOWNPAYMENT	2,564.45-				
RANSFER ALLOWANCE	0.00 -				
DISCOUNT OR ALLOWANG	E 0.00-				
INANCE CHARGE	0.00				
OTAL OF PAYMENTS	0.00				
DEFERRED PAYMENT PRICE	E 2,564.45				
UMBER OF INSTALLMEN	TS 1				
EGULAR PAYMENT OF	0.00				
DDD PAYMENT OF	0.00				
ATE FIRST PAYMENT DU					
AYMENT PLAN	MONTHLY				

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 E-17075

Contract Number: E-17075-F

Contract Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth

3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

Child Prot: N

San Diego ,CA 92103-2920

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1 Graves	Division 10	995.00	0.00		
2 Opening/Closing	Single Grave	750.00	0.00		
1 Burial Vaults	Double Depth Lawn Crypt	380.00	29,45		
1 Handling Fee	D/D Crypt Handling fee	320.00	0.00		
2 Misc Fees	Recording Fee	90.00	0.00		
Property					
Divis	ion Section Blk / Row	Lot	Grave	Depth/Lvl	
		1647		A	

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

TOPER

REA-104 (7-96)

	P	0	n	3	
Date	2	0	V	1	

ASH VAULT	Funeral, date, time Tue 6-18	AYD
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
Local To Grave Row	Section 3 Division/Block	.8
Grave space & Care Fund	In- Ted 2-6143	-0
Additional spaces and care fund		
Opening/Closing & Setup	e-hud E-16935	-0-
Burial Container		<del>-</del>
Handling Fees		-6
Flower vases Marker setting fee	25.00 8-22-02 - -55011	
Recording and filing fee	- 55-0 11	-0
Sales taxes		0
IB WEADAMS 2	Total Due,	10
10 Kenting 3	receipt number	
	Balance due _	
I hereby certify I am the	of the above nam	
and this is your authority to make disposition that I have the right to make this authorization	in and I agree to hold Mt. Hope Cemetery ha	nd represent armiess from
any liability on account of said authorization	and interment.	41.0
I heroby authorize the interment in lot I	Sin C	194
hold under deed.	MARTHA K. ANDERSO	101
Signature of resorded holder of dued	PH. 785-537-5093	
	2708 LESLIE LN. MANHATTAN, KS 66502	Code
	Teh.,	
5 - 47070	Invoice #	
F 17076		

@ Friend on recycled paper

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF	A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE			NT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)				
RAN	IDA	FORMEY		BURKHOT	DER	09/15/1895	05/03/2002 F	
SA. CITY OF	DEATH			5B COUNTY OF DEATH	-OUTSIDE CALIF. 6		AILING ADDRESS AND ZIP CODE	
AKO	EN HILLS	A STATE OF THE PARTY OF THE PAR		ENIER STATE	1	OF INFORMANT	GRAND BASCHTER .	
7A. TYPED NAM	ME AND ADDRESS OF CALIFOR	MA FUNERAL DIRECTOR	OR PERSON A		APPLICABLE	2706 LESLIE LAND		
GREENWO	OD HORTUAKY					KANKATTAN, KS 60	The second secon	
1-805 6	INPERIAL AVEN	NATIONAL LIBERT CONTRACTOR TO THE PROPERTY OF	mir. <del>(Silikinse zuoliki</del> n)	CONTRACTOR OF THE PROPERTY OF	ACHTERNOLIN AND DESCRIPTIONS (E.S.)	A. SIGNATURE OF APPLICANT	Sign buy perint, BB. DATE SIGNED	
ACKNOWLEDG	mini (il Altridant) Sechm	c schoolings as applicant, time the (0.176 of the Health and Spirits Cost	fe, and was author a	nd permist to Section 7160 at the	Hould and Salety Code.	e Other Was	620 06/11/2002	
PERMI	SHUND UP THE CAL	CHARLEMAN SECURITY WHIT DAY	EELY CODE	SA AMOUNT OF FEE PA	O BB. DATE PERMIT IS	SSUED SC. SIGNATURE OF LO	CAL REGISTRAR ISSUING PERMIT	
AUTHORIZATI	ON OF IN THIS PERMIT	AITY FOR THE DISPOSITION		\$7.00	N06/11/200	2209772		
LOCAL REGI	90 ADDRESS OF	REGISTRAR OF DISTRIC	STATE OF THE PARTY	Marie Street, Santa-Santas Street,		OF DISTRICT OF DISPOSITION—		
ANY CHANGE IN TION REQUIRES	A NEW IF DEATH OCCUR	RRED IN CALIFORNIA	NEW THOMAS	IF DI	SPOSITION IS TO OCCUR	IN ANOTHER DISTRICT IN CAUPO	ENIA	
PERMIT TO SHO DISPOSITIO				1 (2.5)	DIEGO, CA	Charles and the Control of the		
10. AUTHORIZ	ED DISPOSITION(S) CHECK	APPLICABLE ITEMS	NEW T	- 0	manuf va		ONER'S USE ONLY	
X A. BURI	AL (INCLUDES ENTOMBMENT)			E. TEMPORARY ENVAL	LIMENT	I. DISPOSITION	PENDING-REMAINS LOCATED AT	
B. CRE		and arms		F. DISINTERMENT	-	(Maiss and A	otiress)	
THAP	OSITION OF CREMATED RE	MAINS OTHER	1	G. SHIP IN TO CALIFOR				
D. SCIE	NTIFIC USE			H. TRANSIT TO OUTSI	DE OF CALIFORNIA			
-	MORRISH THO	ADDRESS OF CALIFORN	NA CEMETER	Y	118 DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL	
BURIA	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	PE CEMETERY EXET STREET, S	DAN DED	CO CA 02102	1-12-2	ial t		
9		ADDRESS OF CALIFORN	A STATE OF THE PARTY OF THE PAR		128 DATE CREMATE		SON IN CHARGE OF CREMATION	
TEMS COEMS		ADDRESS OF CALIFORN	MM OREMATO	(6)	120. DATE GREMATE	12G. SIGNATURE OF PER	DON IN CHANGE OF CREMATION	
CREMAT	IION	the form / which		Potential Colonia		Act and included the	Control San and A	
N. C.	13A NAME AND	ADDRESS OF CALIFORN	IA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D' 13C SIGNATURE OF PER	SON IN CHARGE OF PACILITY.	
SCIENT	ARTON TO STATE OF THE PARTY OF							
USE								
2		ADDRESS IN RECEIVING			148 DATE SHIPPED		ATURE OF PERSON IN CHARGE	
TRANS		R CREMATED REMAINS	ARE TO BE S	HIPPED		OF PLAGING WITH T	HE CARRIER	
WOO						**************************************	STATE OF STATE OF	
SCATTERIN	CICIENT TO I	EAREST POINT ON SHORE			158. DATE OF	16C. SIGNATURE OF PER CHARGE OF DISPOS		
DISPOSITIO	F 15/20/20/20	DENTIFE TIMEL PLACE AN	UN DISTRIC	T of distribution	DISPUSITION	CHARGE OF DISPUS	MAINE DISPOSER  —IF APPLICABLE	
THAN IN A C	EMETERY	ENG BETWEEN	PERMI				T. ALTERNAL	

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



## Mt Hope Cemetery E- 17076 Contract Entry Verification (Preview Only)

Contract Number: E-17076-F

Contract Date: 05/06/2002

Purchaser: Anderson, Martha K. And/Or Everett, Barbara Burkholder

2708 Leslie Lane

Purchaser Number: 293 / 35

Phone: 785-537-5093

Manhattan KS 66502

Beneficiary: Burkholder, Randa F.

Child Prot:N

Counselors:

SUE SHACKELTON

Qty Category	Do	escription of	Contract Items	s Pric	e T	ax	Allowance	Addl. Desc.
1 Misc Fees	Marl	ker Setting F	ree	125.0	0 0	.00	THE RESERVE OF	
† Property								ACTUAL TO
Di	vision	Section	Blk / Row	L	ot Gra	ave	Depth/Lvl	
Divi	sion 8	3		217	7	1	A	
ASE PRICE			125.00		NUMBER	OF I	NSTALLMENTS	
ALES TAX			0.00		REGULAR	PA	YMENT OF	0.00
OTAL CASH PRICE			125,00		ODD PAY	MEN	NT OF	0.00
L DOWNPAYMEN	T		125.00 -		DATE FIR	STE	PAYMENT DUE	08/17/2002
KANSFER ALLOWANC	E		0.00 -		PAYMENT	r PL	AN: MONTHLY	
DISCOUNT OR ALLOWA	ANCE		0.00 -					
					SOURCE:		Mortuary Referrals	
INANCE CHARGE			0.00@	0.000%	AMORTIZE			
TOTAL OF PAYMENTS			0.00					
DEFERRED PAYMENT I	PRICE		125.00					
ACCOUNT CONTRIBUT			AMOUNT	FRACTION				
V P/N Trust	N 100 (100 (100 (100 (100 (100 (100 (100		125.00	1.0000				
R S Equity			0.00	*******				
A Interest			0.00					
R S Tax Recovery			0.00					
R S Cost of Goods			0.00					
R V Late Charge			0.00					
RACT ENTERED I	3Y:							

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-6-2002

You are hereby authorized and instruct	ed, subject to your rules and reg	ulations, to inter the remains
ina LINER	Funeral, date, time FR1	5-10 11:00
Church Chapet Graveside	: CA ?	VRIAL Mortuary.
All Funeral cars must arrive before 3:30		extra charge of \$
will be applied and billed to undersigne	d	
Lot 14 4 Grave 6 Ros	w Section	_ Division/Block _ 13
Grave space & Care Fund		845.00
Additional spaces and care fund	DAID	77500
Opening/Closing & Setup	PAID	3/3.00
Burial Container	AY 0 9 2002	145.00
Flower vases - Marker setting feMT. I Recording and filing fee	HOPE CEMETARY DE SAN DIEGO, C	45.00
Sales taxes		111 17 72
mothers for	Total Due	1360.00
mind exerce	Paid receipt number R-51	Balance due 364-73
I hereby certify I am the and this is your authority to make dispy that I have the right to make this author	osition of remains as above indication and I agree to hold Mt. Ho	the above named decedent cated. I certify and represent ope Cemetery harmless from
any liability on account of said authoriz  JOHNISHA KUYKEr  I hereby authorize the interment in lot I hold under deed.	ation and interment	Yughender 30
Signature of recorded feature of deed	Saturas CAJON Cing GO YY Felephone	CA 92020 1-0572
Work Order # E 17077	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.

3							30
3	4	HERVEY	MAX P				
GREENS	10	11	13				
Interment s	ate: FR	5-1	тт	ime: \\`			
Lot: 144 Grave Laid	Grave out by:_	DAK	Row:	Sect:	) AUE		-
Agrees with	Legal (	card:	Yes [	J No	the	In	
Agrees with	Мар:	J Yes		10		1	
Blind Chook	2 Mari	God Burg	lorman		Data	.5-8-	50

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH 4. SE	X	
5/	CITY OF DEATH		K.	58 COUNTY OF DEAT		6. NAME.	The state of the s	NG ADDRESS AND ZIP CODE  ALL-SON	7	
C	ALIFORNIA C	REMATION &	FUNERAL DIRECTOR OR BURIAL THAPE		FAPPLICABLE	828 DURN	S. PT. CROSSI AM, N.C. 2771	ing dr. 57		
-	ACKINOWLEDGMENT OF A	polycent   I hereby ack	sowiedge as applicant that the pr	upward dispusition stated herest is one of the of was authorized pursuant to Section 7100 of 8	dispositions sufficiend by	3	TURE OF APPLICANT—Person	05/07/200		
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH IRMA HEALTH AND SAFET FOR THE DISPOSITION SP BOHT OF DISPOSAL DUTSBE OF C	\$7.00	98. DATE PERMIT 05/07/200 J.BENYAR	2	2207769	. REGISTRAR ISSUING PERM	ALT	
	TON REQUIRES A NEW FINAL	TTAL RECORD	STRAR OF DISTRICT OF IN CALIFORNIA SON 8: A 92186-5222	1 11	DRESS OF REGISTRAR DISPOSITION IS TO OCCU	The second second	CT OF DISPOSITION— THER DISTRICT IN CALIFORNIA			
10	Charles the second of the late of the late of	OSITION(S) CHECK APP	THE RESERVE OF THE PARTY OF THE				FOR CORON	ER'S USE ONL		
-	B. CREMATION		INS OTHER	E. TEMPORARY ENVA	PRNIA		I DISPOSITION PER (Name and Addre	NDING—REMAINS LOCATED	AT	
	BURIAL	HT. HOPE C	CA 92102	MARKET ST.	118. DATE BURIES	110	SIGNATURE OF PERSON	TAME		
12A NAME AND ADDRESS OF CALIFORNIA CREMAT			CREMATORY	128, DATE CHEMAT	ED   120	SIGNATURE OF PERSON	IN CHARGE OF CREMATIO	N		
SCATTERING AT SEA OR OLIFORNIA FACRLITY  SCATTERING AT SEA OR OLIFORNIA FACRLITY  SCATTERING AT SEA OR OR DISPOSITION OTHER THAN IN A CEMETERY  13A NAME AND ADDRESS IN RECEIVING STATE OR OR REMAINS OR CREMATED REMAINS ARE TO BE SEA OR OR DISPOSITION OTHER THAN IN A CEMETERY				FACILITY RECEIVING REMAINS	138. DATE RECEN	/ED 13C.	SIGNATURE OF PERSON	IN CHARGE OF FACILITY		
					14B. DATE SHIPPE	D 140.	ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
					158. DATE OF DISPOSITION	150.	SIGNATURE OF PERSON CHARGE OF DISPOSITIO		5-	

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.

& heart &

## MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-6-200Z

298		ate	
You are hereby authorized and instructed, su	bject to your rules and r	egulations, to inter th	ne remains
or Regina Mac Lenn	an PA#2	20021385	1
ina D. D. AST Burial)	Funeral, date, time W	ED 2-8	11:0
Church, Chapel, Graveside Deliver	y Only: Al	TLAN	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or a	69 -331-8100 in extra charge of \$_	FAX858-6
will be applied and billed to undersigned			
0			
Lot 9 Grave 36 Row_	Section	Division/Block _	13
Grave space & Care Fund		<u></u> <u></u>	26.00
Additional spaces and care fund	$\sim \sim 10^{-1}$		0.0
Opening/Closing & Setup	19)	2 4	13.00
Burial Container	1,20	12	3.01
Handling Fees	0/10		
Flower vases - Marker setting fee			
Recording and filing fee			45.00
Sales taxes			9.53
per 15 dwards	Total C	)ue 71	26.54
John Zauburio Paid	receipt number		
John Cot bullo Paid		Balance due	
I hereby certify I am the		of the above named	1 decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above in	dicated. I certify and	represent
any liability on account of said authorization a	and interment.	riope commetery man	moss nom
I hereby authorize the interment in lot I	*		
hold under deed	Syrmure		HIS
	Address		
Signature of recorded reprint of dead	City		Ze Code
- aled	Telephone		
800 5124	2	43636	
E 17078	(2	0092	
Work Order # E 1/0/0	Acct. #	130	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14

(59	USE BLACK INK ONLY	-MAKE NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS
1A. NAME OF DECEDE REGIN	The contract of the contract o	IC LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 11/07/1927 02/28/2002 F.
SAN D	IEGO	68 COUNTY OF DEATH	THE RESERVE OF THE PARTY OF THE	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT OGTNA L. MACLENNIAN - DAUGHTHER
PUNER	DORESS OF CALIFORNA—FUNERAL DIRECTOR OR MARIA AZTIAN LA MESA BLVD., LA MESA,		IF LICENSE NUMBER 6	48 15th ST. AN DIEGO, CA 92101 59T)
ACKNOWLEDGMENT OF M		reposed disposition stated herein is one of the	dispositions authorized by	SIGNATURE OF APPLICANT—Person taking person   8B. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH SIGNS OF THE CALIFORNIA HEALTH AND SAFET AND IS THE AUTHORITY FOR THE DISPOSITION OF IN THIS PERMIT WAS NO NEXT OF DISPOSAL OUTSIDE OF G.	PROVIDE BA. AMOUNT OF FEE P. SECRED ST. 7.00	NANCY TOP	SUED SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH OCCURRED IN CAUFORNIA VITAL RECORDS P.O. BOX SAN DIEGO, CA 92186-52	85222	CONTRACTOR OF THE PARTY OF THE	EDISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	L DISPOSITION PENDING—REMAINS LOCATED A' (Name and Address)
BURIAL	MT. HOPE CEMETERY, 375 SAN DIEGO, CA 92102		118. DATE BURIED	11C, SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA	CREMATORY	129. DATE CREMATED	12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING ST REMAINS OR CREMATED REMAINS ARE		14B. DATE SHIPPED	14G. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELING FIGURET TO IDENTIFY FINAL PLACE AND C		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 IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-7-02

of 1/1/1	EY Funeral, date, time FR 1 5-10 10:0
in a Lipe of Byrings	BACCDAL -
Church Chapel Graveside	Mortuary.
All Funeral cars must arrive	e before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to	undersigned.
Lot 78 Grave	5 Row Section Division/Black
Grave space & Care Fund	895.0
Additional spaces and care	
Opening/Closing & Setup	MAY 0.9 7007 190.00
Burial Container	MAI 03. 90.00
Handling Fees	MT. HOPE CEMETARY 145.00
Flower vases - Marker set	ting fee CITY OF SAN DIEGO.
Recording and filing fee	95.00
Sales taxes	
WORTUARY +	Total Due
BRING chec	Real receipt number X - 54961 (664-73
DKING	Balance due
that I have the right to make	of the above named decedent or make disposition of remains as above indicated. I certify and represent this authorization and I agree to hold Mt. Hope Cemetery harmless from laid authorization and interment.
I hereby authorize the inter hold under deed.	William I know I
Signature of recorded horder of deed	X 34) Diego 04. 92139 Cey 1019 267-5403 201000
5	Telephone Invoice #
Work Order # E 17	'079 Acct.#
REA-104 (7-96)	This information is available in alternative formats upon request.

@ Printed on recycled paper

E-17079

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.

				Page 1		
2	3	HOGUE	₹8 X 5	6		
Reese	Reese	10	11	15		
Interment	space to	E RITE	1 JAC	KSON		
Interment					00,	
Lot: 78	Grave	e:	Row:	_ Sect:	/_ Di	N: 12
Grave La	id out by:	DAMA	Dh			
			Yes [	J No	* Sly	on well
Agrees w	ith Map:	☐ Yes		No .		
Blind Che	eck & Ver	rified By:	200 ERT		Date:	5.8.02

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

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 4. SEX 1A NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH TR MIDDLE 1C. LAST (FAMILY) 0770171950" M9770472002 Marie Rita Jackson 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND 21F CODE 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... OF INFORMANT San Diego San Diago Cassandra Scarlett, Daughter 74. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 78. CALIF. LICENSE NUMBER 1951 Pacific Mist Rd. IF APPLICABLE Anderson-Ragadale Mort. 5000 Federal Blvd. San Diego, CA 92139 San Diego, CA 92102 FD-1329 BA SIGNATURE OF APPLICANT-Person taking namit. BB. DATE SIGNED 05/08/2002 I hereby arknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 05/08/2002 2207867 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT ALITHORIZATION OF \$7.00 T. Tinsley NOTE: THIS PERMIT CINES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records P. O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, GA 92186-5222 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT G DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA HE. Hope Cemetery 3751 Market St. 11C SIGNAVORE OF PERSON IN CHARGE OF BURYA 11B. DATE BURIED BURNAL San Diego, CA 92102 TEMS 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCHENTIFIC USE ALL COMPLETE 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-158. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION MAINS DISPOSER 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.



### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 5-7-2002

Vou are hereby authorized and instructed a	subject to your rules and regulations, to inter the remains
of DAVID N. RICHAR	DEM 340
ina LINER	Funeral, date, lime THURS 9th 1100
Church, Chapel, Graveside	.CA Burial & Cronot Monthery.
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
138 Grave 5 Row_	Section Division/Block
Grave space & Care Fund	PAID 89500
Additional spaces and care fund	
Opening/Closing & Setup	MAY 0.8 2002 3500
Burial Container	1 (2)(2) (4.5)
Handling Fees	CITY OF SAN DIEGO, CA 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
	Total Due
Paid	receipt number N-54151 000.00
	R-54960 Balance due 864.73
I hereby certify I am the Analysis and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from a and interment.
I hereby authorize the interment in lot 6 hold under deed.	1813Brookhaven A
Signature of recorded holder of deed	San Diego G. 93114 2016 19 - 472-1799 2000004
S	Invoice #
Work Order # E 17080	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.

	Т эрасе.	1	1			
		1				
wall &	3 west	LAWESS	SX			
1 18	9	TAYIOR	11			
Intermer	nt space f	or: Dau	id N	Richo	ardson	
Intermer	nt Date: _	May	7th ,02 Ti	me:l	1:00	
Lot: 13	8 Gra	ve:_5_	Row:	_ Sect:		v:
Grave L	aid out by	DAVIL	)	DF		
Agrees v	with Lega	I Card:	Yes 🗆	No	Als	for
			ON		The	Jone
C	neck & V	erified By:_	pesen		Date:_	0.00

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately the payer's name, the date, your name and address. This Original Purchaser's Copy is your proof of purchase. See reverse side for refund policy. A \$10.00 ee applies to replacement money erders and copies of paid money At minimum, sody (60) days must lapse following purchase before requesting a minute. No http payment we the issued against any money order.

ADMINISTRATIVE SERVICE CHARGES: If this money order is not presented to issuer for development within one year things years, at California from the date of purchasile is not-instantiable service charge what the deducted from the lace amount of the instrument where not otherwise prohibited by law. The recorded tharge s 35 cents (25 cents in California) from the date of purchase. Aconscharges will be capped of \$29.00 (\$21.00 in California) GEE NOT \$25.20

PURCHASER'S COPY E-17080 52-90774208 DOLS O OCTS

MANON NEGOTIABLE HUNDRED AND 00/100 DOLLARS\*\*

MONEY ORDER NOT GOOD FOR MORE THAN FIVE HUNDRED DOLLARS ISSUE

See Reverse Side For Refund Policy (Vea Al Reverso Para Información Acerca Dei Reembolso)

**RETAIN FOR YOUR RECORDS** 

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately fill in payer's name, the date, your name and address. This Original Purchaser's To payer's name, the date, your name and atchess. This Original Purchaser's Copy is your proof of purchase. See reverse side for refund policy A \$10.00 service fee applies to replacement money proofs and copies of paid money orders. At minimum, sorty (60) days must lapse following purchase before requesting a refund, No "stop payment" will be issued against any money order ADMINISTRATIVE SERVICE CHARGES: If this money order is not presented to issued for capitality within doe year (think years at California) from the date of purchase, a non-refundable service charge shall be deducted from the face amount of the instrument where not otherwise prohibited by law. The monthly amount of the instrument where not otherwise provibled by law. The monthly charge a 35 cents (25 cents in California) from the date of ourchase. Account charges will be capped at \$29.40 (\$21.00 or California).

PURCHASER'S COPY 52-90774209 ODOLS O OCTS

MINON NEGOTIABLE HUNDRED AND 00/100

DOLLARS\*\*

MONEY ORDER NOT GOOD FOR MOPE THAN FIVE HUNDRED DOLLARS (S

S.D. Ca 92114 See Reverse Side For Refund Policy

(Vea Al Reverso Para Información Acerca Del Reembolso)

RETAIN FOR YOUR RECORDS

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately fill in payer's name, the sale, your name and address. This Original Purchase on payor 5 name, the sale, your name and address. This Original Purchaser's Copy is your proof of purchase See reverse each for refund policy. A \$10.00 service fee applies to replacement money orders and cooles of paid money orders. At minimum, sixty (60) days must large following purchase before requesting a retund. No "atop payment" will be issued against any money order. ADMINISTRATIVE SERVICE CHARGES: If this money order is not presented to issued for payment withing organization ground. Cultifornial from the date of purchase, a non-retundable behilds charge shall be deducted from the lace amount of the instrument when sort otherwise prohibing by law. The monthy amount of the instrument where not otherwise prohibited by law. The monthly charge is 55 cents (25 cents in California) from the date of purchase. Accrued mediat \$29.40/8521200 in California) and in

PURCHASER'S COPY

52-90774210

ODOLS O OCTS

MANON NEGOTIABLENDRED AND 00/100 DOLLARS\*\*

MONEY GROEF NOT GOOD FOR WORE THAN FIVE HUNDRED DOLLARS (\$500.00)

See Reverse Side For Refund Policy (Ves A) Reverso Para Información Acerca Del Reembolso)

**RETAIN FOR YOUR RECORDS** 

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91	U	SE BLACK INK ONLY-M	AKE NO ERASURES, V	VHITEOUTS ON OTH	EH ALTERATIONS	
TA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY) RICHARDSON		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
SA CITY OF DEATH		MALIMALDO	SAN DIEGO	H-OUTSIDE CALIF. 6.	10/05/1918 NAME, RELATIONSHIP, FULL I OF INFORMANT STELLA MC CALL-	OS/O1/2002 MALE MALING ADDRESS AND ZIP CODE DATIGHTER
CALIFORNIA		6 BURIAL CHAPET SAN DIEGO, CA	SON ACTING AS SUCH 78. GA	LIF. LICENSE NUMBER	5723 BATES STRI SAN DIEGO, CA	
ADDINOWLEDGMENT OF A	PPLICANT   Neverty	acknowledge an applicant that the proposed 1376 of the Health and Safety Code, and was	disposition stalled berron is one of the authorized personnt to Section 7100 of the	the Health and Safety Code.	X/Month Se	14/6 / 05/07/2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	SIONS OF THE CALIF AND IS THE AUTHOR! IN THIS PERMIT NOTE THE PERMIT GRES A 9D. ADDRESS OF R # DEATH OCCURR	RDS-POO. BOX 85	37.00 STATE	J. BENYAN	2 2207768	OÇÂL REGISTRAR ISSUING PERMIT
10. AUTHORIZED DISP	Contract Con	Contract of the Contract of th			FOR COF	ONER'S USE ONLY
B. GREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA	I. DISPOSITION (Name and a	PENDING—REMAINS LOCATED AT
BURIAL	MT. HOPE	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	MARKET ST. EEGO, CA 92102	118. DATE BURIED	11C SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATED	The second secon	SON IN OF WARGE OF CREMA
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	MEST POINT ON SHORELINE OF ENTIFY FINAL PLACE AND CA D		16B, DATE OF DISPOSITION	15C SIGNATURE OF PET 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.

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 5-7-2002

Church, Chapel, Graveside	141.0 11500 400
	.CA: Burial & Cranatura
All Funeral cars must arrive before	e 3:90 p.m. of regular work day or an extra charge of \$ 160.0
will be applied and billed to under	
100	
Lot 138 Grave 5	Row Section Division/Block ]
Grave space & Care Fund	8950
an area of the property of the	
	370
Burial Container	190.0
Handling Fees	L45.0
Flower vases - Marker setting fee	· · · · · · · · · · · · · · · · · · ·
	<u>45.0</u>
	14.7
	Total Dige
	Paid receipt number R-54757 1900. (
	Balance due 864.7
hereby certify I am the	with of the above named decede
that I have the right to make this a	disposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless fro
any liability on account of said aut	nonzaudn and interment
hereby authorize the interment in	n lot 1
iora allaci apeu.	(XU3DIEOKHONE)
Signature of recorded holder of deed	- Sauliego 4,431
	X619-472-1799
Work Order # E 1708	O BALANCE TO
REA-104 (7-98)	This int BE PA; P
	3,5

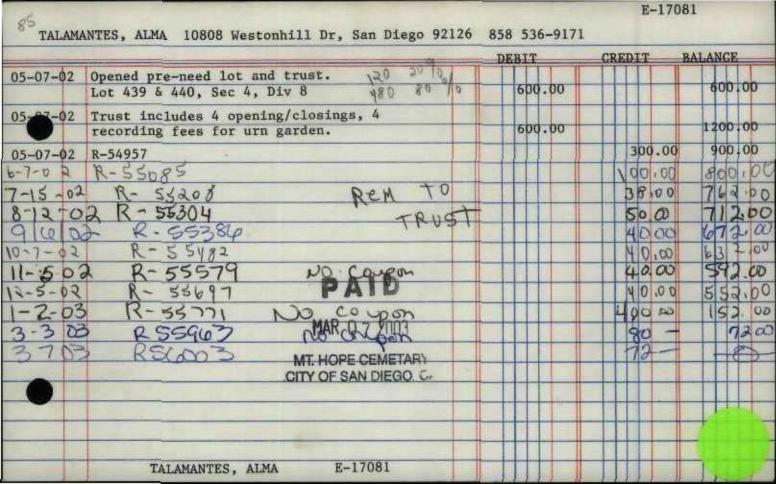
### INTERMENT ORDER

PRE-NEED LOTS & TRUST

City of San Diego

Date 5-7-02

in a	Funeral, date, time	9
Type of Burial Container Church, Chapel, Graveside	T	Mortuary.
All Funeral cars must arrive before 3:30 p.r	n, of regular work day or an extra charge	of \$
will be applied and bitled to undersigned		
Lot 439 Grave Row_	Section U Division/E	Heck 8
Grave space & Care Fund	of 300	600.00
Additional spaces and care fund	d 105	420.00
Burial Container		
Handling Fees		
Flower vases – Marken the Recording and filing fee	£ 77	
Recording and filing fee	at 13 2000	180.00
Sales taxes MAR 0.7 ("	5000	13-5-0/
MT. HOPE CEMETA	Total Due	300.0
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 of remains as above indicated. I certi on and I agree to hold Mt. Hope Cemeter	named decedent fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	10808 Weston	The same of the sa
Signature of recorded holder of deed	San Wiego (A 858-536-9171 Telephone	92126 Zip Code
Work Order # E 17081	Invoice #	



### INTERMENT ORDER

City of San Diego

Date 5-08-02

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of VALARIE TO	ITTEN SP4)
The of Eural Container	Funeral, date, time MON, MAY 13 11 00
Church, Chapel, Graveside	SD Memor a L 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 Grave Row	Section 2 Division/2000k
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID, 375.00
	22 UNER \$ 6 220.00
	MAY 1 0 2002 /45. 08
Flower vases - Marker setting fee MT	HOPE CEMETAR
Recording and filing feeCITY	OF SAN CHECK
Sales taxes	17.05
	Pard Total Due De 16 17 05
Pai	d receipt number 150913 1671-00
~	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Jal Address Jal
Signature of recorded holder of deed	City aller 24 Code
	Temphane
5	Invoice #
Work Order # E 17082	Acct. #
MANAGEMENT OF THE PARTY OF THE	AMOS AND

OVERSIZE LINER 6

28 1/2 w hardles had been ms Williams we are to select the grave

### GRAVE BLIND CHECK FORM

	203 <u>\$</u>	2839	840 Jasen	28 4 2 LOWEY
Interment space for: Quit				neese
Interment Date:		ime: Sect:		iv; 9
Grave Laid out by: DAVIO		DF		
Agrees with Legal Card: Yes	. [	) No	Flag	on
Agrees with Map:  Yes			,	grav
Blind Check & Verified By: 5:	13.02	Pobert	Date: _	

E 17082

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

ш		700		Charles and the School of the Control of the Contro	Charles and the same of the		
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		MONTH, DAY, YEAR MONTE	E OF DEATH 4. SEX
_	VALERIE	1	DOLORES	TOTTEN		The second secon	5/2002 F
5/	CITY OF DEATH			58. COUNTY OF DEATH	HOUTSIDE GALIF., I	OF INFORMANT  OF INFORMANT	THE PERSON NAMED AND PARTY.
	SAN DIEGO			SA	N DIEGO	DOLORES SIMPSON-MOT	HER JAB
7/	. TYPED NAME AND AD	DRESS OF CALIFORNI	IA—FUNERAL DIRECTOR OR PERSON		IF LICENSE NUMBER	1612 CORONADO AVE	, J.
	SAN DIEGO	MEMORIAL C	HAPEL		OF FEMALES	SPRING VALLEY CA 91	.977
	2441 UNIVE	ERSITY AVE	SAN DIEGO CA 9210	FD	-1575	A. SIGNATURE OF APPLICANT—Person tolony	pernet 88 DATE SIGNED
	NONNOWLEDGMENT OF AP	PLICANT   1 hereby a Section 10	cknowledge as applicant that the proposed disp 076 of the Health and Salety Ende, and was autho	ostion stated herein is one of the need persuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Trose Hum	05/08/2002
	PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PROVI- ORINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF FEE PA	ON THE WAY DESIGNATION OF THE PARTY OF THE P	BSUED 9C SIGNATURE OF LOCAL REI	SISTRAR ISSUING PERMIT
		IN THIS PERMIT GIVES IN	D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	ROSA NA	VA >	
1	OY CHANGE IN DISPOSE TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O.BOX	85222			OF DISTRICT OF DISPOSITION— E IN ANOTHER DISTRICT IN CALIFORNIA	•
10	. AUTHORIZED DISPO	The second secon	O CA 92186~5222	1		FOR CORONER'	S USE ONLY
	I A DUDIN MON	DES ENTOMBMENT)	r	TE TEMPORARY ENVA	an married		
ı	B. CREMATION	DES ENTOMEMENT)	-		DE INSENT	(Name and Address)	3-REMAINS LOCATED AT
ł	The state of the s	OF CREMATED REM	AINS OTHER	F. DISINTERMENT			
ľ	THAN IN A CE	METERY		G. SHIP IN TO CALIFO			
2	D. SCIENTIFIC OS	OF STREET, STR			DE OF CALIFORNIA		
	1		ODRESS OF CALIFORNIA CEMETE	RY	I ITB. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
	BURIAL		CEMETERY		VA-12 -	1 =1 +	
03		3/31 MA	RKET ST SAN DIEGO	GA 92102	10-13-05	1) Horman To	nguan
	Manual Control	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMAT	DRY	12B DATE CREMATE	D 12C. BIGNATURE OF PERSON IN C	HARPE OF CREMATION
H	CREMATION				1		
ABI						•	
L APPLIC	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
₹		*** PARE 1805 1	ADDEDO IN DECEMBE OFFICE OF	COLUMNIA IN MARCO	THE PARTY CHAPPEN	LAC ADDRESS AND DIGHTED	or peneau iu pui por
1	The same of the sa		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	OF PLACING WITH THE CAR	
Ĕ	TRANSIT				1		
8					1	1>	
	SCATTERING AT SEA		PREST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. DCENSE NUMBER OF CREMATED RE-
	DISPOSITION OTHER			CENTRAL SECTION (SECTION )	1 2000201000		MAINS DISPOSER
	THAN IN A CEMETERY						



SD MT. HOPE CEMENTERY + 96920896

NO.780

MT HOPE CEMETERY

INTERMENT ORDER City of San Diego

Date 5-08-02

VALARIE TO	
	Funeral, date, time MON MAY 13 11.00 SD Memory a Laboratory.
hural Chapel Graveelde	of regular work day or an extra charge of \$
	of regular work day or an extre charge of 5
rill be applied and billed to undorsigned	
	Section 2 Division/Sec 12
Grave space & Care Fund	<u>\$ 75.00</u>
laditional spaces and care fund	name or complete and an arrangement of the contract of the con
Dening/Closing & Setup	375.00
Suriel Container OVEFS17	LE LINER 220,00
sending Foes	145.08
Flower vases - Marker Setting fee	
tecording and Ring tee	45.00
Seles tares	19.65
	Total Oue
Paid	receipt number
× 1	D Balance due
hereby certify I am the Whate	of the above named decedent
has I have the right to make this authorization any liability on account of said authorization	on and Lagres to hold Mt. Hope Cametery harmless from
any national on account or agic gamereament	VYP. A. Warre
heleby authorize the interment in lot I hold under deed	4 44 University A
agrature of recorded houser or debt	5 (619) 692-3090
	Invoice #
Work Order # E 17082	Appt. #
	netion is available in offernative formats upon request



### INTERMENT ORDER

City of San Diego

Date 5-7-2002

ACH PLOT	eryan su		
Type of Burel Consumer Church, Chapel, Graveside	Funeral, date, tir	ne	Mantina
			Mortuary.
All Funeral cars must arrive before 3:		day or an extra charge	or \$
will be applied and billed to undersign	led,		
Lot <u>5250</u> Grave R	ow Section	Division/B	lock 10
Grave space & Care Fund			200
Additional spaces and care fund			
Opening/Closing & Setup	PAID		
Burial Container			
Handling Fees	MAY 0 7 2002		
s see sees	+++	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Flower vases - Marker setting fee	HALLO / LUUL		_
Flower vases - Marker setting fee	HOPE CEMETAR	ç	
Flower vases – Marker setting fee	HOPE CEMETAR	<u> </u>	
Flower vases - Marker setting fee MT. Recording and filing feeCFTY	HOPE CEMETAR	Y XF	
Flower vases - Marker setting fee MT. Recording and filing feeCFTY	HOPE CEMETAR	Y 7 Total Due R 54958	
Flower vases – Marker setting fee MT. Recording and filing fee	HOPE CEMETAR OF SAN DIEGO, O	Y 7 Total Due R 54958	300
Flower vases – Marker setting fee	Paid receipt number position of remains as a prization and lagree to lization and interment.	Total Due R 54.958  Poud  Balance due  of the above response indicated. I certificated Mt. Hope Cemeter	300 -
Flower vases – Marker setting fee	Paid receipt number position of remains as a prization and interment.	Total Due R 54958  Roud  Balance due of the above rabove indicated. I certificated in a Shape  544 Konsa	300 - 300 - marned decedent fy and represent y harmless from
Flower vases – Marker setting fee MT.  Recording and filing fee	Paid receipt number position of remains as a prization and interment.	Total Due R 54.958  Poud  Balance due  of the above response indicated. I certificated Mt. Hope Cemeter	300 - 300 - marned decedent fy and represent y harmless from
Recording and filing fee	Paid receipt number position of remains as a prization and lagree to lization and interment.    Continue of the continue of th	Total Due R 54958  Roud  Balance due of the above response indicated. I certained Mr. Hope Cemeter in a Shape 544 Kansa an Diego C	300 - 300 - marned decedent fy and represent y harmless from

### INTERMENT ORDER

City of San Diego

Date 5-8-02

ina LINER	_ Funeral, date, time	TUES	MAY	14 11:00
Church Chapel Graveside	_ runeral, date, time	RAGSI	ALE	Mortuary.
All Funeral cars must arrive before 300 p.r	n of regular work da	v or an extra	charge of	
will be applied and billed to undersigned.	n or regular mein de	y or an extra	anargo or	
148 Grave 7 Row_	Section _	2 Div	ision/ <del>Bloc</del> i	12
Grave space & Care Fund				895.00
Additional spaces and care fund	AID			
Opening/Closing & Setup				375.00
Burial Container MAY	1 4 2002			190.00
Handling Fees	PE CEMETARY			145.00
Flower vases - Warker setting f@TY. OF Recording and filing fee	COLUMN TO SERVICE STATE OF THE			45.00
Sales taxes			**********	14.73
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	otal Due		1664.7
more feel parton	d receipt number	1- 5491	91	1664. 7
Journa west	,	Balar	ice due	~
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	on and I agree to ho	ove indicated	Logrify a	ned decedent and represent armless from
I hereby authorize the interment in lot I hold under deed.	y nun Signatura 11	em	Sem	and the
Signature of recordant bolder of swed	( Va	11cm (	A (	24590 Zip Cura
)	N. P. S.			
Work Order # E 17084	Invoice #		The same	

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

			-		
		1 Brettel	2	3	4 Levingsto
		X	0		
Interment space for Interment Date:	: Lou	reJ.	Mos   Cime: _	11:00	
Lot: 148 Grade Grave Laid out by:			1.11	ct: _2_	Div: 12
Agrees with Legal				~	flog gran
Agrees with Map:	☐ Yes		No		00
Blind Check & Ve	rified By:	Norma	n	Da	105-13-05

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

69

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. MONTH, DAY, YEAR MC	DATE OF	DEATH	4. SEX
Loyce		Jean	Mosaly			08/05/1948 05	/04/2	002	F
SA. CITY OF DEATH			58. COUNTY OF DE	ATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILIN	G ADDRES	S AND ZIF	CODE
San Diego			San Diego			n Rowland, Son	1		
	A STATE OF THE STA		OR PERSON ACTING AS SUCH 78.	ALIF, LICENSE NUMBER	1307	O Rancho Pen.	Blvd.	. #2	
		t. 5050 Fede			San	Diego, CA 9212	29	8	7
San Die	ego, CA 921		7.5	7-1329	8A. SIGNA	ATURE OF APPLICANT—Person	taking permit,	88. DATE	SIGNED
ACKNOWLEDGMENT OF M	Section 16	1376 of the Health and Safety Code	proposed dispositive stated herein is one of and was authorized pursuant to Section 7100 a	the Health and Safety Code.	<b>▶</b>   (1)	加山州的产		below the same	2002
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WI FORNIA HEALTH AND SAF TY FOR THE DISPOSITION IO RIGHT OF DISPOSAL OUTLINE O	ETY CODE SPECIFIED	98. DATE PERMIT 05/09/200 T. Tinsle	02	9C SIGNATURE OF LOCAL		7964	3 PERMIT
2020/06/10/06/10/06/10/06	Vital Reco	EGISTRAR OF DISTRICT ED ON CALIFORNIA Ords P. O. Bo CA 92186-52	x 85222	DORESS OF REGISTRAR F DISPOSITION IS TO OCO		NCT OF DISPOSITION— THER DISTRICT IN CALIFORNIA			•
10. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	ER'S US	E ONLY	
B. CREMATION		AINS OTHER	E TEMPORARY EN	- Constitution		DISPOSITION PEN (Name and Addre		AAJINS LO	CATED AT
BURIAL	Mt. Hope C	coness of California Cemetery 3751 Co, CA 92102	T. A. C.	5-14-02	0 110	SIGNATURE OF PERSON		E OF BU	RIAL
SWELL STREMATION CREMATION SCIENTIFIC	12A, NAME AND AL	DORESS OF CALIFORNI	A CREMATORY	129. DATE CREMA	TED   120	. SIGNATURE OF PERSONS	N. Allert Control of the Control of	E OF CRE	MATION
SCIENTIFIC USE	13A NAME AND AL	ODRESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERSON	IN CHARG	SE OF FA	CILITY
TRANSIT	14A. NAME AND AL REMAINS OR	DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	148, DATE SHIPP	ED 14G	ADDRESS AND SIGNATUR OF PLACING WITH THE C		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE. OR OTHER DESCRIPTION SUF CA <u>DISTRICT</u> OF DISPOSITION	ISB. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION		OF CREM. MAINS DI	ATEO RE-



### INTERMENT ORDER

City of San Diego

Date 5-9-02

SH VAULT	CAN CON DIE	
in a AD ( V / V L )  Type of Buttal Container	_ Funeral, date, time FRI, 2:00	o June 10
Church, Chapel Graveside	The state of the s	Mortuary.
All Funeral cars must arrive before 3:30 p.	m, of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		Station.
11 5 Grave 1 Row	Section 14 Division#8	Slock 7
Grave space & Care Fund	Ive-Dry 2-8811	
Additional spaces and care fund		
Opening/Closing & Setup		165,00
Burlat Container A. 1. D.		55,00
Handling Fees		60,00
Flower vases - Market Votting 9-07007	<b>/</b>	25010
Recording and filing fee	5	45.00
Sales taxes MT. HOPE CEMETAF	G	4.20
PAID MARKER SETTING	Total Due,	519.2
	nid receipt number R-550 15	519.26
<b>V</b>	Balance du	·
I hereby certify I am the		named decedent
and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemeter	ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	36
	Address	resta
Signature of recorded holder of ileed	y offer	Zip Code
	Telephone	1000000
	Telephone	
Work Order # E 17085	Invoice #	

Janine Freeman (904) 766-9527 Jacksonville, Home Horida

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

CASTANGE CHARGE COLOR
X
Interment space for: William D. Freeman
Interment Date: Time:
Lot: 115 Grave: 1 Row: — Sect: 14 Div: 7
Grave Laid out by:
Agrees with Legal Card: Yes No
Agrees with Map:  Yes  No
Blind Check & Verified By: Date:

F-17085

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



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

A NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE	IC LAST (FA	2000		2. DATE OF BIRTH	1 DATE OF DEATH 0270172001	4. SEX
Jackse Jackse	onville		58. COUNTY C	F DEATH—OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL M. ORMANT e Freeman,	THE PARTY OF THE P	IP CODE
	111 Mortua	A-FUNERAL DIRECTOR OR TY 6322 E1 Ca	person acting as such jon BLvd.	78. CALIF. LICENSE NUMBER —IF APPLICABLE  FD1083	10879 Jacks	Makes Ct.	32218	
ACKNOWLEDGMENT OF A	per prayer I heroby a		roposed dispusition stated herein is nd was authorized pursuant to Section	one of the dispositions authorized by	De 31010	TURE OF APPLICANT—P	4 OSL	31/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU. SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SI D RIGHT OF DISPOSAL OUTLIDE OF (	PROVI- TY CODE PECIFIED		002	2208608	CAL REGISTRAR ISSUI	IG PERMIT
THE CHANGE IN DISPOSI- TION EDQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF RE	EGISTRAR OF DISTRICT ( D IN CAUFORNIA	OF DEATH—	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO DOC PO Box 85222.8	CUII IN ANOT	THER DISTRICT IN CALIFOR		
10. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS					ONER'S USE ONL	y (8)
B. CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND AC	ODRESS OF CALIFORNIA	CEMETERY	Contract of the Contract of th	ED   11C.	SIGNATURE OF PERS		IURIA
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA	ATED   12C	SIGNATURE OF PERS	ON IN CHANGE OF CR	REMATION
SCIENTIFIC	13A. NAME AND AC	ODRESS OF CALIFORNIA	FACILITY RECEIVING REA	IAINS 13B. DATE RECE	EIVED 13C.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHER	14B. DATE SHIP	PED 14C.	ADDRESS AND SIGN. OF PLACING WITH TO		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E. OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION			SIGNATURE OF PERI CHARGE OF DISPOS	ITION   OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

May 18, 2002

Mount Hope Cemetery,

Enclosed you will find a cashiers check in the amount of \$519.26. The money is for fees associated with a headstone placement fee for Josephus and Lucille Presley, Division 7, Section 14, Lot 139, Grave 3. Also headstone placement fees for Division 7, Section 14, Lot 115 and Grave 1 and opening and closing fees for this lot is also enclosed for William Freeman.

If you have any Question please call me at home 904-766-9527 work 904-519-7447

Thanks,

Janine Freeman

Mail Paid Receipt to.

Janine Freeman

10879 Naples Court Nth

Jacksonville Fl 32218

### INTERMENT ORDER

City of San Diego

Date 5-9-2002

ofTRENE	ed, subject to your rules and regulations, to inter the remains BRAMLETT (\$70)
na LINER	Funeral, date, time MAY 10th FRI. 1:30
Type of Burial Container Church, Chapel Graveside	: RAGSDALE MORTUARY.
All Funeral cars must arrive before 3:80 will be applied and billed to undersigne	D.p.m. of regular work day or an extra charge of \$ 150.00
ot 206 Grave 7 Roy	905 A
Brave space & Care Fund	
dditional spaces and care fund	SACRONICAL CONTRACTOR OF THE PARTY OF THE PA
pening/Closing & Setup	PA:- 3'17.00
lurial Container	190.00
landling Fees	MAY 08 195.00
lower vases - Marker setting fee	MT. HOPE CEMETAR 45.00
ecording and filing fee	CITY OF SAN DIE
ales taxes	147 13
orthery h	Paid receipt number R-54966 (669-7
to ched & Do	Bălance due
hereby certify I am the August and this is your authority to make disponent I have the right to make this authorizing liability on account of said authorizing BRAMLETE 578	of the above named decedent osition of remains as above indicated 1 certify and represent nation and 1 agree to hold Mr. Hope Cemelery nameless from ation and interment.
hereby authorize the interment in lot I lold under deed.	Manager Sept Bonita 44
igniture of recorded hooder of deed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Work Order # E 17086	Invoice #

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

	A	ON)	7.x	Backso	r	
	family	n				
			NE BA			
			410t			
					2 Di	v: 12
Grave Lai	d out by: _	DAK	GVL	Do	<u> </u>	10.2
Agrees wi	th Legal Ca	ard: 🗆 Y	es [	J No	Flage	in okans
Agrees wi	th Map:	yes 1	01	No	, 0	0
Blind Che	ck & Veri	fied By: _	Normar	^	_ Date: 3	5-9-02

# E- 17086 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 40

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

	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	0		TE OF DEATH 4. SEX
Irene		-	Bramlett		0971171945 MST	03/2002 F
A. CITY OF DEATH				EATH-OUTSIDE CALIF., 6	NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
San Diego			San Dies	20 0	of MFORMANT Cheryl Bramlett, Day	ohter
A TYPED NAME AND AD Anderson-Ra	gsdale Mort	a funeral Director of 5050 Feder 30, CA 92102	R PERSON ACTING AS SUCH 78.	OALIF LICENSE NUMBER 3	639 S. Bonita St., pring Valley, CA 91 A. SIGNATURE OF APPLICANT—Person takin	#4 977
ACKNOWLEDGMENT OF AP	PPERCAPET Section 10:	376 of the Health and Safety Code, a	proposed disposition stated herein is one o and was authorized pursuant to Section 7100	of the Health and Safety Code.	+ himil liming	05/07/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORN IN THIS PERMIT.	NED IN ACCORDANCE WITH ORINA HEALTH AND SAFE TY FOR THE DISPOSITION S D MIGHT OF DISPOSAL OUTSIDE OF	SPECIFIED \$7 DO	05/08/200 T. Tinsle		SISTRAR ISSUING PERMIT 2207817
TION REQUIRES A NEW	Vital Recor		85222		OF DISTRICT OF DISPOSITION— I'M ANOTHER DISTRICT IN CAUFORNIA	
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PLICAPLE ITEMS		- 1202	FOR CORONER	'S USE ONLY
==	UDES ENTOMBMENT)		E. TEMPORARY E	NVAULTMENT	L DISPOSITION PENDIN (Name and Address)	IG-REMAINS LOCATED A
B. CREMATION	OF CREMATED REM. EMETERY SE 11A. NAME AND AL Mt. Hope C	oness of California emetery 3751	F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO O	LIFORNIA JUTSIDE OF CALIFORNIA J 11B. DATE BURIED	(Name and Address)	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY SE  11A. NAME AND AE Mt. Hope C San Die	obness of California emetery 3751 ego, CA 92102	F. DISINTERMENT G. SHEP IN TO CA H. TRANSIT TO CO CEMETERY Market St.	LIFORNIA  JUTSIDE OF CALIFORNIA  JUTSIDE OF CALIFORNIA  JUTSIDE DATE BURIED	(Name and Address)  110: SIGNATURE OF PERSON IN  Norman Fen	CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY SE  11A. NAME AND AE Mt. Hope C San Die	oness of California emetery 3751	F. DISINTERMENT G. SHEP IN TO CA H. TRANSIT TO CO CEMETERY Market St.	LIFORNIA JUTSIDE OF CALIFORNIA J 11B. DATE BURIED	(Name and Address)  110. SIGNATURE OF PERSON IN  Norman Fien	CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM. EMETERY SE  11A. NAME AND AL Mt. Hope C San Die  12A. NAME AND AL	obress of California emetery 3751 ego, CA 92102 obress of California	F. DISINTERMENT G. SHEP IN TO CA H. TRANSIT TO CO CEMETERY Market St.	LIFORNIA PUTSIDE OF CALIFORNIA 11B. DATE BURIED 1570-02 12B. DATE CREMATE	(Name and Address)  110: SIGNATURE OF PERSON IN  Norman Fen	CHARGE OF BURNA GHARGE OF CREMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM. EMETERY SE  11A. NAME AND AE  12A. NAME AND AE  13A. NAME AND AE  14A. NAME AND AE	odress of California emetery 3751 ego, GA 92102 odress of California	F. DISINTERMENT G. SHEP IN TO CA H. TRANSIT TO O CEMETERY MATREE St. CREMATORY FACILITY RECEIVING REMAIN	LIFORNIA PUTSIDE OF CALIFORNIA 11B. DATE BURIED 1570-02 12B. DATE CREMATE	(Name and Address)  11C. SIGNATURE OF PERSON IN  12C. SIGNATURE OF PERSON IN  12D. 13C. SIGNATURE OF PERSON IN	CHARGE OF BURIA CHARGE OF CREMATION CHARGE OF FACILITY

### MT. HOPE CEMETERY INTERMENT OF DER

V	City of Sari Diego	war la
	/ Date 5- 11	0-02
1 15 0	ructed, subject to your rules and regulations, to a	nter the remains
	1100 00001	13th 1.00
in a Type of Barret Community ( )	Funeral, date, time MON MAY	V 100
Control to the Control of the Contro	The state of the s	Mortuary.
All Funeral cars must arrive before	3.30 p.m. of regular work day or an extra charge	of \$ 150.00
will be applied and billed to undersig	gned	
Lot 2838 Grave	Row Section/ Division/E	Hock 9
Grave space & Care Fund		100.00
Additional spaces and care fund		
Opening/Closing & Setup		125.00
Burial Container	PAID	
Handling Fees		
Flower vases - Marker setting fee	MAY 1 U 7002	_
	MT, HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		900 00
Askemese	Paid receipt number PAID BUN	sa 270.00
that I have the right to make this aut	isposition of remains as above indicated. I certi horization and I agree to hold Mt. Hope Cemeter	named decedent fy and represent
any liability on account of said author	prization and intermed	
I hereby authorize the interment in k hold under deed.	ot 1 Segment COLOR E. Khishvictor	Ar \$6
Signisture of recorded holder of deed	City 19 - 588-6573	240 Code
Work Order # E 17087	7 Invoice #	

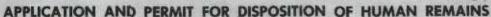
This information is available in alternative formats upon request.

REA-104 (7-96)

### GRAVE BLIND CHECK FORM

(1)						
		Labre	na 2	3 salarar		
	Chave ?	2 dan	8 X	9	10	
						7
					-	
Intermer	nt space fo	r: Val	arie	Totten	Over	18128 Line
Intermer	nt Date:	yon. n	MAY 13	Time:	1:00	
	5 Grave				20	)iv:
Grave L	aid out by:	DA	VID	DF		
Agrees	aid out by: with Legal with Map:	Card:	Yes [	J No	(°0)	مع
Agrees	with Map:	☐ Yes	0	No	2, Sta	
Blind Ch	neck & Ver	rified By:	2 doest	0	Date:	5.13-02

E-17087 Hubby



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

1/4	Julius	NT-FIRST (GIVEN)	18. MIDDLE Sampson	Askernees			DATE OF BIRTH S. DATE	PAYOUZAR M
5/	San Diego			SE COUNTY OF DE	EATH-OUTSIDE CALIF.,	OF INFO	RELATIONSHIP, FULL MARING AD PRIMANT ASKETTIBESE, F	
7.4	Anderson-R	agsdale Mo	rt. 5050 Federa	1 Blvd.;	—IF APPLICABLE	1026   El Ca	E. Washington Av	10., 16
_	S	an Diego,		The second secon	FD-1329	BA. SIGNAT	TURE OF APPLICANT—Person taking a	
	ACKNOWLEDGMENT OF A	PPLICANT   Section 10	schooledge as applicant that the propo 376 of the Health and Salety Code, and w	sed disposition stated herein is and d as authorized pursions to Section 7100	of the Realth and Safety Code	>		05/10/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPEC ID RIGHT OF DISPOSAL CITIZENE OF CALLS	ODE SFIED 47 00	05/13/20 T. Tins	02	C. SIGNATURE OF LOCAL REGI	2208073
1	NY CHANGE IN DISPOSE	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA rds P. G. Box 6 go, CA 92186-52	35222	ADDRESS OF REGISTRAF		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	•
10	. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	USE ONLY
ARREST TATALANTIN	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO DI			(Name and Address)	REMAINS LOCATED AT
	BURIAL	Mt. Hope ( San Diego,	CA 92102	METERY arket St.;	118. DATE BURIE	10	SIGNATURE OF PERSON IN O	HARGE OF BURIAL
VRLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128, DATE CREMA	TED   12C.	SIGNATURE OF PERSON IN D	HARGE OF CREMATION
LL APPLIC	SOIENTIFIC USE	ISA. NAME AND A	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECE	VED 13C.	SIGNATURE OF PERSON IN C	HARGE OF FACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
7.1	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 SUI DISTRICT OF DISPOSITION	F. 168. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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

### INTERMENT ORDER

City of San Diego

Date 5-9-02

You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
or Donna Marti	K 517)
In a T S UF WLT FI	ineral, date, time Tues. May 14th 1:00
Church, Chapel, Braveside	ELCapo Mortuary.
All Funeral cars must arrive before 300 p.m. or	regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
Lot Grave Rop A	Pection MAS Division/Brook J 14 95 00
Additional spaces and care fundMAY	0 2002
	-0-1
Opening/Closing & Setup	CEMETARY 250.00
Burial Container	185.00
Flower vases - Marker setting fee	) Vade 33.78
Recording and filing fee	(10.00
Sales taxes	10.20
Ones taxes	Total Due 2393:((a
	D-EUG( 9 13931/
Paid re	celpt number 53116 23016
X dayan	Fon Balance due
I hereby certify I am the A CAMP of and this is your authority to make disposition of that I have the right to make this authorization and liability on account of said authorization and liability of said authorization and liability on account of said authoriza	of the above named decedent if remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from d interment.
I hereby authorize the interment in lot I \$70 hold under deed.	Some Breakers Ave
	Sadress versciald CA 93312
Signature of recorded holder of deed	Cay 1061-1664-1967 20 Code Telephonos
9	W34244
Wash Outland E 17088	Invoice #
Work Order # L 17000	Acct. #

REA-104 (7-96)

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

		Х			
nterment space fo					
nterment Date: 3	e:	Row:	Sect:		iv: MAS
Grave Laid out by				P. 5.	
Agrees with Legal			1		
Agrees with Map:					
Blind Check & Ve	rified By:	DORMA	N	Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13

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

18	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE C	OF DEATH	4. SEX
	DONNA MARLENE MARTIN			N	07/20/1934 03				P	
5,4	CITY OF DEATH				F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MA	ALLING ADDR	RESS AND ZI	P CODE
	SAN DIEGO			ENTER SY	SAN DIEGO		ZABETH GALLE	CO-DAT	CHTER	
7.A	EL CAJON N	HORTUARY	A—FUNERAL DIRECTOR OR PERS		—IF APPLICABLE	7424 BAK	4 STONE BREA ERSFIELD, CA	93313	VE	
_	684 S MOLI		L CAJON, CA 9202		FD-1022	BA. SIGN	ATURE OF APPLICANT—N	roof taking pers	nt 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF A		throwledge an applicant that the proposed (76 of the Health and Safety Code, and was a			> 010	adu poper	4	05/13	3/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO DRINA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIFI D NIGHT OF DISPOSAL OUTSIDE OF CALFOR	DE ST O	05/13/2	002	9C. SIGNATURE OF LOC 2208061 ▶	CAL REGIST	TRAR ISSUIN	G PERMIT
1	IV CHANGE IN DISPOSI- ION RECURES A NEW PRAIT TO SHOW FINAL DISPOSITION	in DEAH SCORES	GISTRAR OF DISTRICT OF DE RINGSUFFICIAL EGO, CA 92186-52		PE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFOR	INIA		
10	AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS				FOR COR	ONER'S L	JSE ONLY	
	B. CREMATION		UNS OTHER	F. DISINTERM	Total Control of the		L DISPOSITION I		REMAINS LO	OCATED AT
	BURIAL	MOUNT HOPE	DRESS OF CALIFORNIA CEME E CEMETERY	ETERY	11B. DATE BURIE	D   110	SIGNATURE OF PERS	ON IN CHA	ARGE OF BL	RIA
		3751 HARKI	ET STREET/SAN DI	IEGO, CA 92	102 54-02	15	Normant	Lera	-	
ABLE ITEMS	CREMATION	12A. NAME AND ADI	DRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMA	TED 120	SIGNATURE OF PERS	ON IN SHAI	RGE OF CRI	EMATION
ALL APPLIC	SCIENTIFIC USE	15A. NAME AND ADI	DRESS OF CALIFORNIA FACI	LITY RECEIVING REA	IAINS 13B. DATE RECE	IVED 130	SIGNATURE OF PERS	ON IN CHA	ARGE OF FA	CILITY
COMPLETE /	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		TE 148. DATE SHIPP	ED   140	OF PLACING WITH TH			CHAPGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OR NTIFY FINAL PLACE AND CA <u>DI</u>				2 SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM MAINS D —IF APP	ATED RE-



Pre-need ?

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

12-14-04 13:29 PAID

You are hereby authorized and instructed si	ubject to your rules and regulations, to inter the remains
of Nolasco, Rocia al	trcia & Sergio
ina D.D. Crupt	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 222 Grave Row	Section 2 Division/Black 12
Grave space & Care Fund	870,00
Additional spaces and care fund	3.0
Opening/Closing & Setup	A10.00 750.00
Burial Container	380.00
Handling FeesDEC	1 4 2004 320.00
Flower vases - Marker setting fee	
Recording and filing fee	OPE CEMETERY 90.00
Sales taxes — MOUNT FIC	34.16
-71100 200	5, 1 Total Due
On De il Paid	receipt number R - 54970 671.00
You mul I'V	<b>104</b> Balance due 179345
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
	(204) modern ROCIO NOLA
I hereby authorize the interment in lot I hold under deed.	4548 35 ST
Signature of recorded holder of deed	SAN DIRAD CA 92116
	SAN Diego CA 921/6 21/2 Code 6/9) 281-18-50-6/9 7423081
	Invoice #
Work Order # E 17089	Acct.#
HEA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

Nolasco, Rocio; Nolasco, Alicia B. & Sergio 4548 35th				CA	92104 E 92116 (61	9)281-1850
05-09-02 Opened Pre-need Lot & Trust Account.						
05-09-02 Opened Pre-need Lot & Trust Account. Lot 222 Gr. 2 Sec 2 Div. 12		895	.00			
Trust includes: (TWO) O/C, D.D. Crypt		1,56	9.45			2,464.45
on the D.D. Crypt container.						
05-09-02 25% down payment, R-54970 Mailing Coupon B	k.			/	671.00	1,793.45
and the second second	10					
6-3-02 R-55059 NOCOUPON BAL	Toma			1	14.00	1,716.45
	Ko			V	780	1,438.45
8-8-02 R-55164 ND Coupon 9-5-02 R-55299 NU COUPON				1	78.00	(1560.45
9-5-02 12-55 376 11 11				/	78 00	1482.45
10-4-02 R- 55419				/	78.00	14641 45
11-8-02 R-55603 " "				1	8000	1324.45
12-10-02 13-55717 ""				1	81,00	1243,45
19-03 R. 55818 "				/	TROD	1116545
2 0-03, R-55904 11				1	8000	1085,45
(Jurn-Over)						
(Jakir-over)						
NOLASCO, ROCIO; ALICIA, SERGIO Pre-need Lot &	Trusts		E	1708	9	

E-17089 NoLasco, Rocio; Alicia B. & Sergio 2630 university que s. D. CA 92104 Lot 222, Gr. 2 SEQ. 2 , DIV 12 R54009 No. " R-56136 R56286 56530 9-23 of mailed delinquent notice 11- 07 mailed final delinquent motice 12-14-04 58316 ho coupon ROCIO: Alicia B. & Sergio E-17089

### INTERMENT ORDER

City of San Diego

Date 5-10-02

You are hereby authorized and instructed	, subject to your rules and regulations, to inte	er the remains
of Mirjam Wis	01 2001	
ina LINER	Funeral, date, time WED 5-15	0 10:0
Church, Chapel, Graveside	Goodbody	Mortuary.
All Funeral cars must arrive before 3:00 p	m. of regular work day or an extra charge of	\$ 150.00
will be applied and billed to undersigned.		
Lot 260 Grave 2 Row	Section 11 Division/Blee	- J
Grave space & Care Fund	B-5088	
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container PAII	)	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	(4.7.	
Recording and filing MT. HOPE CEME	TAR	45.00
Sales taxes CITY OF SAN DIE	36	14.73
Pi	Total Due	769.73
	βalance due	-0
I hereby certify I am the X and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above nar tion of remains as above indicated. I certify stion and I agree to hold Mt. Hope Cemetery to on and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Sgrimme Address	
Signature of recorded holder of dend	Coy	Zip Code
- 47000	Invoice #	Barrey.
Work Order # E 17090	Acct. #	

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

		ROD	
	WishAxt	X 2 DAY 3	DAY
Interment space for:	Miriam	Wishar	+
Interment Date: WER	5-15		1.00
Lot 260 Grave	2 Row	: Sect:	11 Div: 7
Grave Laid out by: _	DAVID	DF	
Agrees with Legal Co			they on
Agrees with Map:	J Yes	□ No	Grade
Blind Check & Veril	ied By: Pobe	ert	Date: 5.14.02

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

410

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

1/	1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE  MIRIAN  ANGELINE			IC. LAST (FAMILY)	HART	2. DATE OF BIRTH 3. DATE OF DEATH 4. SET MONTH, DAY, YEAR MONTH, DAY, YEAR 05/09/2002 P				
54	CITY OF DEATH			58. COUNTY OF DEAT ENTER STATE		NAME, RELATIONSHIP, FULL I OF INFORMANT CAROLYE HEYNIG-	and the second	ZIP CODE		
7.8	A SECTION AND ADDRESS OF THE PARTY OF THE PA	ORTUARY: 5	027 EL CAJON BOUL AN DIEGO, CA 921	LEVARD	# APPLICABLE	1820 154TH AVE BELLEVUE, WA 98 A. SIGNATURE OF APPLICANT-				
	ACKNOWLEDGMENT OF A	t berety a	ecknowledge as applicant that the proposed di 376 of the Hostin and Safety Code, and was out	sposition stated horan is one of th	e dispositions authorized by the Health and Safety Code.	Outer an	020 05/	14/2002		
	PERMIT OTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	TED IN AGGORDANCE WITH PROVI ORNIA HEALTH AND BAFETY CODE IT FOR THE DISPOSITION SPECIFIES BIRDH OF PEPOSAL DUTSBE OF CALFORNIA	\$7.00	98. DATE PERMIT J VICTORIA AZ 05/14/200		DCAL REGISTRAR ISSU	NG PERMIT		
	F CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW PINAL DISPOSITION.	P.O. BOX SAW DIEGO	85222			OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFO	AIMIA	-		
-	B. CREMATION	E	AINS OTHER		Note the second	Olame and A				
	BURIAL	MOUNT HOP	E CEMETERY CET STREET, SEN D	421	152054055000	1	P	_0		
BLE ITEMS	CREMATION	12A NAME AND AD	DDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATE	D 12C SIGNATURE OF PER	SON IN CHARGE OF C	REMATION		
IL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	136. DATE RECEIVE	ED 13C SIGNATURE OF PER	ISON IN CHARGE OF	FACILITY		
DOMPLETE A	TRANSIT	14A NAME AND AL REMAINS OR	DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	R COUNTRY WHERE E SHIPPED	14B. DATE SHIPPER	OF PLACING WITH		N CHARGE		
Ó	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DIST</u>	OTHER DESCRIPTION SUF- RICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION   OF CRE	E NUMBER MATED RE- DISPOSEII PLICABLE		





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

E-17090 5/31/1059

## Dead

	HP AND INTERMENT PRIVILEGES
To Laurence & Miriam Wishar	
LEGAL DESCRIPTION Lot 260, G	rate 1 and 2, Section 11, Division 7
AS DESCRIBED ON PURCHASE ORDER	NUMBER E-3068
held for burial privileges only with ende hereafter be adopted, including the right Cemetery. The rights hereby conveyed f	ted in the office of the County Recorder of San Diego County. To be owed care. Subject to all rules and regulations now in force or may to ingress and egress with essentials for care and operation of the for interment privileges shall not be relinquished without the consent very case and must be recorded in the office of Mount Hope Cemetery.
after be erected or placed on said lot or p of plot. In no case will the Cemetery D	at said Cemetery Division does not undertake or agree to make any ults or other improvements of like nature that is already, or may here- plot. Cost of same shall be assumed by legal owner or representatives division be responsible for damage, malicious mischief, vandalism and erves the right to remove any object that detracts from the embellish- e of memorial will be permitted:
F	lush Memorial
Chargemond W. Alekal	Park and Recreation Director
0	FORM
ix Home Co of.	
nt. Hope Cemetary 3751 Market St.	
3751 Market St!	
Jan Diego CA 9210	2
· Please sene	I me an itanged
statement and	d a receipt of funds.
· I will need	this for our records.
	Carolin Megnic
	2 1
	Caroly Maynig 1820 1544 ave. NED-130
	Bellevie WA 98007

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date	5	-1	3-02
Date_	9	-	

You are hereby authorized and instructed, subject	
or BEATRICE JOH	FNSON 575WED
ina T.S. VAULT Funer	al, date, time 11:00 AAn 5-15-02
Church, Chaper, Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an extra charge of \$
will be applied and billed to undersigned.	
Cot 13 0 Grave 9 Row	Section 2 Division/Block
Grave space & Care Fund	-07 -
PAID	
Opening/Closing & Setup.	375.00 250.00
Burial Container MAY 13 2002	250.00
Handling FeesMT. HOPE CEMETARY	125 00
Flower vases - Marker Sent BAN DIEGO, C.	
Recording and filing fee	VC 00
Sales taxes	19.38
	Total Due
Paigreceip	number R- 54976 1669-38
Lenother	efter Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and in	agree to hold Mt. Hope Cemetery harmless from
RAPPORD TAMES	while has a Valor
hereby authorize the interment in lot I hold under deed.	Sharp Mary Just of the
	MAN STORY CON GOICH
Signature of recorded holder of dead	Col To Code
	lag-409310T
9	ALCONOMINATION OF THE PROPERTY
W-1 F 17091	Invoice #
Work Order # = 17031	Acct.#

### GRAVE BLIND CHECK FORM

		114				
	PFAFT	2	3	CAN BBORLA	or S	HILLE
	7	3	130 X 9	DIXON	"	15
Interment Interment Lot: 130	Date: Wi	: 9	-15 T	Sect:	2 D	iv:\\_
Grave Lai	d out by:	DAG	110	DF		
Agrees wil	ih Legal (	Card:	Yes (	J No		
Agrees wi						,
Blind Che	ck & Ver	ified By:_	FORE	77_	Date:	5/4/102

### 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)	IB. MIDDLE	IC. LAST (FAMILY)	100000000000000000000000000000000000000			DATE OF DEATH	
Beatrice - Johnson			Johnson		MONTH, DAY, YEAR MONTH, DAY, YEAR 05/15/1938 05/09/2002 F			
SA. CITY OF DEATH SB. COUNTY OF DEATH-			TH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAIL	NG ADDRESS AND	ZIP CODE	
Austell		Cobb, Geor	Conn Conwola					
7A. TYPED NAME AND AL	DORESS OF CALIFORNI	A FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78. CA	ALIF, LICENSE NUMBER		ira Taylor, S Ingrid Ave.	cep-daugn	ter ,
Anderson-H	Ragsdale Mo	rt. 3050 Fed	ieral Blvd.	HF APPLICABLE	San I	Diego, CA 921	54	
Sar	n Diego, CA	92102	; FI	0-1329		TURE OF APPLICANT-Person		DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	1376 of the Health and Safety Cod	re proposed disposition stated herein is one of the e, and was authorized ourseast to Section 7100 of	ne dispessions authorized by the Health and Safety Gode	► lih	ale willes	05/	13/2002
PERMIT	SIONS OF THE CALIF	UED IN ACCORDANCE W FORNIA HEALTH AND SAI TY FOR THE DISPOSITION	PETY CODE	98. DATE PERMIT		9C. SIGNATURE OF LOCA	REGISTRAR ISS 2208	
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	IO RIGHT OF INSPOSAL OUTSIDE O	67 06	T. Tinsl				
THE RESERVE OF THE PARTY OF THE	AND RESIDENCE OF THE PARTY OF T	EGISTRAR OF DISTRICT	F OF DEATH- 19E AL	DORESS OF REGISTRAR	OF DISTRI			
TION REQUIRES A NEW	IF DEATH OCCURRE	D IN CALIFORNIA				THER DISTRICT IN CALIFORNIA		
PERMIT TO SHOW FINAL DISPOSITION.	-			al Records				-
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	I oal	Diego, on	32100		ER'S USE ON	VLY
TX A BUBIAL CINCLE	DES ENTOMBMENT)		TE TEMPORARY ENV	AND TMENT		I I DISPOSITION PE	UNING SEALING	LOCATED AT
B CREMATION	Sono Elit Guinelli (1)		F. DISINTERMENT	AUCTINICITY .		(Name and Addr		LUCATED AT
C. DISPOSITION	OF CREMATED REM	AINS OTHER	I G. SHIP IN TO CALIF	DENIA				
D. SCIENTIFIC US			THE REAL PROPERTY.	SIDE OF CALIFORNIA				
	11A. NAME AND AL	DDRESS OF CALIFORN	IA CEMETERY	. 118. DATE BURIE	0 110	SIGNATURE OF PERSON	IN CHARGE OF	BURIAL
BURIAL	Mr. Hone C	emetery 3751	Morket Ct	The state of the s	1	/	0	
		Diego, CA 92		14-15-02	100	Norman F.	eraus	_
SWE		DDRESS OF CALIFORN		128 DATE CREMAT		SIGNATURE OF PERSON		CREMATION
CREMATION				The second secon				
BLE	-			1	1			
011	13A. NAME AND AL	DDRESS OF CALIFORN	IA FACILITY RECEIVING REMAINS	138. DATE RECEI	VED 13C	SIGNATURE OF PERSON	IN CHARGE OF	FACILITY
SCIENTIFIC	-							
d USE				1	1			
A	14A. NAME AND AE	DORESS IN RECEIVING	STATE OR COUNTRY WHERE	14B. DATE SHIPPI	ED 140	ADDRESS AND SIGNATU	IRE OF PERSON	IN CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS	ARE TO BE SHIPPED	1		OF PLACING WITH THE	CARRIER	
TRANSIT				1	1			
SCATTERING AT SEA	15A. ADDRESS. NEA	REST POINT ON SHORE	LINE, OR OTHER DESCRIPTION SUF-	15B. DATE OF	160	SIGNATURE OF PERSON	1 W 150, UCE	NSE PRUMBER
OR	FIGIENT TO IDE	ENTIFY FINAL PLACE AN	D CA DISTRICT OF DISPOSITION	DISPOSITION		CHARGE OF DISPOSITIO	ON OF C	REMATED RE-
DISPOSITION OTHER THAN IN A CEMETERY					1			APPLICABLE
and the second second second second								

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-13-02

You are hereby authorized and instructed,	subject to your rule:	and regula	tions, to	inter the	e remains
or ALTHONSO S	T) 3 12				
ina LINER	_ Funeral, date, tim	· WON	5	20	11.01
Church Chapel Graveside			RIAL	_	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work d	ay or an extr	a charge	ds_	
will be applied and billed to undersigned.	BY E SHALL				
1					
Lot 144 Grave 10 Row_	Section _	9 [	)ivision/E	Hoek _	14
Grave space & Care Fund				89	5.00
Additional spaces and care fund	AID			_	
Opening/Closing & Setup	·y···p			37	5.00
Burial Container MAY	1 5 2002			19	0.00
Handling Fees MT. HOP	E CEMETAR)			1,	5.00
Flower vases - Marker settin CITY OF S	AN DIEGO C			2	-
Recording and filing fee				4	5.00
Sales taxes				14	.73
		Total Due		166	4.73
Pa	id receipt number	R-54"	191	16	64-73
X NEPHE	THE RESIDENCE OF THE PARTY OF T	8a	lance du	-	0
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.	tion and I agree to he	ove indicate old Mt. Hope	ed. I certi	fy and ry harm	less from
I hereby authorize the interment in lot I hold under deed.	Segmention Segment Seg	Calle	Par	and	2
Signature of recorded holder of defed	x San x(019)	479-8	360		9-2336 Zw Code
4	Telephone		Tellion .		
- 17000	Invoice #_				
Work Order # E 17092	Acct. #			-	

E-17092

#### 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.

HILL 7	3	TREE 3	MAX 10	HERVEY	12
Interment	Date: M	e: 10 POBER	20 T	ime: W	00 2 Div: \2
Agrees w	ith Legal ith Map:	Card:	Yes [	J No No	Hay on
Blind Che	eck & Ve	rified By:	POBERT	lien	Date: 517-02

E-1709a

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

0

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

ALPRONSO	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL	,y)	2. DATE OF MONTH, DAY	YEAR MONT	H DAY, YEAR	A. SEX
A CITY OF DEATH CHULA VIST	A			DEATH-OUTSIDE CALIF.	6 NAME, RELATIONSHIP OF INFORMANT CECIL BELL	, FULL MAILING		
CALIFORNIA	CREMATION &	BURIAL CHAI	Contract of the contract of th	-IF APPLICABLE	6580 CALLE SAN DIEGO,	PAVANA		
ACKNOWLEDGMENT OF A	incomes   I hereby a	SAN DIEGO, CA chrowledge as applicant that the GAS at the Health and Safety Gode.	proported disposition stated herein is one and was authorized pursuant to Section 71	P-2357 of the dispositions authorized by O of the Health and Safety Code.	BA. SIGNATURE OF APP	LIGANT—Person tolin	05/15	100
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIGNS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT FORNIA HEALTH AND SAF BY FOR THE DISPOSITION IN MIGHT OF DISPOSAL OUTSIDE OF	TH PROVI- ETY CODE SPECIFIED \$7.00	05/15/20 J. BENYAR	9C SIGNATUR		GISTRAR ISSUMG	PERMIT
NT CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VERSE NEW	CA 92186-5	85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU				
B. CREMATION		AINS OTHER	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C	Ī		OSITION PENDIN ne and Address)	G-REMAINS LOC	ATED AT
BURIAL	MT. HOPE	CEMETERY 375 CA 92102	A CEMETERY 51 MARKET ST.	118. DATE BURIE	1 1/	OF PERSON IN	CHARGE OF BUR	7
CREMATION	12A. NAME AND AC	DDRESS OF CALIFORNIA	A CREMATORY	128. DATE CREMAT	ED 12C. SIGNATURE	OF PERSON IN C	CHARGE OF CREM	IATION
SOMENTIFIC USE	ISA. NAME AND AL	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAI	NS 138. DATE RECEI	VED 13C. SIGNATURE	OF PERSON IN	CHARGE OF FACI	LITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPP		NO SIGNATURE 3 WITH THE CAR	OF PERSON IN CHIRIER	HARGE
				UF- 15B. DATE OF	15C. SIGNATURE	THE RESERVE AND DESCRIPTION OF THE PERSON OF	130 LICENSE NU	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FLISSUE DATE.



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 5-13-02

In a	ofs
Will be applied and billed to undersigned.  Lot Grave Row Section Division/E  Grave space & Care Fund	100k 895 00
Lot Grave Row Section Division/E  Grave space & Care Fund	895.00
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Total Due  Paid receipt number  Balance du  of the above and this is your authority to make disposition of remains as above indicated. I certi	895.00
Additional spaces and care fond  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Total Due  Paid receipt number  Balance du  of the above and this is your authority to make disposition of remains as above indicated. I cert	
Additional spaces and care fond  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Total Due  Paid receipt number  Balance du  of the above and this is your authority to make disposition of remains as above indicated. I cert	
Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and tiling fee  Sales taxes  Total Due  Paid receipt number  Balance du  I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certificated.	
Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filing fee  Sales taxes  Total Due  Paid receipt number  Balance du  I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certi	375.00
Flower vases – Marker setting fee	250.00
Flower vases – Marker setting fee	185.00
Paid receipt number  Balance du  I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certificated.	
Paid receipt number  Balance du  I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certificated.	45,00
Paid receipt number  Balance du  I hereby certify I am the  of the above and this is your authority to make disposition of remains as above indicated. I certified the second sec	19.38
Balance du  I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certi	1769.3
I hereby certify I am the of the above and this is your authority to make disposition of remains as above indicated. I certificated	
and this is your authority to make disposition of remains as above indicated. I certi-	
and this is your authority to make disposition of remains as above indicated. I cert	named decedent
any liability on account of said authorization and interment.	y and represent y harmless from
I hereby authorize the interment in lot I	
hold under deed.	
Signature of recorded noticer of deed	
City	Zip Code
Work Order # E 17093 Invoice #	

@ Proxied on recycled paper

on The grade INTERMENT ORDER

REA-104 (7-96)

TVORY BERN		y 15+41:0
Type of Build Container	Funeral, date, time INED & MA	
Church, Chaper Graveside	SD Memoria	Mortuary.
All Funeral cars must arrive before 30	0 p.m. of regular work day or an extra charge of	150-00
will be applied and billed to undersigne	ed	
V		
Lot 265 Grave 6 Ro	w Section Division/Blk	ick 12
Grave space & Care Fund	E -10247	.0
	100111101110111111111111111111111111111	
Additional spaces and care fund		105.00
Opening/Closing & Setup	PAID	55.00
Bunai Container		Committee of the Commit
Handling Fees	MAY 1 4 2002	-00-00
		-
Recording and filling fee	CITY OF SAN DIFFORM	45.00
Sales taxes	OTT OF SAN DIEGO, CA	4.26
mily to	Total Due	264.26
yme 1 <sup>th</sup>	Paid receipt number R-549MB	269.26
69	Balance due	0
I hereby certify I am the	of the above na	med decedent
and this is your authority to make disp	osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot i	Signature	
hold under deed.	*	E Jak
Signature of recorded holder of deed	- XADDINSO	
Signature of recorded minute at 1999	ay salley	Zip Gode
	Twiephonu	
	Invoice #	
Work Order # E 17094	Acct. #	
Truin Cidal II		

& Printed an encycled paper

This information is available in alternative formats upon request.

#### MT HOPE CEMETERY

E-17094

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Dright	Je leon	5000	C <sub>X</sub>			
7	(0	K	12 neal			
Interment	space for	TUO	RY HA	edy	8	
Interment	Date:	5-15-0	2_T	ime:/	100	
					1: 2	Div: 12
Grave La	id out by:	DAVID	) (	W_	0	
Agrees w	ith Legal (	Card:	Yes [	J No	Thag	grow
Agrees W	iti iviap.		- '	10		0
Blind Che	eck & Ver	ified By:_	ROBERT	To and	Date	5.15.2

E-17094

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

	u	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OT	THER AL	LTERATIONS	2796	
A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE BERNARD	IC. LAST (FAMILY)			2 DATE OF BIRTH	3. DATE OF DEATH	
A CITY OF DEATH NATIONAL C	ITT	1	5B. COUNTY OF DEATH	AN DIEGO	OF INF	RELATIONSHIP, FULL NO DENANT HARDY	AILING ADDRESS AND -DAUGHTER	ZIP CODE
SAN DIEGO	MEHORIAL C	IA-FUNERAL DIRECTOR OR PERSON A BAPEL SAN DIEGO CA 92104		F APPLICABLE	-	IMPERIAL A DIEGO CA 92 NURE OF APPLICANT—	ADDRESS OF THE PERSON NAMED IN PROPERTY.	ATE SIGNED
ACKNOWLEDGMENT OF A	Thereby	acknowledge as applicant that the proposed dispos XXX5 of the Health and Safety Code, and was author	sition stated herein is one of the	disprobers suffering by	> 7g	1	- 04/2	2/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALM AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT GIVES I	JED IN ACCORDANCE WITH PROVI- CORNA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED SO RIGHT OF DISPOSAL DUTSINE OF CLIFFORMA.	\$7,00	NOSA NAV	02 A	9C. SIGNATURE OF LO 2206927	CAL REGISTRAR ISSU	NG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH BOTH CAUFORNIA B5222 D CA 92186-5222		DISPOSITION IS TO OCCU			RNIA	
A BURIAL (INCLI	OF CREMATED REM	IAINS OTHER	E TEMPORARY ENVI F. DISINTERMENT B. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		I. DISPOSITION (Name and A	PENDING—REMAINS ddress)	LOCAT
BURIAL	MT HOPE	DDRESS OF CALIFORNIA CEMETER CEMETERY RKET ST SAN DIEGO		118, DATE BURIET	110	Norman	SON IN CHARGE OF	BURIAL
CREMATION	THE RESERVE AND ADDRESS OF THE PARTY OF THE	DORESS OF CALFORNIA CREMATO CREMATORIUM INC RANE ST LAKE ELSING		128. DATE CREMAT	ED   120	SIGNATURE OF PER		REMATION
SOMENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEN	VED 130	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	ED 140	ADDRESS AND SIGN OF PLACING WITH T		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	FICIENT TO ID	AREST POINT ON SHORIELINE, OR OTH ENTIFY FINAL PLACE AND CA DISTRIC		16B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION   OF CR	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.

THAN IN A CEMETERY

NO.792

05/14/2002 10:13 619-6920896 05/14/2002 08:47

SD MT. HOPE CEMENTERY + 96920896

		196.00	
W MT.	HOPE CEMETER	Y	
The grand mother of the property of the proper	RMENT ORD	ER	
the of Birth	Dity of San Diego		
n indinother		Date 5-/	4-02
& Delicard		Oate C	
u are hereby authorized and instructed	d, subject to your rules	s and regulations, to	Inter the remains
IVORY BERNA	FRO HARDY	28	
. ASH VAULT	Funeral, date, lim	. WED'S M	PY 15 1-1:0
nurch, Chape Graveside	The state of the s	SD Memor	
Funeral care must arrive before 380			
		my or mit axina on mig	
De applied and billed to undersigned			
265 areve 6 Row	Section	2 Division/	- 12
E CONTRACTOR CONTRACTOR	-10267	O DIVISION	
eve space & Care Fund			<u>B</u>
ditional spaces and care fund			
ening/Closing & Salup			105.00
riel Container			55.00
indling Fees			60.00
ower vases - Marker setting fee			
cording and filing fee	Size of the state		45.00
ler texes			4.26
<i>u</i> to		Total Due	9/29 2/
· · ·			
	Paid receipt number _		-
* America	selar	Balance de	- market and an arrange
o this is your authority to make dispos	sition of remains as at		named decedent tily and represent
at I have the right to make this authorize y liability on account of said authorize	serge I borne to h		
,,	1	2,600	
ereby authorize the interment in lot i	Generale	132 a. 110	FA
io unual dello	× 24	41 Uma	valyan
nuture of respirate names or Good	- XSan	Diego Cs	4 92/04
	2(11)	692-300	90
	Telegrane		
	Invoice #_	_ FA - FI 120	
ork Order . E 17094	Acct #		

REA-104 (7-86)

This information is available in alternative formats upon request.

O Prished in Acadimi salar

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 5'-14-02

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
OF RAYMOND 1	A. WHITE A
ina ASH VAULT	Funeral, date, time MoN 5-20 11:01
Church, Chape, Graveside	CYPRESS VIEW Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
1600	BLKS
Kot 100 Grave Row	Section Division/Bleck
Grave space & Care Fund	he ned c-4157
Additional spaces and care fund	
Opening/Closing & Setup	ne- New E-1230 00
Burial Container	PAID
Handling Fees	4AV 1 4 2002
Flower vases - Marker setting fee	1AY 1 4 2002
Recording and filing feeMT:	Participation of the Control of the
Sales taxes CITY	OF SAN DIEGO, C.
remain in permit	Total Due
OM Pa	aid receipt number
thereto water to the X day.	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 into or remains as above indicated. I certify and represent won and I agree to hold Mt. Hope Cemetery harmless from
any national on account of said adminizant	× No 1) Cal.
I hereby authorize the interment in lot I hold under deed.	745 Ocean Crest
	* Cardiff CA 92007
Signature of recorded holder of deed	(Telephone ) 753-7/35 En Code
E 4700E	Invoice #
Work Order # E 1/095	Acct. #

O Proposit an emprised paper

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E-11095

#### GRAVE BLIND CHECK FORM

Write in the name of the block marked with "X". P	deceased for which the grave is for in the lace the name's, lot # and grave # of all ppropriate space(s) that are adjacent to
	KINCALD THOMPSON
	LOMMASSON
Interment space for: RAY	MOND WHITE
Interment Date: MON	
Lot: \8 0 Grave: \	Row:
Grave Laid out by: Pole	
Agrees with Legal Card:	_ 40 ~
Agrees with Map:  Yes	□ No

Blind Check & Verified By: Ken Collins Date: 5/17/02

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

KO 1178

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

1/	NAME OF DECEDE		IG. LAST (FAMILY)		2. DATE OF BII	YEAR MONTH DAY YEAR
5/	SAN DIEGO		SB. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, I	FULL MAILING ADDRESS AND ZIP CODE
7.6	EL CAMINO	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON MEMORIAL — CYPRESS VIEW CHA IAL AVE SAN DIEGO CA 92113	PEL -	IF LICENSE NUMBER FAPPLICABLE -670	745 OCEAN CE CARDIFF CA 9	UEST RD .
	ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed de Section 10376 of the Health and Safety Code, and was aut			VEN IN F	05/14/2002
	PERMIT UTHORIZATION OF OCAL 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 THES PERMIT.  NOTE: THE PERMIT GHES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		05/15/20	Charles and the second	OF LOCAL REGISTRAR ISSUING PERMIT
AP		DADDRESS OF REGISTRAR OF DISTRICT OF DEA H DEATH OCCURRED IN CALIFORNIA PO BOX 85 SAN DIEGO CA 92186-5222			OF DISTRICT OF DISPOSIT UN IN ANOTHER DISTRICT IN	
10	A BURIAL (INCLU		E. TEMPORARY ENVA	IRNIA	L DISPOS	CORONER'S USE ONLY SITION PENDING—REMAINS LOCATED AT and Address)
3	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET MOUNT HOPE CEMETERY 3751 M. SAN DIEGO CA 92102		5/20/02	D 11C. SIGNATURE O	F PERSON IN CHARGE OF BURIAL
ABLE HEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA CYPRESS VIEW CREMATORY 395 AVE SAN DIEGO CA 92113	CONTROL OF THE PARTY OF THE PAR	5/15/0	TED 120 BESTIATURE O	DEBENDA IN CHARGE OF CREMATION
TE AFFIRM	SOMENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138, DATE RECEI	VED 130 SIGNATURE O	F PERSON IN CHARGE OF FACILITY
MITTELL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		D SIGNATURE OF PERSON IN CHARGE WITH THE CARRIER
5	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 DISTI		16B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF C	

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date\_ 5-15-02

	oject to your rules and regulations, to inter the remains
OF TAMIKO I WAS	
IN A DOUBLE DEPTH F	funeral, date, time FR1 5-11
Church, Chapel, Graveside	LEW'S COLONIA Montuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 5174 Grave Row	Section Division/Block _\ 0
Grave space & Care Fund	4- New C-1279 0
Additional spaces and care fund	
Opening/Closing & Setup.	375.00
Burial Container PA	
Handling Fees MAY 1.5	71112
Recording and filing feeMT. HOPE CE Sales taxesCITY OF SAN I	
	Total Dug 420.00 420.00
*	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from nd interment.
I hereby authorize the interment in lot I hold under deed.	X Plenence Mezele  X Significant  Address of Well  Address Conomado Ca 92/8  Economado Ca 92/8
Signature of recorded holder of deed	Conomado (a 9218  Y 435-0829  Telephone
Work Order # E 17096	Invoice #
	Acct.#
REA-104 (7-96) This informa	tion is available in alternative formats upon request.

O Printed on recycled paper

# MT HOPE CEMETERY E-17096

G	HAVE BL	IND CF	IECK FU	HIVI	
Write in the name block marked with existing marker's i the burial space.	"X". Plac n the appr	e the nar	ne's, lot # a pace(s) tha	and grav	e # of all jacent to
	DUNN	5171X	5173 1 WAShi	TA	
Interment space for Interment Date: F 8	TANI)	(0 IW	ASHITA Time: 10	:00	
Lot: 517 9 Grav	PICKY	Row:	Sect:		
Agrees with Legal C	Card: 🗆 Y	es	□ No	thy	on we
Agrees with Map: Blind Check & Ver	_ 1.cs		INO		

E-17096

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

\$1

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	10. LAST &	AMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. S
TAMIKO			02/15/1915 05/13/2002		
A. CITY OF DEATH			SB. COUNTY ENTER S	OF DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COL OF INFORMANT
CORONADO				SAN DIEGO	FLORENCE MIZUKI - DAUGHTER
EL CAMINO	MEMORIAL .	BENBOUGH C	MAPEL	7B. CALIF LICENSE NUMBER —IF APPLICABLE	CORONADO, CA 92118
3051 EL C	THE RESERVE OF THE PARTY OF THE	SAN DIEGO,		FD-480	BA. SIGNATURE OF APPLICANT—Ferson tolang permit, BB. DATE SIG
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code	and was authorized pursuant to Sect	s one of the dispositions authorized by on 7100 of the Health and Salety Code.	1 Vanciette Ville 105/15/20
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAF TY FOR THE DISPOSITION D ANAIT OF DISPOSAL OUTDIDE OF	SPECIFIED \$7.00	05/15/	ATTISSUED PC. SIGNATURE OF LOCAL REGISTRAR ISSUING PE 2002   2208250
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RE	EGISTRAR OF DISTRICT D IN CALFORNIA CORDSPO BO D. CA 92186-	X 85222		AR OF DISTRICT OF DISPOSITION— COR IN ANOTHER DISTRICT IN CAUFORNIA
IO. AUTHORIZED DISPI			1664		FOR CORONER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTER	RY ENVAULTMENT MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA	I. DISPOSITION PENDING—REMAINS LOCATE (Name and Address)
BURIAL		DDRESS OF CALIFORNIA EMETERY, 375 CA 92102		118. DATE BURI	I TOZONAM FENGUAN
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI
SCIENTIFIC USE	13A. NAME AND AL	DRESS OF CALIFORNIA	FACILITY RECEIVING RE	MAINS 138, DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILIT
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHE RE TO BE SHIPPED	THE THE SHIP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAP OF PLACING WITH THE CARRIER

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



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 5-15-02

You are hereby authorized and instructed, su		
of John Doe Pa	4. # 2002/4GY	1
ina Double Depth 2nd	Funeral, date, time FRI. M	ay 17 th 9:00
Church, Chapel, Graveside	MAY	ex barbara Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra o	charge of \$
will be applied and billed to undersigned.		
Lot 9 Grave 37 Row	Section Divi	sion/Bissir_ 13
Grave space & Care Fund		126.00
Additional spaces and care fund		
Opening/Closing & Setup	701	423.00
Burial Container		123.01
Handling Fees	<i></i>	
Recording and filing fee		45.00
Sales taxes		953
Bir County Paid	Total Due	726.54
Paid	receipt number	
De	Balan	ce due
I hereby certify I am the	of remains as above indicated, and I agree to hold Mt. Hope Co	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	žių Code
Delled 3-24	Telephone	
Dille	Invoice # 36363	2
Work Order # E 17097	Acct. # 000952	

E- 17097

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

		DSE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS	Found	
11	John	NT—FIRST (GIVEN)   18. MIDDLE	1C. LAST (FAMILY)	oe .	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR 10/03/2001	4. SEX
-	Borrego Sp		SB. COUNTY OF DEATH—OUTSIDE CALIF. 6. M. ENTER STATE San Diego		NAME RELATIONSHIP, FULL NO INFORMANT DETRELL Price,	MAILING ADDRESS AND 2	P CODE
7.0	Mayer Mort	DRESS OF CALIFORMA—FUNERAL DIRECTOR OR PERSON A LIBERY AVERNUE, SER Diego, CA 9211	_#	APPLICABLE	5201-A Ruffin R San Diego, #A SIGNATURE OF APPLICANT-	92123	E SIGNED
	ACKNOWLEDGMENT OF A	I have a contradictor at configure that the recovered disco-	ation stated horse is one of the and parsuant to Section 7100 of the	dispositions milhorized by Health and Safety Code.	Justian 1 1	Marga 05/1	6/2002
	The Section of the Se	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. MOTE: THIS PERMIT OF DISTRICT OF CALFORNIA. PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	7.00	B.E. Mayer	2 2208355	OCAL PEGISTRAR ISSUI	IG PERMIT
	TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. Box 85222 San Diego, CA 92186-5222	F 0	ISPOSITION IS TO OCCUIR I	IN ANOTHER DISTRICT IN CAUFO	RNIA	•
10	. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONL	4
	B. CREMATION		E TEMPORARY ENVA F DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	I DISPOSITION (Name and A	PENDING REMAINS LI ddress)	DCATED AT
	BURIAL	Mt. Hope Cemetery 3751 Market St., San Diego,		118. DATE BURNED	11C. SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
ALE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMATED			EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	ISC. SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OF CREMATED REMAINS ARE TO BE S		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
5	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	IER DESCRIPTION SUF- T OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I 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 5-15-00

18	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	, 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 undersigned	
311 5	2 12
ot 116 Grave 3 Row_	Section   Division/Bleek
Grave space & Care Fund	895.00
dditional spaces and care fund	
Opening/Closing & Setup	
A 54 A A A	Λ
landling Fees	
lower vases - Marker setting fee	( )
Decording and filling too	2,5°2 ===
iales taxes	Z (2)
iales taxes QR	7 Total Due 895.00
Paid	receipt number MIC 224.01
raiu	Balance due 67 ( , 0 (
hereby certify I am the	of the above named decedent
ind this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery Parmiess from
iny liability on account of said authorization	and interment.
hereby authorize the interment in lot I	Ohenod 4. Why
old under deed.	840 GALLERY CIT
grathers of recorded holder of desid	SAN DIEGO, CA 921
Change or securated strates, in meets	619-264-2128 code
	Telephone
	Invoice #
	HIVORGE II

& Prented on respected paper

	HERRON 840 Gallery Ct., San Diego 92114 264-21	DEBIT	CREDIT	BALANCE
-15-02	Opened pre-need lot.			
	Lot 116, Grave 3, Section 2, Division 12	895.00		895.00
-15-02	M/C		224.00	671.00
	R- 55066 Coupons 1-9		25200	419 00
5-02	R-55179 Coupons 10-16		25200	16700
-5-02	R-55066 Coupons 1-9 R-55179 Coupons 10-16 R-55277 Paid in full (19-84)		167.00	0
	0			
	MORGAN, SHERRON E-17098			



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: S. D. M right Jul- Hundred 7 In part Payment of prints. Meanway	Address: on repor		ollars (\$ _	252.00	02
Lot 116 Grave	3 Rows	ection 2	,	Division Block	12
Acct. 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	252	00
Pre-Need Lot   At Need □ On Acct □ Pre-need Trust □ Cash □ Check   Check	0 0 (	Containers  Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77182		
AC-212 (Rev. 5-94) 434 8	ISSUED BY LAULEUR C.	TOTAL PAID	78390	252.	00

#### CITY OF SAN DIEGO, CALIFORNIA

Nº 55066

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

0		Date:	. 4	_,200~
From Sherron D. Morag	n Address: On re	card		
Two-Hundred, Fift	v-two and oo		ollars (\$ 250	2,00
part Onen	ed pre need li	It accoun		mont
Number 1-9,	Nine paymen	(All)	7	~
Lot 116 Grave	3 Row		Divis Block	
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STA	MPED CREDIT 20% Sales Care	67007 77184	
Acct. No.	100-500-000-000-000-0	80% Sales of Lots	77184 2	52.00
WO. €-17098		Opening/ Closing	77181	
BALANCE DUE \$419.00		Burial Containers	100 77182	
BALANCE DUE		Handling Fee Recording &	77185	
Pre-Need Lot At Need On Acct		Misc. Fees Pre-Need	77183 ————————————————————————————————————	
Pre-need Trust □ Cash □ Check □	D 111	Trust Sales Tax	9022 80101 78390	
AC-212 (Rev. 5-94) 4341	ISSUED BY Paulette	TOTAL PAID	\$ 2.	52.00

1.7698

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114 264-2120 E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment Due Date June-02
Payment Amount Due 28.00
Balance Due 643.00

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

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## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114 264-2120 E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 2
Payment Due Date July-02
Payment Amount Due 28.00
Balance Due 615.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114 264-2120 E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 3
Payment Due Date August-02
Payment Amount Due 28.00
Balance Due 587.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 4
Payment Due Date September-02
Payment Amount Due 28.00
Balance Due 559.00

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

### Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 5
Payment Due Date October-02
Payment Amount Due 28.00
Balance Due 531.00

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

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## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 6
Payment Due Date November-02
Payment Amount Due 28.00
Balance Due 503.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 7
Payment Due Date December-02
Payment Amount Due 28.00
Balance Due 475.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 8
Payment Due Date January-03
Payment Amount Due 28.00
Balance Due 447.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 9
Payment Due Date February-03
Payment Amount Due 28.00
Balance Due 419.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

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Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 10
Payment Due Date March-03
Payment Amount Due 28.00
Balance Due 391.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	11
Payment Due Date	April-03
Payment Amount Due	28.00
Balance Due	363.00

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

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### Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	12
Payment Due Date	May-03
Payment Amount Due	28.00
Balance Due	335.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	13
Payment Due Date	June-03
Payment Amount Due	28.00
Balance Due	307.00

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

### Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	14
Payment Due Date	July-03
Payment Amount Due	28.00
Balance Due	279.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 15
Payment Due Date August-03
Payment Amount Due 28.00
Balance Due 251.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 16
Payment Due Date September-03
Payment Amount Due 28.00
Balance Due 223.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 17
Payment Due Date October-03
Payment Amount Due 28.00
Balance Due 195.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 18
Payment Due Date November-03
Payment Amount Due 28.00
Balance Due 167.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

F-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 19
Payment Due Date December-03
Payment Amount Due 28.00
Balance Due 139.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 20
Payment Due Date January-04
Payment Amount Due 28.00
Balance Due 111.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 21
Payment Due Date February-04
Payment Amount Due 28.00
Balance Due 83.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 22
Payment Due Date March-04
Payment Amount Due 28.00
Balance Due 55.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO. 23
Payment Due Date April-04
Payment Amount Due 28.00
Balance Due 27.00

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

## Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan 840 Gallery Court San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	24
Payment Due Date	May-04
Payment Amount Due	27.00
Balance Due	0.00

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

## MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 5-16-02

	ted, subject to your rules and regulations, to inter the remains
FRANCES AM	
na LINER	Funeral, date, time Mon . May 20+4 1 00
Church, Chapel, Graveside	: Conrad Mortuary.
All Funeral cars must arrive before 3.8	0 p.m. of regular work day or an extra charge of \$ 155.00
will be applied and billed to undersigne	ed
/	
Lot Ro	w Section 100 P Division/Block 23
Grave space & Care Fund	
Additional spaces and care fund	PAID
Opening/Closing & Setup	MAY 1 7 2002 375.00
Burial Container	
Handling Fees	MT. HOPE CEMETARY 145.00
Flower vases - Marker setting fee	CITY OF SAN DIEGO, OF
Recording and filing fee	45.00
Sales taxes	14.73
	Total Due
	Paid receipt number R-54998 769,73
	Balance due
hereby certify I am the 50^	J of the above named decedent
hat I have the right to make this author	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	ration and interment. Steve Waters
hereby authorize the interment in lot I	X Styph Walt
nold under deed.	Y
Signature of recorded holder of deed	Address:
	Zip Cuas
	Vistephone
	Invoice #
Work Order # E 17099	Acct. #

Si Volonial un respelati proper

REA-104 (7-96)

This information is available in alternative formats upon request.

# MT HOPE CEMETERY 17099

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 X	70 Watersh	67 Reters	low Retters	63.77
	Sou	ТН	DALI	h —		-
Interment space for:	FRAN	cis A	nn WA	Aterso	on	
Interment Date:						
Lot: 71 Grave	:	Row:	Sect:	IDOF B	LK 23	
Grave Laid out by:	obert	Ker				
Agrees with Legal C	ard: 🗆 Yo	es [	J No 7	Flag	onthe	- 0
villaged many street -	THE RESERVE OF THE PARTY OF THE	No. of Contract of	1000			
Blind Check & Veri	fied By:	OBEFT	/Fen	_ Date:	5-17.02	*

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

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 BIRTH   3. DATE OF DEATH			4. SEX		
FRANCES ANN			WATERSON			10871771916	65715	72002	P		
6/	SAN DIEGO	,			ENTER_STATE	EATH—OUTSIDE CALIF., DIEGO	OF IN	RELATIONSHP, FULL METERSHIP PHEN T. WATE			CODE
71	CONRAD LE	DOMESS OF CALIFORNI EMON GROVE I LOWAY — LEMO	MORTUARY			CALIF. LICENSE NUMBER —IF APPLICABLE  FD941	463 SAN	3 EDGEWARE 8 DIEGO, CA 9 ATURE OF APPLICANT—	OAD 2116		SIGNED
7	ACHINOMLEDGMENT OF A					the dispositions authorized by of the Health and Sofety Code	»(0	annuo	me	05/17/	2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT ROTE: THIS PERMIT GIVES TO	ORNIA HEALTH AND TY FOR THE DISPOSIT	BAFETY CODE TION SPECIFIED	97.00	Grant K 0	ionrad,	9C. SIGNATURE OF LO 2208470	CAL REGISTE	RAA IBBUIHO	PERMIT
	OY CHANGE IN DISPOSI- ION REQUIRES A NEW BEAUT TO SHOW FINAL DISPOSITION.	DE ADORESS OF RE	SHESTER O		ERVICES	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			RMA		
10	AUTHORIZED DISP	OSITION(S) CHECK A	Grand State at All Assessed					FOR COR	ONER'S U	SE ONLY	
	B. CREMATION		AINS OTHER		F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O			L DISPOSITION (Name and A		EMAINS LO	CATED AT
BLE ITEMS	BURIAL	3751 MARKET STREET SAN DIEGO, CA 92102				5-20-0	/ -				
	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY				128. DATE CREMA	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT				
LL APPLIES	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	ED 140	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				168. DATE OF DISPOSITION		SIGNATURE OF PERSONNELS OF 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.