

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-18-02

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

In a ASH VAULT Funeral, date, time WEDS MAY 29th 11:00

Church, Chapel, Graveside WITNESS ONLY: CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ EL PASO 286-2674 AX
will be applied and billed to undersigned. \$

Lot 677 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Per Need

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X BETTY B. WINTERS

Signature Betty B. Winters

X 3119 CALIFRA ST

City SAN DIEGO, CA 92105 Zip Code

Telephone 619.264-4636

Work Order # E 17100

Invoice # _____
Acct. # _____

E-17100

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.

	675 J. Larson	676 J. Larson	677 X	678	679 Herman	

Interment space for: WARREN NEWCOMB

Interment Date: 5-29-02 Time: 11:00

Lot: 677 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: DIANEY (P) DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: C. W. Danner Date: 5-28-02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WARREN	1B. MIDDLE B.	1C. LAST (FAMILY) NEWCOMB	2. DATE OF BIRTH MONTH, DAY, YEAR 09/29/1920	3. DATE OF DEATH MONTH, DAY, YEAR 05/14/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BRITTY WINTERS—EXECUTOR 3119 COLLURA ST. SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/21/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF INTERMENT OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/22/2002 J. BENEARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208605
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5/29/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 7/1/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-02

227507
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RONNIE SIMS

In a _____ Funeral, date, time TUES 5-21 11:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1901 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 125.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____ 270.00

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed _____

X
Signature _____

X
Address _____

X
City _____

Zip Code _____

X
Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17101

MT HOPE CEMETERY

E 17101

GRAVE BLIND CHECK FORM

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

			STILL			
			1901 X	1902	1903	
					SCREEN	
		ESPINOZA				

Interment space for: RONNIE SIMS

Interment Date: Tues 5-21 Time: 11:00

Lot: 1901 Grave: Row: Sect: 1 Div: 9

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

fly on grave

E-17101

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ronnie	1B. MIDDLE Andrew	1C. LAST (FAMILY) Sims	2. DATE OF BIRTH MONTH DAY YEAR 04/23/2002	3. DATE OF DEATH MONTH DAY YEAR 04/26/2002	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James Sims, Father 3540 Island Ave. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 05/20/2002		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Tinsley
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92102		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Mt Hope Cemetery
Contract Entry Verification
02/23/2004

E-17101

Contract Number: E-17101-A

Contract Date: 05/17/2002

Purchaser: Sims, James

3540 Island Ave

Purchaser Number: 227506 / 227507

Phone:

San Diego, CA 92102

Beneficiary: Sims, Ronnie Andrew

Counselors: 7 UNKNOWN

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 9-1 Infant Grave	100.00	0.00		
1	Opening/Closing	Infant Grave	125.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property			Division	Section	Blk / Row	Lot	Grave	Depth
			Division 9	1		1901	1	A

BASE PRICE	270.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	270.00	ODD PAYMENT OF	243.00
TOTAL DOWNPAYMENT	27.00 -	DATE FIRST PAYMENT DUE	06/17/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	243.00		
DEFERRED PAYMENT PRICE	270.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	20.00	
R S Equity	250.00	
Interest	0.00	
R S Tax Recovery	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-17-02

*Pre-need
Set + Trust*

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

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 58 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fee MAY 17 2002 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55000 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

ETHEL L. IZARD
Signature
290 PARKBROOK PLACE
Address
SAN DIEGO, CA 92114
City Zip Code
479-1461
Telephone

Work Order # E 17102

Invoice # _____

Acct. # _____

#86

Mt Hope Cemetery
Contract Entry Verification
05/18/2002

E 17102

Contract Number: E-17102-F

Contract Date: 05/17/2002

Purchaser: IZARD, Ethel L

290 Parkbrook Place

San Diego, CA 92114

Purchaser Number: 86 /

Phone: 619-479-1461

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		58	1	A

Mt Hope Cemetery Agreement Confirmation

05/18/2002

E 17102

Agreement Number: E-17102-F

Agreement Date: 05/17/2002

Purchaser: Izard, Ethel L.
290 Parkbrook Place

Purchaser Number: 86 /

Phone: 619-479-1461

San Diego, CA 92114

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	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 Handling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		58	1	A

BASE PRICE 1,650.00

SALES TAX 14.73

TOTAL CASH PRICE 1,664.73

TOTAL DOWNPAYMENT 1,664.73 -

TRANSFER ALLOWANCE 0.00 -

DISCOUNT OR ALLOWANCE 0.00 -

FINANCE CHARGE 0.00

TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 1,664.73

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

E-17102

Contract Number: E-17102-F

Contract Date: 05/17/2002

Purchaser: Izard, Ethel L

290 Parkbrook Place

San Diego, CA 92114

Purchaser Number: 86 /

Phone: 619-479-1461

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,650.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,664.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,664.73 -	DATE FIRST PAYMENT DUE	06/18/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
FINANCE CHARGE	0.00 @	SOURCE: Walk-in	
TOTAL OF PAYMENTS	0.00	0.000% AMORTIZE	
DEFERRED PAYMENT PRICE	1,664.73		
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION	
R L Perp. Care	179.00		
I V P/N Trust	755.00	1.0000	
R S Equity	644.00		
A Interest	0.00		
R S Tax Recovery	14.73		
R S Cost of Goods	72.00		
R V Late Charge	0.00		

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-17-02

ASHES
LEFT SIDE

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

in a _____ Funeral, date, time MAY 22 1:00 WEDS
Type of Burial Container _____
Church, Chapel, Graveside WITNESSES S.D. MEMORIAL Mortuary.
642-3090

All Funeral 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 325 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund _____ 300.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 450.00

Paid receipt number R-55005 450.00

Balance due 0

MORTUARY to
BRINK check

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

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

Signature of recorded holder of deed _____

X
Signature _____
X
Address _____
X
City _____
X
Telephone _____
See attached

Zip Code _____

Work Order # E 17103

Invoice # _____

Acct. # _____

E-17103
MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	323 PERRY	324 DANZ	325 X	326 HARMON	327	

Interment space for: JOSE RAMIREZ

Interment Date: WED 5-22 Time: 1:00

Lot: 325 Grave: _____ Row: _____ Sect: 4 Div: 8

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/22/02

Algon Grave

05/17/2002 15:08
05/17/2002 12:21

619 6920896
619-6920896

SAN DIEGO MEMORIAL C

PAGE 01

SD MT. HOPE CEMETERY + 96920896

NO. 815 001

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

L1

Date 5-17-02

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

in a WITNESS Funeral, date, time S.D. MEMORIAL
Church, Chapel, Graveside WITNESS Mortuary

All Funeral 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 325 Grave 4 Row 8 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund 105.00

Opening/Closing & Setup 45.00

Burial Container 450.00

Handling Fees 45.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 450.00

Sales taxes 450.00

total okay to
DRINK check

Total Due 450.00

Paid receipt number

Balance due

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

I hereby authorize the interment in lot I hold under deed

Signature of reserved holder of deed

X Jose A. Flanagan
244 Vindicator Ave
San Diego CA 92104
(619) 6092-3090

Work Order # E 17103

Invoice #

Acct. #

MEA-104 (7-00)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17103

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND
REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE	1B. MIDDLE LUIS	1C. LAST (FAMILY) RAMIREZ	2. DATE OF BIRTH 09/15/1954	3. DATE OF DEATH 05/07/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT MONICA RAMIREZ—DAUGHTER 3745 T STREET SAN DIEGO CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>	8B. DATE SIGNED 05/17/2002
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/17/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208395
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-21-02

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

of Jose Martinez Ornales P.A. 20021240

in a D.O. Crypt (First) Funeral, date, time THURS MAY 23 2002

Church, Chapel, Graveside Delivery : Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Grant 460-4601

will be applied and billed to undersigned. _____

Lot 9 Grave 1E Row _____ Section _____ Division Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 423.00

Burial Container 123.01

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 363748

Acct. # 000952

Work Order # E 17104

Bill The County
MARCO DE LA TORRE

Billed in 5-30-02

PAID 7-2-02

122

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Martinez-Bernal P.A. 2002-1240
in a D.O. Crypt (First) Funeral, date, time Thurs May 23 2002
Church, Chapel, Graveside Delivery Conrad Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 660-4601
will be applied and billed to undersigned.

Lot 9 Grave 1E Row _____ Section _____ Division 13
Grave space & Care Fund 126.00
Additional spaces and care fund _____
Opening/Closing & Setup 423.00
Burial Container 123.01
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes 9.53
Total Due 726.54

Raid receipt number _____ Balance due _____

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

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

[Signature]
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

Work Order # E 17104

REA-104 (7-99)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-21-02

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

of Jose Martinez Ornales P.A. 20021240in a D.O. Crypt (First) Funeral date time THURS MAY 23 2002Church, Chapel, Graveside Delivery Conrad Grant 460-4601 Mortuary.

All Funeral 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 11 Row _____ Section _____ Division 13Grave space & Care Fund 126.00Additional spaces and care fund 423.00Opening/Closing & Setup 123.01Burial Container 45.00Handling Fees 9.53Flower vases - Marker setting fee 726.54Recording and filing fee 9.53Sales taxes 9.53Total Due 726.54

Paid receipt number _____

Balance due _____

DIRECTOR

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

CONRAD LEMON GROVE MORTUARY

BY: Conrad

7387 BROADWAY

LEMON GROVE, CA 91945-1533

City 619-460-4601

Telephone

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

Signature of recipient holder of deed

Invoice # _____

Work Order # E 17104

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17104 50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE	1B. MIDDLE LUIS	1C. LAST (FAMILY) MARTINEZ-ORNELAS	2. DATE OF BIRTH MONTH DAY YEAR 06/11/1951	3. DATE OF DEATH MONTH DAY YEAR 03/28/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DELATORA - DEPUTY P.A. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 05/21/2002
-----------------------------	--	---	--------------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208700
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA OF THE SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS SAN DIEGO, CA 92166-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-21-02

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

of DORRIS WIGFALL

in a LINER

Type of Burial Container

Funeral, date, time FRI 5-24 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 \$ 150.00

will be applied and billed to undersigned. X MW

Lot 93 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAY 21 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55008 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E 17105

E-17105

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 WALKER	3 CRAWFORD	4	5	6 OLIVER		
8	9	10 ROBERTSON	11 X	12		

Interment space for: DORRIS WIGFALLInterment Date: FRI 5-21 Time: 1:30Lot: 93 Grave: 11 Row: Sect: 2 Div: 13Grave Laid out by: DAVID DF.Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: Kenneth Collins Date: 5/22/02Flag on
Grave

E-17105

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Dorris		1B. MIDDLE Edward		1C. LAST (FAMILY) Wigfall		2. DATE OF BIRTH MONTH DAY YEAR 12/26/1932		3. DATE OF DEATH MONTH DAY YEAR 05/18/2002		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mable Wigfall, Wife 1514 Shadow Knolls Dr. El Cajon, CA 92020					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/21/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/21/2002 T. Tinsley		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208624	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92108-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED 5-24-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-21-02

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

of John/Dane Doe (skull) P.A.# 20021461

in a _____ Funeral, date, time Thurs. May 23, 930

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ CHAD 425-9111

will be applied and billed to undersigned.

Lot 102 Grave 3 Row _____ Section I00F Division/Block B/K 43

Grave space & Care Fund 45.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 7-2-02

Handling Fees

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes

Total Due 195.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice # 363808

Acct. # 000952

Work Order # E 17106

**County of San Diego**

E-17106

BRIAN D. BLACKBOURNE, M.D.
MEDICAL EXAMINER**OFFICE OF THE MEDICAL EXAMINER**

5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1270

TEL: (619) 694-2895 FAX (619) 495-5966

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

May 22, 2002

TO WHOM IT MAY CONCERN:

THIS DOCUMENT WILL SERVE TO CONFIRM THE DEATH OF:

DECEDENT'S NAME: Doe, Skull

DECEDENT'S SSN:

MEDICAL EXAMINER CASE: 01-02247

DATE OF DEATH: 12/1/2001

DATE OF BIRTH:

EXAM TYPE: Autopsy

CAUSE OF DEATH: No death certificate issued

Due to:

Due to:

Due to:

OTHER CONDITIONS:

MANNER OF DEATH: Natural

K. Stanley
5-23-02**Lloyd Amborn**
Operations Administrator

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-21-02

AGUSTIN

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

of AGUSTIN H. FLORES PA 20081453

in a DOUBLE DEPTH Funeral, date, time THUR 5-30 11:00

Church, Chapel, Graveside AZTLAN Mortuary.

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

will be applied and billed to undersigned.

Lot 10 Grave 1B Row Section Division 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup PAID 8-2-02 423.00

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

NANCY HOBBS

Paid receipt number

Balance Due

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 17107

Invoice # 365952
Acct. # 000952

7-16-02

E 17107

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) AGUSTIN	1B. MIDDLE HERNANDEZ	1C. LAST (FAMILY) FLORES	2. DATE OF BIRTH MONTH, DAY, YEAR 04/01/1971	3. DATE OF DEATH MONTH, DAY, YEAR 02/08/2002	4. SEX M.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS—DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 7856 LA MESA BLVD., LA MESA, CA 91941			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/09/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 05/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Borman MD MJ</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kathleen F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-22-02

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

of MARY BROWN (174)
in a LINER Funeral, date, time FRI 5-24 11:00
Type of Final Container
Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 73 Grave 5 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00
Additional spaces and care fund PAID
Opening/Closing & Setup 375.00
Burial Container MAY 22 2002 190.00
Handling Fees 145.00
Flower vases - Marker setting fee MT HOPE CEMETERY
CITY OF SAN DIEGO, CA 45.00
Recording and filing fee 14.73
Sales taxes 1664.73

Total Due 1664.73
Paid receipt number R-55009

Balance due 0

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

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

Signature of recorded holder of deed

X Deborah A. Kneller
Signature
X 512 Cardiff St.
Address
X SD CA 92114
City
X (619) 469-3059 Zip Code
Telephone

Work Order # E 17108

Invoice # _____

Acct. # _____

121

MT HOPE CEMETERY

E-17108

GRAVE BLIND CHECK FORM

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

			ESQUEDA ✓			
2	3	4	73 X 5	6		
8 WILLIAMS	9	10 SHIELDS	11 SHIELDS	12		

Interment space for: MARY BROWN

Interment Date: FRI 5-24 Time: _____

Lot: 73 Grave: 5 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DARREYL & DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Date: 5-23-02

*Key on
Grave*

E-17108

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE B.	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH, DAY, YEAR 05/04/1931	3. DATE OF DEATH MONTH, DAY, YEAR 05/21/2002	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bevolan Kinsler, Daughter 255 Vista Horizon, #B San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd.; San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Bevolan Kinsler</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/22/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/22/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208661
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. F. Kinsler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>K. F. Kinsler</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-23-02

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

of Margarita Jones ¹⁶¹

in a liner Funeral, date, time May 30th Thurs 10:00

Church, Chapel, Graveside CA BURIAL Mortuary ²⁹²⁷⁴⁷

All Funeral 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 169 Grave 9 Row 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container MAY 29 2002 190.00

Handling Fees 145.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY**

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 14.73

Total Due 1664.73

paid receipt number R-55039 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 17109**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARGARITA	1B. MIDDLE R.	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH, DAY, YEAR 06/10/1963	3. DATE OF DEATH MONTH, DAY, YEAR 05/22/2002	4. SEX FE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD JONES—HUSBAND 2039 DAIRY MART RD. #3 SAN YSIDRO, CA 92173	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL—2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Clavette Russ</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10070 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/28/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/29/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208977
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR—OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 5-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Russ F Jones</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-23-02

Grave of
Julie Hyatt
CENTER OF GRAVE

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

REG. WILMA D. CARTER
in a ASH VAULT Funeral, date, time FRI 5-31 1:00

Church, Chapel, Graveside WITNESS Mortuary,

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

~~will~~ be applied and billed to undersigned.

Lot 50 Grave 8 Row Pre-med D-1768 Section 1 Division Block 5

Grave space & Care Fund 0

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees MAY 23 2002 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 4.26

Sales taxes 4.26

Total Due 269.26

Paid receipt number MIC 269.26

Balance due 0

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

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

Signature of recorded holder of deed

X DAVE
Signature 13602 DARRYL CT
Address EL CAJON, CA 92021
City 619-390-5232 Zip Code
Telephone

Work Order # **E 17110**

Invoice #

Acct. #

€ 1710

GRAVE BLIND CHECK FORM

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

[illegible]

Interment space for: WILMA CARTER ~~Q~~

Interment Date: Fri 5-31 Time: 1:00

Lot: 50 Grave: 8 Row: Sect: 1 Div: 5

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☐ Yes ☐ No *Yes*

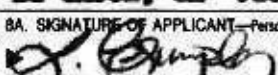
Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Date: 5/22/01

E-17110


APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILMA	1B. MIDDLE DEAN	1C. LAST (FAMILY) CARTER	2. DATE OF BIRTH MONTH DAY YEAR 06/01/1936	3. DATE OF DEATH MONTH DAY YEAR 09/18/2001	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NASH CARTER-SON 13602 BARRETT CT. EL CAJON, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS, EL CAJON, CA 92021			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit: 		8B. DATE SIGNED 05/20/2002

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/21/2002 L. CRUMPLER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208538
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3351 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 5-24-02

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

of Janette Bell (150)
in a Liner Funeral, date, time Weds. May 29th 11:00
Church, Chapel Graveside CABURAL Mortuary. Janette Nat'l City

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

✓ Lot 64 Grave 2 Row 1 Section 1 Division 12

Grave space & Care Fund 895.00

Additional spaces and Care Fund **PAID**

Opening/Closing & Setup 375.00

Burial Container MAY 28 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Maximum CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 11.73

Total Due 1664.73

Paid receipt number R-55026 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

DEVELYN GLOVER (149)
Signature 328 MIDDLEBUSH DR
Address SAN DIEGO CA 92114
City Zip Code
Telephone

Work Order # E 17111

Invoice #

Acct. #

E-1711

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.

			BELTRAP			
		1	64 X 2	3	4	5
						B 00 NO
		7	8	9	10	11
				GREEN		

Interment space for: JANETTE BELL

Interment Date: WED 5-29 Time: 11:00

Lot: 64 Grave: 3 Row: Sect: 1 Div: 12

Grave Laid out by: PARKEY & DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: CW Date: 5-28-02

E-17111

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JANETTE	1B. MIDDLE -	1C. LAST (FAMILY) BELL	2. DATE OF BIRTH MONTH DAY YEAR 10/30/1955	3. DATE OF DEATH MONTH DAY YEAR 05/21/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD BELL, JR.—SON 226 SYCHAR RD. SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeanette Bell</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10329 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/24/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED J. BENTARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208786
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-29-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

REG. SIZE
1/2 of ashes buried
here rest at sea by
family.

City of San Diego

Date 5-24-02

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

of Jimmie H. Tsurudome

in a Ash Vault Funeral, date, time TUES 6-11 10:30

Church, Chapel, Graveside WITNESS Mortuary HUMPHREY

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

Lot 5093 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-1596

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees MAY 24 2002 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-55018 269.26

Balance due 0

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

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

Jimmie Tsurudome
Signature
898 Beech Ave.
Address
Chula Vista, Ca. 91911
City Zip Code
(619) 420-6514
Telephone

Signature of recorded holder of deed _____

Work Order # E 17112

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17112

GRAVE BLIND CHECK FORM

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

REG SIZE URN

center of GRAVE

(Lined DR)

5097 WATKINS	5098 WATKINS	5099 WATKINS	5092 Tsurudome	5093 X	5094 OLIVER	5095 Norton	5096 Kimmura

Interment space for: Jimmie H. Tsurudome

Interment Date: TUE 6-11 Time: ~~10:00~~ 10:30

Lot: 5093 Grave: Row: Sect: Div: 10

Grave Laid out by: Norman Davis

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. Davis Date:

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jimmie		1B. MIDDLE Hideo		1C. LAST (FAMILY) Tsurudome		2. DATE OF BIRTH MONTH, DAY, YEAR 09/12/1945		3. DATE OF DEATH MONTH, DAY, YEAR 05/08/2002		4. SEX M	
5A. CITY OF DEATH La Mesa				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego				6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Laura Tsurudome - Wife 11030 Paseo Castanada La Mesa Ca 91941			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH COMMUNITY MORTUARY 855 Broadway Chula Vista Calif 91911						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/09/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/10/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. Heldenbrand	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego Calif 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3781 Market San Diego Ca 92102				11B. DATE BURIED 6-11-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc 2570 Fortune Way Vista Ca 92083				12B. DATE CREMATED 5-11-02		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

5-24-02

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

of ROSARIO D. BURNS JR. 165
in a T.S. VAULT Funeral, date, time SAT. 6-1 1:00

Church, Chapel, Graveside LAGSDALE Mortuary

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

will be applied and billed to undersigned.

Lot 223 Grave 11 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund Saturday overtime 600.00

Opening/Closing & Setup 375.00

Burial Container PAID 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MAY 28 2002

Recording and filing fee MT HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 19.38

Total Due 2369.38

Paid receipt number R-55025 2369.38

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order #

E 17113

Invoice #

Acct. #

MT HOPE CEMETERY

E-17113

GRAVE BLIND CHECK FORM

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

2	3	4	5	6		
Smith						
8	9	10	223 X 11	12		

Interment space for: ROSARIO BURNS

Interment Date: SAT 6-1 Time: 11:00

Lot: 223 Grave: 11 Row: Sect: 2 Div: 12

Grave Laid out by: PARKEY & DAU

Agrees with Legal Card: ☐ Yes ☐ No *they on*

Agrees with Map: ☐ Yes ☐ No *Grave*

Blind Check & Verified By: ROBERT / CHECK Date: 5-31-02

E-17113 24

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rosario		1B. MIDDLE Dupree	1C. LAST (FAMILY) Burns, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 07/28/1977	3. DATE OF DEATH MONTH DAY YEAR 05/21/2002	4. SEX M
5A. CITY OF DEATH Long Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rosario D. Burns, Sr.; Father 7159 Woodshawn Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>James R. Peace</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/31/2002				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/31/2002
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Long Beach Dept. of Vital Records 2525 Grand Ave.; Long Beach, CA 90815		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102		11B. DATE BURIED 6-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-02

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

of Willie Dixon

in a D.D. Crypt (2nd Burial) Funeral, date, time Mon. 6-3 2:00

Church, Chapel, Graveside Rhydale 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 1168 Grave 6 Row 1 Section 1 Division/Block 12

Grave space & Care Fund E-8952 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container PAID

Handling Fees MAY 30 2002

Flower vases - Marker setting fee 0

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA

Total Due 420.00

Paid receipt number R-55046 420.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

L. Dave Wade
4243 Marcwade Dr.

Address

San Diego 92154

City

619 690-3537 Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17114

Sister Vickie
818 4004638

MT HOPE CEMETERY E-17114

GRAVE BLIND CHECK FORM

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

2nd D.D. gone w/ Gladys

1/2 3	4 Buckland	5 Buckland	6 X	Garnes		
7/8 9	10	11	12			

Interment space for: Willie Dixon

Interment Date: 6-3-02 Time: 2:00

Lot: 168 Grave: 6 Row: Sect: 1 Div: 12

Grave Laid out by: DAVID K.C.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ch. Jansen Date: 6-3-02

Flag on grave

E-17114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie		1B. MIDDLE James		1C. LAST (FAMILY) Dixon		2. DATE OF BIRTH MONTH DAY YEAR 11/04/1935		3. DATE OF DEATH MONTH DAY YEAR 05/24/2002		4. SEX M			
5A. CITY OF DEATH Tucson				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Arizona		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vickie W. Dixon, Daughter 14085 Fenton Lane Sylmar, California 92342							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego, California 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mahtie Tinsley</i>				8B. DATE SIGNED 06/03/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/03/2002 T. Tinsley		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209256			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, California 92186-5222							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, California 92102				11B. DATE BURIED 6-3-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE -			

COPY 2 IS RETAINED BY 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 5-24-02

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

of Juanita Freeman

In a single Funeral, date, time WED 5-29 11:00

Church Chapel Graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 133 Grave 6 Row 2 Section 2 Division/Block 11

Grave space & Care Fund Pr-need E-17065

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 1169.73

Paid receipt number R-55019 1120.73

Balance due 49.00

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

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

Signature of recorded holder of deed

X John E. Freeman
Signature
X 241 EAST 4TH ST
Address
X NATIONAL CITY 91950
City
X 477-6422
Telephone

Work Order # E 17115

Invoice # 363775

Acct. # 109237

REA-104 (7-86)

This information is available in alternative formats upon request.

RECEIVED

49.00 E-1745

Burial container

Billed 5-30-02
if customer pays here
do not use receipt
use yellow

E-17115

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Juanita	1B. MIDDLE Genoa	1C. LAST (FAMILY) Freeman	2. DATE OF BIRTH MONTH DAY YEAR 03/27/1923	3. DATE OF DEATH MONTH DAY YEAR 05/23/2002	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John E. Freeman, Jr., Husband 241 E. Fourth St. National City, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/28/2002		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/28/2002 <i>I. Tinsley</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208911
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Dept. of Vital Records P. O. Box 85222; San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 5-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT HOPE CEMETERY

E-17115

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 F. RAMON CASTILLO	4	5	103 X 6			
9 G. DBS	10	11	12			

Interment space for: Juanita Freeman

Interment Date: WED 5-29 Time: 11:00

Lot: 133 Grave: 6 Row: Sect: 2 Div: 11

Grave Laid out by: DAKESY L / Dave

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: CW / [Signature] Date: 5-28

Day on
Grave

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-27-00

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

In a 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 3416 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund D-5197 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MAY 27 2002 —

Recording and filing fee 45.00

Sales taxes 14.73

COL N6215237 Paid by VS Total Due 769.73

10/30/03 Paid receipt number 0

used 2 - diff credit Balance due 0

Cards 400 + 369.73

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.

DALE ROBINSON

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

Signature of recorded holder of deed _____

Signature Dale Robinson
 Address 6541 LAKE ASHMORE CT
San Diego CA 92119
 City San Diego Zip Code 92119
 Telephone 619-589-1458

Work Order # E 17116 Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

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

of WILFREDO BOCALBOS 10:00

in a LINER Funeral, date, time FRI 5-31

Church, Chapel, Graveside LEVI'S COLONIAL Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 97 Grave 9 Row 1 Section 1 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55027 1664.73

Balance due 0

I hereby certify I am the BROTHER-IN-LAW of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment. JORGE GABRIEL

I hereby authorize the interment in lot I

hold under deed.

Signature of recorded holder of deed 413 3843 MT ARIANE DR

Address SD 92111

City SD 650 384 Zip Code

Telephone Invoice #

Acct. # Work Order # E 17117

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper

E-17117
MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	1	2	3	4	5	6
	TRONCOSO	ESTRADA	JORDAN	FLETCHER	LABIER	
	7	8	9	10	11	12
	BERNARD		X	GIVENS	WIBLETT	CHANEY

Interment space for: WILFREDO BOCALBOS

Interment Date: Fri 5-31 Time: 10:00

Lot: 97 Grave: 9 Row: Sect: 1 Div: 12

Grave Laid out by: D.C.F. & DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 5-29-02

E- 17117

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) VILFREDO		1B. MIDDLE AREOLA		1C. LAST (FAMILY) BOCALBOS		2. DATE OF BIRTH MONTH DAY YEAR 06/03/1943		3. DATE OF DEATH MONTH DAY YEAR 05/25/2002		4. SEX M			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LYDIA GABRIEL - SISTER 3823 MT ARIANE DR SAN DIEGO, CA 92111							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENDOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paullette Vale</i>				8B. DATE SIGNED 05/27/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/29/2002 P. Valentine		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208994			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102										11B. DATE BURIED 5-31-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. [Signature]</i>	
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY										12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS										13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED										14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION										15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	
15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE													

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

Pre-need
Trust Account

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

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

of Guadalupe R. Garcia

in a T.S. Vault Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 123 Grave 3 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 _____

Recording and filing fee _____

Sales taxes _____

PAID

JUL 23 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO

25% down

Total Due

Paid receipt number

R-55029

Balance due

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order #

E 17118

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55366

Date: 9/4, 2002

From: Guadalupe R. Garcia Address: on record

Fifty Four 64 Dollars (\$ 54.64)

In part Payment of Pre need trust Account Coupon # 4/5

Lot 123 Grave 3 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17118

BALANCE DUE \$ 519.18

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

AC-212 (Rev. 5-94)

2122

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

ISSUED BY

Rauhette C

CREDIT	87107	
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	54 64
Trust	77186 9922	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	54 64

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55501

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct 9, 20 01
 From: Guadalupe R. Garcia Address: on record
Fifty-Four and 64/ Dollars (\$ 54.64)

 In part Payment of Pre-need trust account
Coupon # 647

 Lot 123 Grave 3 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17118BALANCE DUE \$ 464.54Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>54.64</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	77183	
	60101	
	78390	
TOTAL PAID	\$	<u>54.64</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55615

MOUNT HOPE CEMETERY

(619) 527-3400

Date:

11-14-2002

From: Guadalupe R. Garcia address: on record
Fifty-Four and 64 Dollars (\$) 54.64
in part Payment of TRUST ACCOUNT
 Lot 123 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17118BALANCE DUE \$409.90NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

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

54.6454.64Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒# 2152ISSUED BY Paullette C.

TOTAL PAID

\$

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55712

Date: 12-9-02, 20

From: Guadalupe Garcia Address: On Record
Lilly Tour 64/100 Dollars (\$ 54.64)

in part Payment of Pre-need trust
Lot 123 Grave 3 Row _____ Section 3 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17118BALANCE DUE 355.26

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
		54	64

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

2166

ISSUED BY

TOTAL PAID \$ 54 64

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55751

MOUNT HOPE CEMETERY

(619) 527-3400

From: Guadalupe R Garcia Address: On record Date: 12-27, 20 02
Fifty-Four 64 Dollars (\$ 54.64)
 in part Payment of Pre-need lots acc
 Lot 123 Grave 3 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17118BALANCE DUE \$ 300.62Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

2174

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

ISSUED BY

Bulette C.

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

54.64

TOTAL PAID

\$

54.64

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55902

From: G. Garcia Address: 2755 Market St. 80 Date: Feb. 7, 20 03
Fifty Four dollars + 64/100 Dollars (\$ 54.64)
 in part Payment of Pre need trust
 Lot 123 Grave 3 Row _____ Section 3 Division B Block B

Invoice No. E 17118

Acct. No. _____

W.O. _____

BALANCE DUE 245.98NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 07 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
ISSUED BY Kam Hinkel

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

54 6454 64

TOTAL PAID \$

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55941

Date: Feb. 21, 2003

 From: Lupe Garcia Address: 2755 Market St 92102
 Fifty Four dollars 964/100 Dollars (\$ 54.64)

 in part Payment of preneed trust
 Lot 123 Grave 3 Row Section 3 Division Block 12

Invoice No. E 17118

Acct. No. _____

W.O. _____

BALANCE DUE 191 34

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

FEB 20 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGOISSUED BY: *Paul Hetzel*

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

TOTAL PAID

\$

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

2191

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56061

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 25, 2003
 From: G. Garcia Address: 2755 Market St SD 92162
fifty four dollars & 64/100 Dollars (\$ 54.64)

 in part Payment of pre need trust
 Lot 123 Grave 3 Row _____ Section 3 Division Block 12
Invoice No. E 17118

Acct. No. _____

W.O. _____

BALANCE DUE 136.70NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 25 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

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

54 64

TOTAL PAID

\$

54 64

Pre-Need Lot | At Need | On Acct |

Pre-need Trust ☒ Cash | Check ☒2008

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56204

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 7, 20 03
From: Rupe Garcia Address: 2755 Market St SD 92102
Fifty four dollars + 64/100 Dollars (\$ 54 64)
in paid Payment of pre need trust
Lot 123 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. E17118

Acct. No. _____

W.O. _____

BALANCE DUE 82 00Pre-Need Lot ☐ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

MAY 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Kam Hermal

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

TOTAL PAID

\$

54 64
54 64

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56503

MOUNT HOPE CEMETERY

(619) 527-3400

From: G. Garcia Address: 2755 Market St 80 92102
Twenty Seven + 42/100 Dollars (\$ 27.42)
 in full Payment of pre need trust
 Lot B3 Grave 3 Row _____ Section 3 Division Block B

Invoice No. E 17118

Acct. No. _____

W.O. _____

BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

JUL 23 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	42
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

27 42

GARCIA, GUADALUPE R.

2755 Market Street, San Diego, CA 92102 (619) 231-7530

		DEBIT	CREDIT	BALANCE
5-28-02	Opened Pre-need Trust Account, Trust includes: O/C, B/C T.S. Vault, H/F, R/F and Tax on Vault. R-55029 Lot 123, Grave 3, Sec 3, Division 12 25% Down Payment.	874.38		874.38
6-11-02	R-55095 No coupon #1		218.60	655.78
7-14-02	R-55211 July #2		27.32	628.46
8-12	R-55303 #3		27.32	601.14
9-11-02	R-55366 #4		27.32	573.82
10-9-02	R-55501 #6		54.64	519.18
11-14-02	R-55615 #8		54.64	464.54
12-9-02	R-55712 10 & 11		54.64	409.90
12-27-02	R-55750 12 & 13		54.64	355.26
2-7-03	R-55902 14 & 15		54.64	300.62
2-21-03	R-55941 16 & 17		54.64	245.98
3-25-03	R-56061 18 & 19		54.64	191.34
5-1-03	R-56204 20 & 21		54.64	136.70
6-10-03	R-56346 22		54.64	82.06
7-24-03	56503 24		27.42	27.42
		PAID		
		JUL 23 2003		
		MT. HOPE CEMETARY		
		CITY OF SAN DIEGO, CA		
GARCIA, GUADALUPE R.		E-17118		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

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

In a T.S. VAULT Funeral, date, time SAT 6-1 11:00

Type of Burial Container
Church, Chapel, Graveside MAYER Mortuary.

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

✓ Lot 4752 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need E-53 0

Additional spaces and care fund SATURDAY OVERTIME 600.00

Opening/Closing & Setup E-7489 0

Burial Container **PAID** 0

Handling Fees 0

Flower vases - Marker setting fee MAY 29 2002 0

Recording and filing fee 0

Sales taxes 0

MORTUARY TO BRING check 0

MT. HOPE CEMETARY 0

CITY OF SAN DIEGO, CA 0

PAID Total Due 600.00

PAID Paid receipt number R-55031 600.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 17119**

05/29/2002

13:02

SD MT. HOPE CEMETERY - MAYER

NO. 841

00

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

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

of LYDIA WORTMANin a T.S. VAULT Funeral date time SAT 6-1 11:00Type of burial Graveside MAYER Mortuary.

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

will be applied and billed to undersigned

Lot <u>4752</u>	Grave	Row	Section	Division/Block	<u>10</u>
Grave space & Care Fund				<u>Pre-paid E-53</u>	<u>0</u>
Additional spaces and care fund				<u>SATURDAY OVERTIME</u>	<u>600.00</u>
Opening/Closing & Setup				<u>E-7489</u>	<u>0</u>
Burial Container					<u>0</u>
Handling Fees					<u>0</u>
Flower vases - Marker setting fee					<u>0</u>
Recording and filing fee					<u>0</u>
Sales taxes					<u>0</u>
Total Due					<u>600.00</u>

MORTUARY TO
BRING CHECK

Paid receipt number

Balance due

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

I hereby authorize the interment in lot 4752 held under deed.

Signature of recipient holder of deed

X John Mayer
 X 2859 Adams Hwy
 X San Diego, CA 92116
 X 619/281-7055
 Telephone

Work Order # E 17119

Invoice #

Acct. #

REA 104 (7-00)

This information is available in alternative formats upon request.

E-17119

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.

4755	4754	4753 EDGAR	4752 X	4751 TOM	4750 MORA'S	4749 KARAOGLAN
		WORTMAN				

Interment space for: LYDIA WORTMAN

Interment Date: SAT 6-1 Time: 11:00

Lot: 4752 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: DAVID DF

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/30/02

*Flag on
Grave*

E-17119

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lydia	1B. MIDDLE -	1C. LAST (FAMILY) Wortman	2. DATE OF BIRTH MONTH, DAY, YEAR 05/10/1917	3. DATE OF DEATH MONTH, DAY, YEAR 05/26/2002	4. SEX ■
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT George T. Hornby, Son-in-Law 1645 Monmouth Drive San Diego, CA 92109	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>
8B. DATE SIGNED 05/29/2002					

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 05/30/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209066
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

→ MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/28/02

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

of Ruthie Ree Williams (179)

in a T.S. Vault Funeral, date, time FRI, May 31 1:00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

Lot BB Grave 10 Row Section Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee Ground trion vase 46.93

Recording and filing fee 46.00

Sales taxes 1938

PAID
MAY 29 2002

Total Due 1816.31

MT. HOPE CEMETARY Paid receipt number R-55038 1816.31

CITY OF SAN DIEGO, CA Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17120

Invoice #

Acct. #

MT HOPE CEMETERY

E-17120

GRAVE BLIND CHECK FORM

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

1	2	3	4	5	6	7
7	8	9	10 X	11	12	13

DAVENPORT

Interment space for: Ruthie Ree Williams

Interment Date: 5/31/02 Time: 1:00

Lot: 88 Grave: 10 Row: Sect: 1 Div: 12

Grave Laid out by: DAVID D.F.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVEN Date: 5-30

Flag on Grave

88	89	

A BERTA L. DAVENPORT

					6
--	--	--	--	--	---

	1	10	11	12
--	---	----	----	----

E-17120

69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruthie	1B. MIDDLE Ree	1C. LAST (FAMILY) Williams	2. DATE OF BIRTH MONTH, DAY, YEAR 10/31/1932	3. DATE OF DEATH MONTH, DAY, YEAR 05/24/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James E. Williams, Husband 444 Hoitt Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>10 Route Tinsley</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/30/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/30/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209101
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

D.I.P.
Grave of Louis Ballinger

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

in a LINER Type of Burial Container Funeral, date, time Mon. June 3rd 1:00
Church, Chapel, Graveside Witness : GUARDIAN MEMORIAL Mortuary.

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

will be applied and billed to undersigned.

Lot 94 Grave 8 Row _____ Section 1 Division Block 11

Grave space & Care Fund Pre-need E-2780

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees MAY 30 2002 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee MT. HOPE CEMETARY 14-73

Sales taxes CITY OF SAN DIEGO, CA

Total Due 769.73
Paid receipt number Paid by [signature] 769.73
Balance due card

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Work Order # E 17121

Invoice #

Acct. #

MT HOPE CEMETERY E-17121

GRAVE BLIND CHECK FORM

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

		BARNWELL ¹	TORRES ²	HAWKINS ³	WASH. ⁴	STEWART ⁵
		CRUEA ⁷	94 X 8	9	OWEN ¹⁰	11

Interment space for: CHARLOTTA BALLINGER

Interment Date: _____ Time: _____

Lot: 94 Grave: 8 Row: _____ Sect: 1 Div: 11

Grave Laid out by: Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 6-3-02

**flag on grave*

E-17121

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

24568

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Charlotta		1B. MIDDLE A.	1C. LAST (FAMILY) Ballinger	2. DATE OF BIRTH MONTH, DAY, YEAR 09/05/1914	3. DATE OF DEATH MONTH, DAY, YEAR 05/28/2002	4. SEX F
5A. CITY OF DEATH OMARD			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE VENTURA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Russell Frank Miller Jr. - son 738 Camino Durango Thousand Oaks, CA 91360		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Camino del Sol, 200 North "C" Street, Oxnard, CA 93030				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1628		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/29/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Robert M. Levin M.D.
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 3147 Loma Vista Rd Ventura, CA				
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA					9F. SIGNATURE OF APPLICANT—Person taking permit Sam Lohm	
					9G. DATE SIGNED 05/30/2002	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, 92012	11B. DATE BURIED 6-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-28-03

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

In a Liner Funeral, date, time FRI 5-31 1:00

Church, Chapel, Graveside OAK PARK HILLS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 925 934-6500
will be applied and billed to undersigned.

Lot 5731 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund See need C-4616 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MAY 29 2003 —

Recording and MT HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO C. 14.73

Total Due 769.73

Paid receipt number VISA 769.73

Balance due 0

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

PAT COOK 858 486-3044

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Telephone _____

Zip Code _____

Work Order # **E** 17122

Invoice # _____

Acct. # _____

07-13
FAR

SD MT. HOPE CEMETERY → 918584863044

140.845 D01

617 521-510
619 527 3403

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-28-02

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

of SHERMAN THORNSBERRY

in a Liner

Funeral date time FRI 5-31 1:00

Church, Chapel, Graveside

OAK PARK HILLS Mortuary.

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

925 931-6500

will be applied and billed to undersigned.

Lot 3731 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Pre-need C-4616

Additional spaces and care fund

Opening/Closing & Setup

375.00

Burial Container

PAID

190.00

Handling Fees

145.00

Flower vases - Marker setting fee

MAY 29 2002

Recording and MT HOPE CEMETARY

45.00

Sales taxes CITY OF SAN DIEGO, CA

14.73

Total Due

769.73

Paid receipt number

VISA

769.73

Balance due

0

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

PAT COOK 858 486-3044

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

Signature of recorded holder of deed

X Father T. Cook
X 14116 Donart Dr
X Poway CA 92129
X 858 486 3044

Invoice #

Work Order # E 17122

Acct. #

SEA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-17122

GRAVE BLIND CHECK FORM

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

			West			
3728 TRY	3729 FRY	3730	3731 X	3732	3733 THORNSBERRY	3734

Interment space for: SHERMAN THORNSBERRY

Interment Date: Fri 5-31 Time: 1:00

Lot: 3731 Grave: Row: Sect: Div: 10

Grave Laid out by: DAVID D.F.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 5-30-02

May on grave

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

05/29/02

08:12:50

KEYED

INVOICE#

VS XXXXXXXXXXXXXXX15915

AUTH# 036047

REF# 12202001

AVS: NO AVS REQUESTED

MAIL/PHONE

\$ 769.73

TOTAL

\$ 769.73

AGREE TO PAY ABOVE TOTAL AMOUNT
ORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X PHONE ORDER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17122 Interment of
Sherman Thornberry

FAN

617 527 3403

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHERMAN THORNSBERRY in a Liner Funeral, date, time FRI 5-31 1:00 Church, Chapel, Graveside OAK PARK HILLS Monitory. An Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 925 934-6500 will be applied and billed to undersigned.

Lot 3731 Grave _____ Row _____ Section _____ Division/Block 10
Grave space & Care Fund Pre-need C-4616
Additional spaces and care fund _____
Opening/Closing & Setup 375.00
Burial Container PAID 190.00
Handling Fees 145.00
Flower vases - Marker setting fee MAY 29 2007
Recording and MT HOPE CEMETARY 45.00
Sales taxes CITY OF SAN DIEGO 14.73
Total Due 769.73
Paid receipt number VISA 769.73
Balance due 0

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

PAT COOK 858 486-3044
I hereby authorize the interment in lot I hold under deed.
Signature of recipient holder of deed _____
Signature X Father T. Cook
Address X 14116 Donart Dr
City X Poway CA 92104
Telephone X 858 486 3044

Work Order # E 17122

Invoice # _____
Acct. # _____

REA 104 (7-98)

This information is available in alternative formats upon request

Printed on recycled paper

E-17122

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SHERMAN		1B. MIDDLE ANDERSON		1C. LAST (FAMILY) THORNSBERG		2. DATE OF BIRTH MONTH DAY YEAR 10/15/1920		3. DATE OF DEATH MONTH DAY YEAR 05/24/2002		4. SEX M	
5A. CITY OF DEATH WALNUT CREEK				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE CONTRA COSTA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEASED PATRICIA COOK - DAUGHTER 14116 DONART DR. POMAY, CA 92064					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH OAK PARK HILLS CHAPEL, 3111 N. MAIN ST. WALNUT CREEK, CA 94596				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1073		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 05/28/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/28/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 5288 PC			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 826 MAIN ST. MARTINEZ, CA 94553				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS ST., P.O. BOX 85222 SAN DIEGO, CA 92186					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA				11B. DATE BURIED 5-31-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-28-02

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

of Pearl Yvonne Gregory

in a T.S. Vault
Type of Burial Container

Funeral, date, time FRI: MAY 31st 1:00

Church/Chapel, Graveside

ELCAJON

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 134 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund D-4500

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

SHAWN Gregory 865-7229

I hereby authorize the interment in lot I

hold under deed. (619) 444-1165

Signature of recorded holder of deed

Signature

X 1705 Gales Ct

Address

X W-S NC 27103

City

X (336) 716 9605

Telephone

Zip Code

Invoice #

Work Order # E 17123

Acct. #

on grave
with Roger Gregory

MT HOPE CEMETERY

E-17123

GRAVE BLIND CHECK FORM

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

			134 X			

Interment space for: Pearl Yvonne Gregory

Interment Date: 5-31-02 Time: 1.00

Lot: 134 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: D.L.F. & DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ROBERT Date: 5.29.02

E-17123

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PEARL		1B. MIDDLE YVONNE	1C. LAST (FAMILY) GREGORY	2. DATE OF BIRTH MONTH DAY YEAR 08/10/1913	3. DATE OF DEATH MONTH DAY YEAR 05/26/2002	4. SEX F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARILYN GREGORY—DAUGHTER-IN-LAW 5916 N.W. PLACE AUSTIN, TX 78731		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/30/2002				
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/30/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209122 JACKIEKOZICA	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102		11B. DATE BURIED 5-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Perry</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-29-02

*Pre-need
Trust*

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

in a ash vault Funeral, date, time _____

Church, Chapel, Graveside _____; Goodbody Mortuary.

All Funeral 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 1176 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need C-8552 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees MAY 29 2002 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO 4.26

Sales taxes _____ 269.26

Grave of Total Due 269.26

Annie Ferguson Paid receipt number R-55037 269.26

Balance due 0

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

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

Kenneth Lowe
Signature

see attached
Address

City Zip Code

Telephone

Invoice #

Acct. #

Signature of recorded holder of deed

Work Order # **E 17124**

6175 Capri Drive
San Diego, CA 92120-4648

E 17124

May 28, 2002

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102-4527

Gentlemen:

On May 20, 2002, my wife (Violet) and I spoke with one of your representatives, Sue, regarding my wife's wish to have her cremated ashes buried in a plot with her parents. Their bodies were buried in lots 1175 and 1176 (James T. Ferguson and Annie M. Ferguson). Sue stated that the total cost of this procedure would be \$269.26 for burial of the ashes. Our check is enclosed.

We will deliver the ashes to you in an urn/receptacle approved by Goodbody Mortuary. We would like to be notified after the ashes have been buried, so that our immediate family can come to the gravesite and hold our own private meditation service.

My wife, Violet, has been under in-home care of San Diego Hospice since April 26, 2002. She has metastasized breast cancer.

The purpose of this letter and enclosed check is simply to make pre-need arrangements, so that these details have been resolved. Please contact me at 619-583-6161 if you have any questions.

If possible, I would like to receive a written confirmation that you have received and accept the contents of this letter.

Thank you very much for your assistance.

Sincerely,

Kenneth L. Lowe
KLL/lb

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-29-02

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

of IDA MCCAULEY ⁴¹²
in a LINER Funeral, date, time THUR 6-6 11:00
Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY: CHAPEL OF PEACE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 72 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Marker setting fee JUN 06 2002

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1564.73

Paid receipt number R-55081 1564.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X
X
X
X
X
Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17125

Lat

9

469-2721

phone

909

469-2630

country

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-29-02

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

of IDA McCAULEYin a LIVERFuneral, date, time THUR 6-6Church, Chapel, Graveside DELIVERY ONLY CHAPEL OF PEACE Mortuary.

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

will be applied and billed to undersigned.

Lot 72 Grave 4 Row _____ Section 2 Division/Block 11Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00Burial Container 190.00Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00Sales taxes 11.73Total Due 1564.73MORTUARY TO
BRINK CHECK

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed

907 Sharp Place
San Diego CA 92168
(619) 469-0777

Invoice # _____

Acct. # _____

Work Order # E 17125

REA-104 (7-84)

This information is available in alternative formats upon request.

© 1994 San Diego County

MT HOPE CEMETERY

E-17125

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 MARTIN	2	3 JAMES McCAULEY	4 72 X	5 Book	6 Coley	
7	8	9	10	11	12	

Interment space for: IDA McCAULEY

Interment Date: THUR 6-6 Time: _____

Lot: 72 Grave: 4 Row: _____ Sect: 2 Div: 11

Grave Laid out by: Ken & David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No


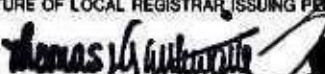
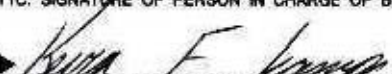

Blind Check & Verified By: W. J. Warden Date: 6-3-02

*Key on
Grave*

E-17125

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ida		1B. MIDDLE Faye		1C. LAST (FAMILY) McCauley		2. DATE OF BIRTH MONTH, DAY, YEAR 11/27/1923		3. DATE OF DEATH MONTH, DAY, YEAR 05/28/2002		4. SEX F	
5A. CITY OF DEATH Pomona				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Faye Moore-Daughter 907 Sharp Pl. Pomona, CA 91768					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Chapel Of Peace Funeral Home 1240 S. Garey Ave., Pomona, CA 91766				7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD 1754		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 06/05/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID		9B. DATE PERMIT ISSUED 06/05/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa St. Los Angeles, CA 90012				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3731 Market St. San Diego, CA 92102				11B. DATE BURIED 6-6-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IS APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-30-02

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

of Mary Jane Anderson (163)

In a Liner type of Burial Container Funeral, date, time Weds, June 5th 11:00

Church/Chapel, Graveside Tittman Riverside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 999-680-4133

will be applied and billed to undersigned. ✓

Lot 63 Grave 7 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAY 30 2002 190.00

Handling Fees 145.00

Flower vases - Marker setting fee Free MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number Paid by Visa 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Fax 909-682-7863

Work Order # E 17126

REA-104 (7-96)

X Julma Smith (163)
Signature
X 2340 W Valdivia Ave
Address
X Anaheim Ca 92801
City Zip Code
X (714) 663-4139 or 1909-6740842
Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-17126

GRAVE BLIND CHECK FORM

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

			1	2	3	4
			7 X	8	9 S. VELA	10 11/12
			Battle	Landrum		

Interment space for: Mary Jane Anderson

WEDS
Interment Date: 6-5-02 Time: 11:00

Lot: 63 Grave: 7 Row: Sect: 1 Div: 12

Grave Laid out by: DAVID K.C.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-3-02

Flag on grave

909- 682-7863

1

Mon. Jan. 4, 1960

11:00

2-2-05

15

1

1

(2)

2-2-05

J. J. J. J.

E-17126

b9

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Jane	Anderson	06/27/1942	05/29/2002	F
5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
Wildomar	Riverside		Thelma Smith, Daughter 2340 W. Valdine Avenue Anaheim, CA 92801		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			7B. CALIF. LICENSE NUMBER —IF APPLICABLE		
Tillman Riverside Mortuary, 2874 10th Street Riverside, CA 92507			FD757		
8A. SIGNATURE OF APPLICANT—Please bring with			8B. DATE SIGNED		
Josephine DeSantiago			06/04/2002		

9. SIGNATURE OF APPLICANT		10. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
PERMIT		11. DATE PERMIT ISSUED	
AUTHORIZATION OF LOCAL REGISTRAR		12. DATE PERMIT ISSUED	
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.		13. DATE PERMIT ISSUED	
14. AMOUNT OF FEE PAID		15. DATE PERMIT ISSUED	
\$7.00		06/05/2002	
16. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA		17. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
Riverside CO Health Dept, PO Box 7600, Riverside, CA 92513-7600		San Diego CO Health Dept, PO Box 85222 San Diego, CA 92186-5222	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 751 Market St San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COPY 1

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

VSS (REV. 8/01)

E-17126

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Jane	1C. LAST (FAMILY) Anderson	2. DATE OF BIRTH MONTH DAY YEAR 06/27/1942	3. DATE OF DEATH MONTH DAY YEAR 05/29/2002	4. SEX F
5A. CITY OF DEATH Wildomar		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Riverside	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Thelma Smith, Daughter 2340 W. Valdine Avenue Anaheim, CA 92801		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Tillman Riverside Mortuary, 2874 10th Street Riverside, CA 92507		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD757	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Josephine DeSa Cruz</i> 8B. DATE SIGNED 06/04/2002		

ACKNOWLEDGMENT OF APPLICANT

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/05/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 958756/JP
	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside CO Health Dept, PO Box 7600, Riverside, CA 92513-7600		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego CO Health Dept, PO Box 85222 San Diego, CA 92186-5222			

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery, 751 Market St San Diego, CA 92102	11B. DATE BURIED 6-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT: HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-30-07

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

in a LINER Funeral, date, time FRI 6-7 11:30

Church, Chapel, Graveside FEATHERINGILL ELMER Mortuary.

All Funeral 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 4061 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-paid C-5285 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 07 2007 145.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 14.73

MORTUARY TO BRING CHECK Total Due 769.73

Paid receipt number R-55088 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Work Order # E 17127

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17127

GRAVE BLIND CHECK FORM

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

4058	4059	4060 W. GIBBONS	4061 X	4062 DAVIDSON	4063 ROBERTO	4064 SWEET

Interment space for: FLORA GIBBONS

Interment Date: FRI 6-7 Time: 11:30

Lot: 4061 Grave: Row: Sect: Div: 10

Grave Laid out by: Ken & David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 6-4-02

*Flag on
Grave

E-17127

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Flora	1B. MIDDLE E.	1C. LAST (FAMILY) Gibbons	2. DATE OF BIRTH MONTH DAY YEAR 03/27/1911	3. DATE OF DEATH MONTH DAY YEAR 05/30/2002	4. SEX F
5A. CITY OF DEATH Pensacola		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Florida		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Wendy Melton, Daughter 1101 JoJo Road Pensacola, Florida 32514	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108726 of the Health and Safety Code, and was authorized pursuant to Section 7700 of the Health and Safety Code.

BA. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* CB. DATE SIGNED: **06/05/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SHOWS NO RIGHT OF RETURN, OUTSIDE OF CALIFORNIA. 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222	8A. AMOUNT OF FEE PAID \$ 7.00	8B. DATE PERMIT ISSUED 06/05/2002 K. Zaretska	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209431
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222 San Diego County				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6-3-02

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

of NOBORU YAMAMOTO

in a T.S. VAULT

Type of Burial Container

Funeral, date, time FRI 6-7 10:00

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 5211 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID

JUN 03 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature of decedent

379 L ST

CHULA VISTA, CA 91911

(619) 422-4903

Invoice #

Acct. #

Work Order # **E 17128**

MT HOPE CEMETERY

E-17128

GRAVE BLIND CHECK FORM

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

3208 LEO YASHI	3209	3210	3211 X	3212 HAYASHI		

Interment space for: NOBORU YAMAMOTO

Interment Date: FRI 6-7 Time: 10:00

Lot: 3211 Grave: Row: Sect: Div: 10

Grave Laid out by: Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date: 6-402

Flag on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Noboru		1B. MIDDLE -	1C. LAST (FAMILY) Yamamoto		2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1899	3. DATE OF DEATH MONTH, DAY, YEAR 05/31/2002	4. SEX M
5A. CITY OF DEATH Chula Vista			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Shizue Yamamoto - Wife 379 L St Chula Vista Ca 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH COMMUNITY MORTUARY 855 Broadway Chula Vista Calif 91911				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 05/31/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/03/2002 D. Heldenbrand	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego Calif 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 6-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-02

*Pre-need
Lot & Trust*

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

in a Bell Linen Funeral, date, time _____

Church, Chapel, Graveside _____ Humphreys Mortuary.

All Funeral 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 64 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55076 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17129

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

N^o 55076

From Co. of S.D. HHS substitute payee Date: June 5, 2002
Disbursement Address: P.O. Box 122028, S.D. CA 92112-2028
Sixteen Hundred Sixty-four and 73/100 Dollars (\$ 1,664.73)
 In full Payment of Pre-need lot & trust account for Edwin Banta
Paid in full

 Lot 64 Grave 10 Row _____ Section 1 Division Block 72

Invoice No. _____

Acct. No. _____

W.O. E-17129BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

515 3502NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE.

ISSUED BY

Paulette C.

CREDIT	67007	<u>179.00</u>
20% Sales Care	77154	
80% Sales	100	
of Lots	77184	<u>716.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>769.73</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1,664.73</u>

Mt Hope Cemetery
Contract Entry Verification
09/04/2002

E-17129

Contract Number: E-17129-F

Contract Date: 06/03/2002
Purchaser: Banta, Edwin

Purchaser Number: 410 /
Phone:
Child Prot: N

Beneficiary:

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-1	895.00	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	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		64	10	A

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6-3-02

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

of MABLE KIRKPATRICK

in a DOUBLE DEPTH 1st Burial Funeral, date, time FRI 6-7 11:00

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

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

will be applied and billed to undersigned.

Lot 19 Grave 10 Row 1 Section 1 Division/Elect 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 2 at 370 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 2464.45

Paid receipt number R-55082 2464.45

Balance due 0

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

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

Signature of recorded holder of deed

X ODIS D. KIRKPATRICK

X ODIS D. Kirkpatrick

Signature

X 168 KENYATA, DR.

Address

X SAN DIEGO, CA 92114

City

619-266-1691

Telephone

Invoice #

Work Order # E 17130

Acct. #

MT HOPE CEMETERY

E-17130

GRAVE BLIND CHECK FORM

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

						McClellan
1	2	3	4	5	6	
7	8	9	10 X	11	12	BLAIR

Interment space for: MABLE KIRKPATRICK

Interment Date: FRI 6-7 Time: 11:00

Lot: 19 Grave: 10 Row: Sect: 1 Div: 11

Grave Laid out by: DAVID K.C.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. Dallen Date: 6-6-02

Flag on
Grave

E-17130

61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MABLE		1B. MIDDLE -	1C. LAST (FAMILY) KIRKPATRICK		2. DATE OF BIRTH MONTH DAY YEAR 03/16/1941	3. DATE OF DEATH MONTH DAY YEAR 05/31/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEASED ODIS D KIRKPATRICK—HUSBAND 168 KENYATTA DR SAN DIEGO CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/04/2002			
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/04/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209375	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102		11B. DATE BURIED 6-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. Kanyan</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-02

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

In a ASH PLOT 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 1 Grave 26 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____ 300.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JUN 03 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid in Full Total Due 300.00

Paid receipt number R-55053 300.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Lavern Alexander
Signature
1527 ENCINA DR
Address
SAN DIEGO CA 92114
City Zip Code

Telephone _____

Work Order # E 17131

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-4-02

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

in a LINER Funeral, date, time Fri. June 7th 8:00
Type of Burial Container
Church, Chapel Graveside Lewis Colonial Mortuary Berthouh

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

✓ Lot 1 Grave #5 Row #8 Section Chinese Division/Block Chinese

Grave space & Care Fund		<u>0</u>
Additional spaces and care fund		<u>0</u>
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container	<u>JUN 04 2002</u>	<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, CA	<u>45.00</u>
Sales taxes		<u>14.73</u>
	Total Due	<u>769.73</u>
	Paid receipt number <u>PAID m/c</u>	<u>769.73</u>
	Balance due	<u>0</u>

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

I hereby authorize the interment in lot I
hold under deed. LIEN BUU NGO X [Signature]

Signature of recorded holder of deed

CDL 84829614
9-5-02

Signature

X 4820 MARLBOROUGH

Address

X Oceanside CA 92057

City

X 760 967-7709

Telephone

Zip Code

Invoice # _____

Acct. # _____

Work Order # **E 17132**

MT HOPE CEMETERY

E-17132

GRAVE BLIND CHECK FORM

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

Handwritten notes on the grid:

- Row 8 (written across the 4th row)
- Section 5 (written in the 3rd column, 4th row)
- Grave 5 (written in the 3rd column, 4th row, next to the 'X')
- Section 2 (written in the 5th column, 4th row)
- Grave 2 (written in the 5th column, 4th row)
- Chinese (written in the 7th column, 4th row)
- Row 8 (written vertically on the right side of the grid)

Interment space for: NGO, QUOI

Interment Date: 6-7-02 Time: 8:00 Chapel

Lot: — Grave: 5 Row: 8 Sect: Chinese Div: —

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 6-4-02

E 17132 86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) QUOY		1B. MIDDLE HOAN		1C. LAST (FAMILY) ECO		2. DATE OF BIRTH MONTH, DAY, YEAR 08/12/1915		3. DATE OF DEATH MONTH, DAY, YEAR 06/01/2002		4. SEX F	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LIEN ECO - GRANDDAUGHTER 4820 MARLEHEAD RAY DR OCEANSIDE, CA 92057					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENDBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valente</i>		8B. DATE SIGNED 06/05/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/05/2002 P. Valentine		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209430	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92188-52222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102				11B. DATE BURIED 6-7-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-4-02

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

in a DOUBLE DEPTH Funeral, date, time FRI 6-7 12:00

Church, Chapel, Graveside PACIFIC BEACH Mortuary.

All Funeral 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 1 Row 3 Section 3 Division/Block 5
Grave space & Care Fund 1595.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container JUN 04 2002 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 29.45

Total Due 2744.45

Paid receipt number R-55061 2744.45

Balance due 0

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

I hereby authorize the interment in lot 159 to hold under dead.

Signature of recorded holder of deed

Signature Christina J. Schneider
Address 2873 Pebble Beach Drive
City Ellicott City MD Zip Code 21042
Telephone (410) 750-1909

Invoice #

Acct. #

Work Order # E 17133

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES	1B. MIDDLE HENRY	1C. LAST (FAMILY) SCHNEIDER, III	2. DATE OF BIRTH MONTH, DAY, YEAR 11/24/1952	3. DATE OF DEATH MONTH, DAY, YEAR 05/29/2002	4. SEX M
5A. CITY OF DEATH LA JOLLA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CECELIA I. SCHNEIDER-COWLES-AUDY 515 LAS VERAS PL. ESCONDIDO CA 92026	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEM-PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD815		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 06/06/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/06/2002 E. GALVEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209544
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-4-02

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

of RICHARD KHANI 208
in a T.S. Vault Funeral, date, time SAT 6-15 11:00

Church/Chapel Graveside : CA BURIAL Mortuary.
REASON

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

will be applied and billed to undersigned.

✓ Lot 225 Grave 10 Row Section 2 Division/Bless 12
Grave space & Care Fund 895.00
Additional spaces and care fund Saturday overtime 600.00
Opening/Closing & Setup 375.00
Burial Container 250.00
Handling Fees **PAID** 185.00

Flower vases - Marker setting fee 45.00
Recording and filing fee 19.38
Sales Taxes 2369.38
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
PAID BY USA 2369.38
Paid receipt number

Balance due 0

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

I hereby authorize the interment in lot 208
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Work Order # **E 17134**

Invoice #

Acct. #

ANITA CRANDELL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-4-02

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

of RICHARD KHANI

In a T.S. Vault Funeral, date, time SAT 6-15

Type of Burial Container
☒ 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 \$ REASON

will be applied and billed to undersigned.

Lot 225 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund <u>Saturday overtime</u>	600.00
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	2369.38

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature [Signature]

Address 2936 Lincoln Ave.

City San Diego CA 92104

Telephone (619) 265-8292

Invoice # _____

Acct. # _____

Work Order # E 17134

MT HOPE CEMETERY

E-17134

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Gillis	2 Payne	3	4	5	6	
7	8	9	10 X	11 Burton	12	

Interment space for: RICHARD KHANI

Interment Date: SAT 6-15 Time: 11:00

Lot: 225 Grave: 10 Row: Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

*dig. on
corner*

NORDSTROM, INC.
PO BOX 870
Seattle, WA 98111

E-17134


PAYERS REQUEST FOR TAXPAYER ID NUMBER (SUBSTITUTE W-9)

A. NAME <u>CITY OF SAN DIEGO</u>	
A1 BUSINESS NAME <u>MT. HOPE CEMETERY</u>	Phone # <u>(619) 527-3400</u>
<small>**For Sole Proprietors, please furnish individual name</small>	
ADDRESS <u>3751 MARKET STREET</u>	
CITY, STATE, ZIP <u>SAN DIEGO, CA 92102</u>	

B. PLEASE CHECK	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership, Trusts, Estates, and similar entities
<input type="checkbox"/> Corporations	<input checked="" type="checkbox"/> PUBLIC CEMETERY
<small>Other (Churches, Government Agencies, Nonprofit/Exempt Organizations, etc.)</small>	

C. TAX IDENTIFICATION NUMBER	
<input type="checkbox"/> Social Security Number (for INDIVIDUALS and SOLE PROPRIETORS your Tax ID number is your social security number)	<input type="checkbox"/> Federal Identification Number (for ENTITIES other than individuals or sole proprietors)
	<u>95-6000776W</u>

D. TYPE OF WORK PERFORMED	
<input checked="" type="checkbox"/> Services <input type="checkbox"/> Rent <input type="checkbox"/> Other	Description: <u>BURIAL OF RICHARD KHANI</u>

E. CERTIFICATION:	
Under Penalties of Perjury, I Certify	
1) The number shown on this form is my correct taxpayer Identification Number (or I am waiting for a number to be issued to me), AND	
2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) the IRS has notified me that I am no longer subject to back withholding.	
Signature: <u></u> <small>Form must be signed by vendor</small>	Date: <u>6-13-02</u>
Print Name: <u>Ray Snider</u>	Title: <u>Manager</u>

F. MINORITY/WOMEN OWNED BUSINESS (please check one)	
<input checked="" type="checkbox"/> 01 - Non-Minority Owned Minority Owned <input type="checkbox"/> 02 - Native American <input type="checkbox"/> 03 - African American <input type="checkbox"/> 04 - Asian <input type="checkbox"/> 05 - Hispanic	<input type="checkbox"/> 06 - Non-Minority Women Owned Minority Women Owned <input type="checkbox"/> 07 - Native American <input type="checkbox"/> 08 - African American <input type="checkbox"/> 09 - Asian <input type="checkbox"/> 10 - Hispanic
<small><u>Minority-Owned Concern</u> The term "minority-owned business" is a business that is at least 51% owned or at least 51% of the stock is owned by the individuals included in the following: Native American, African American, Asian, and Hispanic; whose management and daily business operations are controlled by one or more of such individuals.</small>	
<small><u>Women-Owned Business Concern</u> The term "women-owned business" is a business that is at least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means actively involved in the day-to-day management.</small>	

Nordstrom
6997 Friars Road
San Diego, CA 92108 E-17134
(619) 295-4441 - Fax (619) 295-6034

Fax Transmission Cover Sheet

Date: June 13, 2002

To: Mt. Hope /Sue

From: Anita Crandall

Subj: Substitute W-9/ Khani

Total pages sent 2 **including this cover sheet.**

Message: Please fill out and return via fax along with itemized invoice.

E-17134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RICHARD	1B. MIDDLE ABDULLAH	1C. LAST (FAMILY) KHANI	2. DATE OF BIRTH MONTH DAY YEAR 05/21/1964	3. DATE OF DEATH MONTH DAY YEAR 05/29/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ILA KHANI—WIFE 4219 WEST OVERLOOK DR. SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/31/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209161
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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 6-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of SANDRA OSBORNE EDMONDSON 158

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 23 Grave 10 Row _____ Section 2 Division Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

MOUNT HOPE CEMETERY

Total Due 895.00
Paid receipt number R-55075 224.00
Balance due 671.00

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

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

Signature of recorded holder of deed _____

Sandra Edmondson
Signature
3978 Ocean View Blvd.
Address
San Diego, Ca. 92113
City Zip Code
(619) 244-7931
Telephone

Work Order # **E 17135**

Invoice # _____

Acct. # _____

Mt Hope Cemetery
Contract Entry Verification
06/14/2002

E-17135

Contract Number: E-17135-L

Contract Date: 06/05/2002

Purchaser: Edmondson, Sandra O.
3978 Ocean View Blvd.

Purchaser Number: 158 /

Phone: 619-264-7931

Child Prot:N

San Diego ,CA 92113

Beneficiary:

Counselors: 3 SUE SHACKELTON

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

Property	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 12	2		23	10	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	671.00
TOTAL DOWNPAYMENT	224.00 -	DATE FIRST PAYMENT DUE	07/14/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Walk-in

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 671.00

DEFERRED PAYMENT PRICE 895.00

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

R L Perp. Care 179.00

R S Equity 716.00

A Interest 0.00

R S Tax Recovery 0.00

R S Cost of Goods 0.00

R V Late Charge 0.00

CONTRACT ENTERED BY: _____

**Mt Hope Cemetery
Agreement Confirmation**

E-17135

06/14/2002

Agreement Number: E-17135-L

Agreement Date: 06/05/2002

Purchaser: Edmondson, Sandra O.
3978 Ocean View Blvd.

Purchaser Number: 158 /

Phone: 619-264-7931

San Diego, CA 92113

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	
1	Graves	Division 12-2	895.00	0.00		
Property						
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 12	2		23	10	A
BASE PRICE		895.00				
SALES TAX		0.00				
TOTAL CASH PRICE		895.00				
TOTAL DOWNPAYMENT		224.00 -				
TRANSFER ALLOWANCE		0.00 -				
DISCOUNT OR ALLOWANCE		0.00 -				
FINANCE CHARGE		0.00				
TOTAL OF PAYMENTS		671.00				
DEFERRED PAYMENT PRICE		895.00				
NUMBER OF INSTALLMENTS		1				
REGULAR PAYMENT OF		0.00				
ODD PAYMENT OF		671.00				
DATE FIRST PAYMENT DUE		07/14/2002				
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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55175

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-3, 2002From: S. Edmondson Address: on recordIn Twenty Eight Dollars (\$ 28.00)In part Payment of pre need lot accountLot 23 Grave 10 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17135BALANCE DUE \$ 643.00
 Pre-Need Lot ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY

P. Crawford
 CREDIT
 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	<u>28.00</u>
100	
77181	
100	
77182	
100	
77185	
100	
77183	
63033	
9022	
80101	
78390	
TOTAL PAID	\$ <u>28.00</u>

120

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55283

MOUNT HOPE CEMETERY

(619) 527-3400

Date:

8/

20 02

From:

Sandra Edmondson

Address:

on record

Twenty-Eight

Dollars (\$

28.00

In

part

Payment of

pre-need lot Account for Sandra O.

Edmondson

Coupon # 2

Lot

23

Grave

10

Row

-

Section

2

Division

Block

12

Invoice No.

Acct. No.

W.O.

E-7135

BALANCE DUE

\$ 615.00

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

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



125

ISSUED BY

Pulterec.

CREDIT

20% Sales Care

67007

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

69033

Trust

9022

Sales Tax

60101

78390

TOTAL PAID

\$

28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55373

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-5, 2002

From: Sandra Edmondson Address: On Record

Twenty Eight 00 Dollars (\$ 28.00)

In part Payment of pre-need lot account for

Sandra Edmondson Coupon #3

Lot 23 Grave 10 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17135

BALANCE DUE \$ 582.00

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

132

AC-212 (Rev. 5-94)

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

ISSUED BY Paul Hutter

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186 9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

N^o 55461

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10 - 1, 20 02From: Sandra Edmondson Address: 3978 Oceanview BlvdIn Twenty - Eight Dollars (\$ 28.00)In part Payment of pre-need lot coupon #4Lot 23 Grave 10 Row — Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E - 17135BALANCE DUE \$559.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

#133

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>28.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55570

Date: 11-4-02, 20

From: Sandra Edmondson Address: On Record

Twenty Eight Dollars (\$ 28.00)

In path Payment of Pre-need Lot

Lot 23 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-17135

BALANCE DUE 531.00

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

AC-212 (Rev. 5-84)

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

ISSUED BY

S. Schellton

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

28 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55708

From: Sandra Edmondson Address: on record Date: Dec 9th, 20 02
Twenty Eight 00 Dollars (\$ 28.00)
 in Part Payment of Preneed Lot
 Lot 23 Grave 10 Row - Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17135BALANCE DUE \$ 503.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

0248

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

ISSUED BY

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

28.00

TOTAL PAID

\$

28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55752

Date: 12/30, 2002From: Sandra Edmondson Address: on recordTwenty-eight ⁰⁰ Dollars (\$ 28.00)in part Payment of pre-need lot accountLot 23 Grave 10 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17135BALANCE DUE \$ 475.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

0254

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

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>28.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55907

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 10, 20 03From: Sandra Edmondson Address: 3978 Ocean View Blvd SD 92113
Twenty Eight dollars & 00/100 Dollars (\$) 28.00

 in part Payment of Pre-need lot

 Lot 23 Grave 10 Row _____ Section 2 ~~Division~~ Block 12
Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 447.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 10 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

Flora Hatzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>28</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>28</u>	<u>00</u>

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

1108

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56094

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 3, 2003From: Sandra O. Edmondson Address: on record
Twenty-Eight and 00 Dollars (\$) 28.00

 in part Payment of pre-need lot account

 Lot 23 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17635BALANCE DUE \$ 391.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1114

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

PAID

APR 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY Paula C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>28 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56273

MOUNT HOPE CEMETERY

(619) 527-3400

From: S. Edmondson Date: May 21, 20 03
 Address: 3978 Oceanview Blvd SD 92113
Twenty Eight dollars 900/100 Dollars (\$ 28)
 in paid Payment of pre need lot
 Lot 23 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E17135

Acct. No. _____

W.O. _____

BALANCE DUE 363.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 21 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>28</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56336

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Andrea Edmondson Address: 3978 Ocean View Blvd SD 92113 Date: June 6, 2003
Twenty eight dollars + 00/100 Dollars (\$ 28.00)
 in paid Payment of pre need lat

 Lot 23 Grave 10 Row _____ Section 2 Division Block 12
Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 335.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1120

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID IN THIS PAYMENT"**PAID**

JUN 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

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

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56571

MOUNT HOPE CEMETERY

(619) 527-3400

From: Jandra Edmonds Date: Aug 11, 2003
 Address: 398 Oceanview Blvd So 92113
Fifty six Dollars (\$ 50.00)
paid Payment of pre need lot
 Lot 23 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. R 17135

Acct. No. _____

W.O. _____

BALANCE DUE 279.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

AUG 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY: Paul Hefzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>50.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

50.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56881

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Shandra Edmondson Address: 3978 Ocean View Blvd. 8092113 Date: Nov. 12, 20 03
One Hundred Twelve Dollars (\$ 112.00)

 in part Payment of pre-need
 Lot 23 Grave 10 Row _____ Section 2 Division Block 12
Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 1167.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

NOV 12 2003

MOUNT HOPE CEMETERY

ISSUED BY

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

TOTAL PAID

\$

112.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57127

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Jandra Edmonelson Date: Jan 23, 20 04
 Address: 3978 Ocean View Blvd. SD 92113
Dollars (\$ 56.00)
 in part Payment of pre need
 Lot 23 Grave 10 Row _____ Section 2 Division Block 12
Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 111.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****JAN 23 2004****MOUNT HOPE CEMETERY**

ISSUED BY

Pam Hebel

CREDIT	67007		
20% Sales Care	77184	<u>56</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 56.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57534

From: Sandra Edmondson Address: 3978 Ocean View Blvd Date: May 10, 2004
8092113
Dollars (\$ 93.00)

in part Payment of pre need
Div 12 Sec 2 Blk/Row 23 Grave 10

Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 18.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Kan Hols

CREDIT	67007	<u>93</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>93</u>	<u>00</u>

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57706

MOUNT HOPE CEMETERY

(619) 527-3400

From:

Sandra Edmondson

Address:

3778 Ocean View Blvd #092113

Date:

June 23, 2004

Dollars (\$

18.00)

In

full

Payment of

per need

Div

12

Sec

2

Blk/
Row

Lot

23

Grave

10

Invoice No.

E 17135

Acct. No.

W.O.

BALANCE DUE

0

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

PAID

JUN 23 2004

MOUNT HOPE CEMETERY

ISSUED BY

Ram Hetal

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

TOTAL PAID

\$

18 00

18 00

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

157

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55991

From: S. Edmondson Date: March 6, 2003
 Address: 3478 Oceanview Blvd SD 92113
Twenty Eight dollars + 00/100 Dollars (\$ 28.00)
 in part Payment of see mud lot
 Lot 23 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17135

Acct. No. _____

W.O. _____

BALANCE DUE 419.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

MAR 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGOPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>28</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

28 00

6-05-02	Opened Pre-need Lot.	20 179	DEBIT	CREDIT	BALANCE
	Lot 23, Grave 10, Sec 2, Div 12	sp 114	895.00		895.00
06-05-02	R-55075			224.00	671.00
7-0-02	R-55175	Coupon #1		28.00	643.00
8-6-02	R-55283	" 2		28.00	615.00
9-5-02	R-55373	3		28.00	587.00
10-1-02	R-55461	# 4		28.00	559.00
11-1-02	R-55570	5		28.00	531.00
12-9-02	R-55708	# 6		28.00	503.00
12-30-02	R-55752	# 7		28.00	475.00
2-10-03	R-55907	8		28.00	447.00
3-6-03	R-55991	9		28.00	419.00
4-3-03	R-56094	# 10		28.00	391.00
5-21-03	R-56273	11		28.00	363.00
6-6-03	56380	# 12		28.00	335.00
8-11-03	56571	14		56.00	279.00
11-2-03	56881	18		112.00	167.00
1-23-04	57127	19-20		90.00	111.00
5-10-04	57534	21-24		93.00	18.00
6-23-04	57706	NO coupon		18.00	0.00
EDMONDSON, SANDRA O.			E-17135		

PAID

JUN 23 2004

MOUNT HOPE CEMETERY

(100.00)

Pre-need
Lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-5-02

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

of Robert E Lois Shaffer

in a D.O. Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

Lot 258 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container **PAID** 380.00

Handling Fees 320.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number PAID by NO5 2044.45

Balance due 0

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

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

Signature of recorded holder of deed

X Lois L. Shaffer
86888 Madrone Ave,
San Diego, Ca,
(619) 264-0378

Invoice # _____

Work Order # E 17136 Acct. # _____

MT. HOPE CEMETARY
INTERMENT ORDER

City of San Diego

Date

6-5-02

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

In a LINER Funeral, date, time FRI 6-7 1:00

Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 219 Grave 4 Row 2 Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JUN 06 2002 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55079 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Michelle Kyle 1757 Bayview Heights Dr #50

Address

San Diego Ca 92103

City

269-6262 Zip Code

Telephone

Work Order #

E 17137

Invoice #

Acct. #

MT HOPE CEMETERY

E-17137

GRAVE BLIND CHECK FORM

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

1	2	3	4	5	6	
	DEDA	X				
7	8	9	10	11	12	

Interment space for: MICHAEL KYLE

Interment Date: FRI 6-7 Time: 11:00

Lot: 219 Grave: 4 Row: Sect: 2 Div: 12

Grave Laid out by: DAVE K.C.

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: W. Damm

Date: 6-6-02

*Flag on
Grave*

E-17137

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

22

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Michale	1B. MIDDLE Shawn	1C. LAST (FAMILY) Kyle	2. DATE OF BIRTH MONTH DAY YEAR 04/02/1980	3. DATE OF DEATH MONTH DAY YEAR 05/29/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michelle S. Kyle, Sister 1757 Bayview Hts. Dr., Apt. 50 San Diego, CA 92103	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	
				8B. DATE SIGNED 06/05/2002	

ACKNOWLEDGMENT OF APPLICANT

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/06/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209549
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 6-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-5-2002

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

of Glenn F & Nancy A. Nielsen

in a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside _____; Merkly-Mitchel Mortuary.

All Funeral 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 213 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces allocated **PAID** (2) O/C 210.00

Opening/Closing & Setup 110.00

Burial Container JUN 06 2002 (2) ASH vault 120.00

Handling Fees (2) H/F 90.00

Flower vases **MT. HOPE CEMETERY** (2) R/F 8.52

Recording and filing fee 1,433.52

Sales taxes 0

mtc Paid Total Due 1,433.52
Paid receipt number: M/C 1,433.52
Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Nancy A. Nielsen
Address 20801 N. 109th Dr.
City San City, AZ Zip Code 85373
Telephone 623-566-3306

Work Order # **E 17138**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-6-02

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

of DEOLA F. WHITE

in a LINER Funeral, date, time WED 6-12 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

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

will be applied and billed to undersigned.

Lot 271 Grave 5 Row Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-55092 1564.73

Balance due 0

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

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

Signature of recorded holder of deed

X Carol G. McClain
Signature
X 31601 Saddle Ridge Dr.
Address
X Lake Elsinore 92532
City Zip Code
X 909-674-3450
Telephone

Work Order # E 17139

Invoice #

Acct. #

E-17139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DEOLA	1B. MIDDLE FRANCES	1C. LAST (FAMILY) WHITE	2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1923	3. DATE OF DEATH MONTH, DAY, YEAR 06/05/2002	4. SEX FE
5A. CITY OF DEATH LAKE ELSINORE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE RIVERSIDE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CAROL McCLAIN—DAUGHTER 31601 SADDLERIDGE DR. LAKE ELSINORE, CA 92532	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	BA. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	BB. DATE SIGNED 06/11/2002
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Wanda L. Bowen MD</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA DEPT. OF VITAL RECORDS—P.O. BOX 7600 RIVERSIDE, CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CALIFORNIA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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 6-6-02

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

of WILLIAM SOUTHERN
In a LINER Funeral, date, time MON 6-10 1:00

Church, Chapel, Graveside GREENWOOD Mortuary.

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

Lot 177 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Plat need E-16672

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee galw 23.78

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 793.51

Paid receipt number HC 793.51

Balance due 0

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

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

Signature of recorded holder of deed _____

X William Southern
Signature
3041 ANALISE WAY
Address
SAN DIEGO CA 92139
City Zip Code
Telephone _____

Work Order # **E 17140**

Invoice # _____

Acct. # _____

E-17140

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE ROBERT	1C. LAST (FAMILY) SOUTHERN	2. DATE OF BIRTH MONTH DAY, YEAR 12/28/1919	3. DATE OF DEATH MONTH DAY, YEAR 06/05/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LILLIAN EDWARDS - DAUGHTER 1723 1/2 J STREET NATIONAL CITY, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor Azzaro</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 06/07/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/10/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2209674
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ROBERT ROPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-02

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

in a Liner Funeral, date, time THURS JUNE 13, 1:00
Type of Burial Container
Church, Chapel, Graveside : RAGSDALE Mortuary.

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

Lot 74 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund E-13111 Pre need 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

X
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 17141

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17141

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Bennett	3	4 X	5	6	
7	8	9 Jackson	10	11	12	

Interment space for: Annie Miller

Interment Date: 6-13-02 Time: 1:00

Lot: 74 Grave: 4 Row: Sect: 3 Div: 12

Grave Laid out by: Norman DA

Agrees with Legal Card: ☐ Yes ☐ No 7 flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. D. D. D. Date: 6-10-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Annie	1B. MIDDLE Belle	1C. LAST (FAMILY) Miller	2. DATE OF BIRTH MONTH DAY YEAR 09/23/1909	3. DATE OF DEATH MONTH DAY YEAR 06/05/2002	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kimberly L. Amos, Niece 1025 Baywood Circle #B Chula Vista, CA 91915	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 06/12/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/12/2002 W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209862
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

**PRE-NEED
TRUST**

Date 6-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE BALDWIN ~~at~~ pin# 146

in a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3 Grave 6 Row _____ Section 100F Division/Block 10

Grave space & Care Fund Pre-need 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Market setting fee 0

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-55091 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address See attached

City _____ Zip Code _____

Telephone _____

Work Order # **E 17142**

Invoice # _____

Acct. # _____

#146

Priscilla Braun
3805 Shiloh Rd.
San Diego, California 92105
(619) 287-5845

E-17142

June 05, 2002

Mount Hope Cemetary
3751 Market St.
San Diego, CA 92102

RE: Cemetary plot for Jane Baldwin

Attention: Sue

Dear Sue:

In April of this year I spoke with you regarding a burial plot for my friend, Jane Wheeler Baldwin. To refresh your memory, Jane is an heir of M.G. Wheeler, her grandfather, who purchased Lot three, block ten in the I.O.O. F. section of the cemetary in 1887. I believe you said grave number 6 would be for Ms. Baldwin.

In order to do some pre-planning, I am enclosing my check for \$269.26 to prepay for an ash vault. Jane has agreed that cremation would be suitable for her. If we have more money in the future, we may be able to pay for a full body burial. Please apply the money I am sending for Ms. Baldwin's account.

Ms. Baldwin will be 81 this month, and she resides at the Cloisters in Mission Hills where she is recovering from a stroke. If you have any questions, or need to get in touch with her directly, the mailing address there is 3680 Reynard, San Diego, CA 92103. If you would like to speak with her, I'd be glad to take my cell phone over some week-day around noon to her room if necessary.

I would greatly appreciate a written confirmation of this payment. Additionally, I have a question. Since the graves in that section are Ms. Baldwin's family, does she have the right to will the remaining plot, grave number 4, to anyone? I am in the process of helping her rewrite her will, and that would be an important item.

Thank you very much for your cooperation and assistance. If you have any questions, please call me at work at (619) 2999-5988.

Sincerely,


Priscilla Braun

Mt Hope Cemetery
Contract Entry Verification
06/10/2002

E-17142

Contract Number: E-17142-T

Contract Date: 06/10/2002

Purchaser: Baldwin, Jane

% Priscilla Braun

3805 Shiloh Road

San Diego, CA 92102

Purchaser Number: 146 /

Phone: 619-287-5845

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Opening/Closing	Cremation Ash Grave	105.00	0.00		
1	Burial Vaults	HHH Standard Urn Vault	55.00	4.26		
1	Handling Fee	Ash Vault Handling Fee	60.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property		Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Int'l Order Odd Fellows				10	3	6	A

BASE PRICE	265.00	NUMBER OF INSTALLMENTS	1
SALES TAX	4.26	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	269.26	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	269.26 -	DATE FIRST PAYMENT DUE	07/10/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Family Member Here

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 269.26

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

I V P/N Trust 265.00 1.0000

R S Equity -35.95

A Interest 0.00

R S Tax Recovery 4.26

R S Cost of Goods 35.95

R V Late Charge 0.00

CONTRACT ENTERED BY: _____

E-17142

**Mt Hope Cemetery
Agreement Confirmation**

06/10/2002

Agreement Number: E-17142-T

Agreement Date: 06/10/2002

Purchaser: Baldwin, Jane
% Priscilla Braun
3805 Shiloh Road
San Diego, CA 92102

Purchaser Number: 146 /

Phone: 619-287-5845

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Opening/Closing	Cremation Ash Grave	105.00	0.00	
1	Burial Vaults	HHH Standard Urn Vault	55.00	4.26	
1	Handling Fee	Ash Vault Handling Fee	60.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Int'l Order Odd Fellows		10	3	6	A

BASE PRICE	265.00
SALES TAX	4.26
TOTAL CASH PRICE	269.26

TOTAL DOWNPAYMENT	269.26 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00

DEFERRED PAYMENT PRICE	269.26
------------------------	--------

NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00

DATE FIRST PAYMENT DUE	07/10/2002
------------------------	------------

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

send receipt
TO:

E-17142



Ms. Priscilla J. Braun
6710 Mineral Dr.
San Diego, CA 92119-1814

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59200

MOUNT HOPE CEMETERY

(619) 527-3400

E-17142

Date: 9-19-05, 20 05From: Priscilla Braun Address: 4080 Hancock ST. APT 3113 S.D. 92110
one hundred & Eighty-nine dollars ⁶³/₁₀₀ Dollars (\$ 189.63)
in Full Payment of Flat granite 24x12 marker Setting Feet Tron vaseDiv IOOF Sec _____ ^(Bk) How 10 Lot 3 Grave 6Invoice No. E-17142

Acct. No. _____

W.O. _____

BALANCE DUE 0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

SEP 19 2005

MOUNT HOPE CEMETERY

ISSUED BY

Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	<u>27</u>	<u>50</u>
	100		
Handling Fee	77185	<u>22</u>	<u>00</u>
Recording &	100	<u>138</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	<u>2</u>	<u>13</u>
	78390		

TOTAL PAID

\$

189 63Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-Need Trust ☐ Cash ☐ Check ☒

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-02

Pre-need Lot & Trust
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Josephine N. Godinho

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

Lot 68 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 416.18

Paid receipt number 1248.55

Balance due 1248.55

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

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

Signature of recorded holder of deed _____

Signature LEONARD V GODINHO

Address 1803 COLONIAL AVENUE

City SAN DIEGO, CA. 92105

Zip Code 531-6072 Home: 264-1803

Telephone _____

Work Order # E 17143

Invoice # _____

Acct. # _____

CITY OF SD-WT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
430132215666644

01/13/04

10:19:07

KEYED

INVOICE#

MC XXXXXXXXXXXXX28906

AUTH# 025835

REF# 42102001

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 52.04

TOTAL \$ 52.04

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X MAIL/PHONE

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17143

12-2-68-7

Remaining to trust

E-17143

CITY OF SD-HI HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

10/15/83

10:30:12

KEYED

MC XXXXXXXXXXXXX91204

AUTHN 899964

REFN 37882901

AVS: NO AVS REQUESTED

SALE	\$	52.84
------	----	-------

TOTAL	\$	52.84
-------	----	-------

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X

Phone Order

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

...
We need to trust only!

CITY OF SD-KT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

11/12/83

14:28:23

KEYED

INVOICEN

HC XXXXXXXXXXXXX91204

AUTH# 995170

REF# 30902002

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 52.04

TOTAL \$ 52.04

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X MAIL / Phone

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-77143
Wanda Godinho

GODINHO, LEONARD V.

1803 Colonial Avenue, San Diego, CA 92105 (619) 264-1803/ 531-6072

DEBIT

CREDIT

BALANCE

		DEBIT	CREDIT	BALANCE
6/10/2002	Opened Pre-need Lot & Trust Account.			
	Lot 68, Grave 7, Sec 2, Div 12	895.00		895.00
	Trust includes (1) Opening/Closing, Liner,	769.73		1664.73
	Handling Fees, Recording fees, tax on the	299.82 to 80%		
	Liner. 25% down payment by Mastercard.	179.74 to 80%		
	(Customer will pay by credit card, will call		416.18	1248.55
	each month. see file for instructions)			
7-10-02	M/C #1		52.02	1196.53
8-9-02	M/C #2 by Phone		52.04	1144.49
9-10-02	M/C #3 " "		52.04	1092.45
10-10-02	M/C 4 " "		52.04	1040.41
11-12-02	M/C 5 " "		52.04	988.37
12-11-02	M/C 6 " "		52.04	936.33
1-15-03	M/C #7		52.04	884.29
2-12-03	M/C #8		52.04	832.25
3-1-03	M/C #9		52.04	780.21
4-11-03	M/C #10		52.04	728.17
6-11-03	M/C		104.08	624.09
- OVER				

PAID

JAN 29 2004

MOUNT HOPE CEMETERY

Remaining
to Trust

52.04	5204
52.04	5204
5204	5204
5204	5204
5204	5204
5204	5204
5204	5204
299.81	299.81

In the grave
with
Edgar Marvin Sanders

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-02

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

In a D.D. Crypt (2nd burial) funeral, date, time FRI. Jun. 14th 12:00
Church, Chapel Graveside Good body Mortuary CHS 582-1700

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$50 will be applied and billed to undersigned.

Lot 47 Grave B Row C-6646 Section 16 Division/Block 7

Grave space & Care Fund 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 420.00
Paid receipt number Paid by CS. 420.00

Balance due 0

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

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

Signature of recorded holder of deed

CDL 3-5-03 J06107R1

Work Order # E 17144

X Evelyn Sanders
Signature
1248 Old Chase Ave
Address
ESCALON Calif 92020
City
619 440 7630
Telephone
Zip Code

MT HOPE CEMETERY E- 17/44

GRAVE BLIND CHECK FORM

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

[illegible]

Interment space for: Mary Ann Doxtater

Interment Date: 6-14-02 Time: 12:00 D.D. Crypt (2nd Burial)

Lot: 47 Grave: 8 Row: Sect: 16 Div: 7

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY ANN		1B. MIDDLE -	1C. LAST (FAMILY) BOITATER		2. DATE OF BIRTH MONTH DAY YEAR 01/27/1911	3. DATE OF DEATH MONTH DAY YEAR 06/09/2002	4. SEX F
5A. CITY OF DEATH LA MEHA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP-CODE OF INFORMANT EVELYN SANDERS - DAUGHTER 1228 OLD CHASE AVENUE EL CAJON, CA 92020			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBOUY MORTUARY; 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Victoria Lopez</i> 06/12/2002			
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/13/2002	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Lopez</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT ROSE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Jorgensen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-02

1966

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

of PAUL MARCH (2nd Burial)
in a DOUBLE DEPTH Funeral, date, time WED 6-12 9:30
Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY: FEATHERINGILL Mortuary.

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

Lot 5260 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need E-6059 5

Additional spaces and care fund _____

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Work Order # E 17145

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E- 17145

GRAVE BLIND CHECK FORM

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

Grave of Rose DeLong

3257 DITTER	3258 BULL	3259 BULL	3260 X	3261 ROSEN BERGER	3262	3263 HUFF

Interment space for: PAUL MARCH

Interment Date: Week 6-12 Time: 9:30

Lot: 3260 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NORM/ROBERT/DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 6-11-02

*My on
Grave*

E-17145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Paul	1B. MIDDLE Taft	1C. LAST (FAMILY) March	2. DATE OF BIRTH MONTH DAY YEAR 07/17/1908	3. DATE OF DEATH MONTH DAY YEAR 06/09/2002	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/11/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 06/11/2002 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. Zarate
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-11-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of G.E. Morgan (Gervayce E. Morgan) 289

in a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____: RAGSDALE Mortuary.

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

Lot 105 Grave 9 Row _____ Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund -

Opening/Closing & Setup -

Burial Container -

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee -

Sales taxes -

25% down Total Due 895.00
Paid receipt number NYC 224.00
R-551237 Balance due 671.00

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

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

Signature of recorded holder of deed _____

Work Order # E 17146

Invoice # _____

Acct. # _____

289
MORGAN, GERVAYCE E. 3060 53rd St. #41, San Diego, CA 92105

E-17146

(19) 286-9279

	DEBIT	CREDIT	BALANCE
6/11/2002 Opened Pre-Need Lot Account.	895.00		895.00
25% down paid by Mastercard.		224.00	671.00
6-20-02 Lot 105, Grave 9, Sec 2, Div 12		671.00	0
20-02 PAID-in-Full R- 55123			

MORGAN, GERVAYCE E.

E-17146

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-11-02

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

of Dorothy Cobb (243)
In a Liner Funeral, date, time Thursday 20th, 11:00
Church Chapel, Graveside S.D. Memorial Mortuary.

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

Lot 4692 Grave _____ Row _____ Section _____ Division/Block 10
Grave space & Care Fund 1095.00
Additional spaces and care fund _____
Opening/Closing & Setup PAID 375.00
Burial Container 190.00
Handling Fees JUN 17 2002 145.00
Flower vases - Marker setting fee 45.00
Recording and filing fee MT. HOPE CEMETARY
CITY OF SAN DIEGO 14.73
Sales taxes 1864.73

Total Due 1864.73
Paid receipt number R- 55114 1864.73
Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Telephone _____

Zip Code _____

Work Order # E 17147

Invoice # _____

Acct. # _____

06/13/2002 12:59
06/12/2002 11:26

12:59
11:26

619 6920896
619-6920896

SD MT. HOPE CEMETERY + SD MEMORIAL

SAN DIEGO MEMORIAL C

PAGE 01
NO. 525 U01

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-11-02

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

of Dorothy Cobb

In a Liner

Funeral, date, time Thursday 20th, 11:00

Church Chapel, Greendale

S.D. Memorial Home

All Funeral 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 4692 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes _____

Total Due 1864.73

*Rest
mortuary
to bring
check*

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

X Rosa A. Hava
Signature
X 2441 University Ave
Address
X San Diego CA 92104
City/State/Zip
X (619) 692-3090
Telephone

Work Order # E 17147

Invoice # _____

Acct # _____

NEA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-17147

GRAVE BLIND CHECK FORM

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

4693 HARRIS DATELE	4694 ARZUM ADYAN	4693 SHAW	4693 X			

Interment space for: Dorothy Cobb

Interment Date: Thurs 6-20 Time: 11:00

Lot: 4692 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. J. Allen Date: 6-18-02

E-17147 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE LEE	1C. LAST (FAMILY) COBB	2. DATE OF BIRTH MONTH DAY YEAR 04/09/1919	3. DATE OF DEATH MONTH DAY YEAR 06/09/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROSCOE COBB JR—HUSBAND 1035 4TH AVE APT #7 CHULA VISTA CA 91911	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rose Hava</i>		8B. DATE SIGNED 06/19/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 06/20/2002 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210308 ROSA HAVA	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102 11B. DATE BURIED 6-20-02 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jumper</i>
12. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222 13. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jumper</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-12-02

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

of WILLIAM CALCOTE (161)
in a LINER Funeral, date, time THUR 6-13 9:30

Church, Chapel, Graveside Delivery ONLY : DAYVIEW Mortuary.
858 277-7820

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

will be applied and billed to undersigned.

✓ Lot 50 Grave 2 Row _____ Section 1 Division Elect 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee JUN 12 2002 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55096 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 17148

MT HOPE CEMETERY

E-17148

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	50 X 2	3	51	5
		6	7	8	9	10

Interment space for: WILLIAM CALCOTTE

Interment Date: THUR 6-12 Time: 9:30

Lot: 50 Grave: 2 Row: Sect: 1 Div: R

Grave Laid out by: DAVID NF RB

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 6-12-07

E-17148

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM		1B. MIDDLE -	1C. LAST (FAMILY) CALCOTE		2. DATE OF BIRTH MONTH DAY YEAR 06/06/2001	3. DATE OF DEATH MONTH DAY YEAR 05/22/2002	4. SEX M
5A. CITY OF DEATH CHULA VISTA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DARNELL BRICE - PUBLIC ADMINISTRATOR		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL, 815 THIRD AVENUE, #315-B, CHULA VISTA, CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1713		5201 A RUFFIN ROAD SAN DIEGO, CA 92123		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code.					8A. SIGNATURE OF APPLICANT—Person taking permit <i>TC Mitchell</i>		
					8B. DATE SIGNED 06/10/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 06/11/2002 TC MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209726
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Thomas Lerger</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/12/02

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

of Alonzo McCastle ^(AT)
in a D.D. Crypt (1st Burial) Funeral, date, time Fri. June 14th 1:00
Church, Chapel, Graveside Flagdale Mortuary.

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

Lot 225 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-55078 ^{PAID IN FULL} 1000.00
1644.45

Balance due 0

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

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

Signature of recorded holder of deed _____

X William E. P. McCastle
Signature
Address
City _____ Zip Code
Telephone

Work Order # E 17149

Invoice # _____

Acct. # _____

E-17149

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Alonzo		1B. MIDDLE -	1C. LAST (FAMILY) McCastle		2. DATE OF BIRTH MONTH DAY YEAR 02/19/1943	3. DATE OF DEATH MONTH DAY YEAR 06/10/2002	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William E.P. McCastle, Brother 1815 N. 48th Street San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
						8B. DATE SIGNED 06/13/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/13/2002 W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209966
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-13-02

interment grave

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

of AILDA VAN HOOSE

In a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside Mortuary.

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

will be applied and billed to undersigned. _____

Lot 28 Grave 11 Row _____ Section 16 Division/Block 7

Grave space & Care Fund Pre-need D-7264 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre-need E-10995 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 17150

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-02

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

of DARYL CLARK 212
In a LINER Funeral, date, time TUE 6-18 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 126 Grave 8 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container Bell Liner 190.00

Handling Fees 145.00

Flower vases — Marker setting fee -

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1664.23

Paid receipt number R-55105 1664.23

Balance due 0

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

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

Signature of recorded holder of deed

X Erlene Peakias 211
Signature
X 1841 Sonoma Lane
Address
X Lemon Grove, CA 91945
City
X 619 589-2371 Zip Code
Telephone

Work Order # E 17151

Invoice #

Accl. #

MT HOPE CEMETERY

E 17151

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 ANDERSON	2 GREEN	3	4	5 CORREY
		7	8 X Rb	9 HEATH	10	11 NAGTAL

Interment space for: DARYL CLARK

Interment Date: Tue 6-18 Time: 11:00

Lot: 126 Grave: 8 Row: Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☒ Yes

☐ No

they on

Agrees with Map: ☐ Yes

☐ No

Grave

Blind Check & Verified By: W. D. D. D.

Date: 6-17-02

E-17151

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Daryl	1B. MIDDLE Lynn	1C. LAST (FAMILY) Clark	2. DATE OF BIRTH MONTH DAY YEAR 09/17/1964	3. DATE OF DEATH MONTH DAY YEAR 06/11/2002	4. SEX M
5A. CITY OF DEATH Long Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Erlene E. Perkins, Sister 1841 Sonoma Lane Leona Grove, CA 90941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 06/18/02			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L Bowen MD</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Long Beach Dept. of Vital Records 2525 Grand Ave. Long Beach, CA 90815	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, California 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-02

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

of JOHN PULLUM (222)

in a LINER Funeral, date, time WED 6-19 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

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

Lot 245 Grave 6 Row 2 Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 14 2002 145.00

Flower vases - MT. HOPE CEMETERY 45.00

Recording and filing fees CITY OF SAN DIEGO, CA 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number VISA 1664-73

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # **E 17152**

Invoice #

Acct. #

MT HOPE CEMETERY

E-17/52

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 TAYLOR	5	246 X 6			
9	10 LEN	11 JENKINS	12			

Interment space for: JOHN PULLUM

Interment Date: WED 6-19 Time: 11:00

Lot: 245 Grave: 6 Row: Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ch Dawson Date: 6-17-02

*They own
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17152

47

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) PULLUM IV	2. DATE OF BIRTH MONTH DAY YEAR 12/26/1954	3. DATE OF DEATH MONTH DAY YEAR 06/13/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MICHAEL PULLUM—BROTHER 9974 SCRIPPS RANCH BLVD., #269 SAN DIEGO, CA 92131	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/17/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD 2210095	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE 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. 6/5)

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-2002

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

of June A. Robinson ^{19th}

in a Liner Funeral, date, time June 20th Wed 11:00

Church Chapel, Graveside : RAGSDALE Mortuary.

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

105 Grave 11 Row 2 Section 12 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number PAID BY CO

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 17153**

MT HOPE CEMETERY

E-17153

GRAVE BLIND CHECK FORM

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

			# X			

Interment space for: June A. Robinson

Interment Date: 6/19/02 Time: 11:00

Lot: 105 Grave: 11 Row: Sect: 2 Div: 12

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: W. J. Jones Date: 6-18-02

E-17153

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEASED FIRST, MIDDLE, LAST James Robinson		1C. LAST NAME ONLY Robinson		1E. SEX Male	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—CALIFORNIA ONLY ENTER STATE San Diego		1F. DATE OF DEATH 10/19/2002	
7A. TYPE OF DEATH AND NAME OF PERSON ACTING AS SUCH: 7B. CALIF. LICENSE NUMBER OF APPLICANT Andersson, 10-20 Federal Blvd, San Diego, CA 92104		7C. SIGNATURE OF APPLICANT <i>[Signature]</i>		7D. DATE SIGNED 10/20/2002	
10A. AMOUNT OF FEE PAID \$7.00		10B. DATE PERMIT ISSUED 06/20/2002		10C. SIGNATURE OF LOCAL HEALTH OFFICIAL <i>[Signature]</i>	
11A. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 1100 G Street, San Diego, CA 92102		11B. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY San Diego Cemetery, 3151 Market Street, San Diego, CA 92102		12B. DATE BURIED 10-19-02		12C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY San Diego Crematory, 3151 Market Street, San Diego, CA 92102		13B. DATE CREMATED 10-19-02		13C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS San Diego Crematory, 3151 Market Street, San Diego, CA 92102		14B. DATE RECEIVED 10-19-02		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
15A. NAME AND ADDRESS OF CALIFORNIA STATE OF ORIGIN WHERE REMAINS OF CREMATED REMAINS ARE TO BE DISPOSED San Diego Crematory, 3151 Market Street, San Diego, CA 92102		15B. DATE SHIPPED 10-19-02		15C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITHIN THE Casket <i>[Signature]</i>	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST LAND OR SHIPWRECK, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION San Diego Crematory, 3151 Market Street, San Diego, CA 92102		15B. DATE OF DISPOSITION 10-19-02	
				15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) June	1B. MIDDLE Antionette	1C. LAST (FAMILY) Robinson	2. DATE OF BIRTH MONTH DAY YEAR 05/21/1933	3. DATE OF DEATH MONTH DAY YEAR 06/12/2002	4. SEX F
5A. CITY OF DEATH Poway		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lillian B. Robinson, Daughter 671 Sea Vale Street #1 Chula Vista, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/20/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222, San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/20/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mr. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

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

COPY 1

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

VS 9 (REV. 6/91)

6-24-02

TALKED TO ELIZABETH REYES - HEALTH DEPARTMENT

692-8208

PERMIT IS VOID - RAGSDALE NEVER HAD PERMIT SIGNED -
 FAX US A UNSIGNED PERMIT AT 11:45AM ON 6-19-02 -
 WAITING FOR HARD COPY. WAS NOT SIGNED UNTIL 6-20-02

E-17153

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) June		1B. MIDDLE Antionette		1C. LAST (FAMILY) Robinson		2. DATE OF BIRTH MONTH DAY YEAR 05/21/1933		3. DATE OF DEATH MONTH DAY YEAR 06/12/2002		F			
5A. CITY OF DEATH Poway				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego				6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lillian B. Robinson, Daughter 671 Sea Vale Street #1 Chula Vista, CA 91910					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit W. Jackson				8B. DATE SIGNED 06/19/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED W. Jackson		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
FOR CORONER'S USE ONLY													
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS													
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NO. OF CREMATOR MAKING DISPO- —IF APPLICABLE			

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

COPY 1

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

V89 (REV. 6/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-03

PRE-NEED
LOT

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

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 123 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee OCT 20 2003

Sales taxes _____

MOUNT HOPE CEMETERY 895.00

Paid receipt number R-55107 224.00

Balance due 671.00

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

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

Signature of recorded holder of deed _____

X Sassa M. Obiero
Signature
X 1384 Joliet St.
Address
X E1 Cajon, CA 92019-1909
City Zip Code
X (619) 444-7805
Telephone

Work Order # **E 17154**

Invoice # _____

Acct. # _____

OBRERO, SASSA M. 1384 Joliet St., El Cajon #2019-1909

			DEBIT	CREDIT	BALANCE
06-14-02	Opened pre-need lot				
	Lot 122, Gr 11, Sec 1 Div 12	179 716	895.00		895.00
06-14-02	R-55107			224.00	671.00
7-22-02	R-55228 coupon 1 to 4			112.00	559.00
11-21-02	R-55641 5 2 6			56.00	503.00
1-17-03	R 55834 " 7+8			56.00	447.00
3-18-03	R 56046 9+10 (504)			56.00	391.00
5-3-03	R 56313 11, 12, 13, 14			112.00	279.00
6-14-03	R-56482 15, 16, 17, 18			112.00	167.00
9-24-03	56714 19, 20, 21			84.00	83.00
10-20-03	R 56808 22, 23, 24, 25			83.00	0

OCT 20 2003

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55228

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-22-07, 20__

From: Lassa Obiero Address: On Record
One hundred twelve Dollars (\$ 112.00)
 In part Payment of Pre-need Lot

Lot 122 Grave 11 Row _____ Section 1 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17151BALANCE DUE 559.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>112</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>112</u>	<u>00</u>

3/22

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55641

Date: 11-21-02, 20__From: Lassa Osorero Address: On Record
Fifty Six Dollars (\$ 56.00)
in part Payment of Pre-need lot
 Lot 123 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17154BALANCE DUE 503.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>56</u>
of Lots	77184	<u>00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 56 00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒ISSUED BY S. Shukitt

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55834

Date: April 17, 2008
 From: Sassa Oburo Address: 1384 Goliath St. Ed 92091
Five Six dollars 00/100 Dollars (\$ 56.00)
 in part Payment of pre need lot
 Lot 100 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. E 17154

Acct. No. _____

W.O. _____

BALANCE DUE 447.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

JAN 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY: R. H. H.

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

TOTAL PAID

\$

56.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56046

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 18, 20 03From: Sassa Obrero Address: 1384 Joliet st PHC CA 92019
Fifty Six dollars 00/100 Dollars (\$ 56.00)
 in part Payment of pre need lot

 Lot 182 Grave 11 Row _____ Section 1 Division Block 12
Invoice No. E 17154

Acct. No. _____

W.O. _____

BALANCE DUE 391.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒3274NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 18 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Fam Helzel

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

TOTAL PAID

\$

56

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56313

From: Saysa Ojeda Date: June 3, 20 03
 Address: 1584 Golieth St Ed 9209
One Hundred Twelve Dollars & 00/100 Dollars (\$ 112.00)
 in part Payment of pre need lot
 Lot 122 Grave 11 Row _____ Section 1 Division 12 Block

Invoice No. E 17154

Acct. No. _____

W.O. _____

BALANCE DUE 279.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

JUN 03 2003

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>112</u>	<u>00</u>
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>112</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56482

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-14, 2003
 From: SASSA M. Orero Address: on record
one Hundred Twelve and 00/100 Dollars (\$ 112.00)
 in part Payment of 4 payments on pre-need lot
 Lot 122 Grave 11 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17184BALANCE DUE \$1167.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUL 14 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Paula Ketter

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>112.00</u>

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56714

MOUNT HOPE CEMETERY

(619) 527-3400

Date:

Sept 24, 20 03

From

Jessa Oburo

Address:

1384 Juliet St. EC 92019

Dollars (\$

84.00)

in

Eighty-four

Payment of

pre need

Lot

122

Grave

11

Row

Section

1

Division
Block

12

Invoice No.

E17154

Acct. No.

W.O.

BALANCE DUE

23.00

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

PAID

SEP 24 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO

ISSUED BY

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

TOTAL PAID

S

84.00

84.00

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

AC-212 (Rev. 10-02)

This information is available in alternative format upon request.

3365

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56808

MOUNT HOPE CEMETERY

(619) 527-3400

From: Vassia Obiero Address: 1384 Goliath St. EC 92019
Eighty three Dollars (\$ 83.00)
 in full Payment of pre need
 Lot 122 Grave 11 Row _____ Section 1 Division 12
 Block _____

Invoice No. E 17154

Acct. No. _____

W.O. _____

BALANCE DUE 0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

OCT 20 2003

MOUNT HOPE CEMETERY

ISSUED BY Liam Hetzel

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

TOTAL PAID

\$

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

3382

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-17-02

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

of RUBEN C. HERNANDEZ ⁽²⁰⁹⁾

in a LIVER Funeral, date, time WED 6-19 9:00

Church, Chapel, Graveside Deliver 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 51 Grave 8 Row 1 Section 1 Division/Block 12

Grave space & Care Fund \$15.00

Additional spaces and care fund

Opening/Closing & Setup JUN 17 2002 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

~~Mortuary to~~ BRING CHECK ⁽²⁾ Debbie Lasano P.A.

Total Due 1664.73

Paid receipt number R-55116 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address See attached

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17155

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

08 17 2002

10:04

08 17 2002 10:04 08 17 2002 10:04

ATTN. **Debbie FASANO****PLS SIGN & FAX BACK (619) 281-7587****MT HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date: **6-17-02**

You are hereby authorized and instructed to execute your duties and regulations as granted to you.

of **RUBEN C. HERRANDEZ**Re **LINER** Funeral call time **WED 6-19-02 9:00**Church Chapel Graveside **DELVIN RAY MAYER** Monday

All Funeral calls must arrive before 8:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to the order.

Lot **50** Grave **10** Row **1** Section **12** Division **12**Grave space & Casket Fund **895.00**Additional spaces and casket fund **375.00**Opening/Closing & Setup **190.00**Burial Container **145.00**Handling Fees **45.00**Flower vases - Marker setting fee **11.73**Recording and filing fee **667.73**

Sales taxes

Total Due

Payment number

Balance due

I, the below named person

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

I hereby authorize the interment in lot
hold under deed

Signature of authorized person

Debbie FASANO, Conservator**5201-A Ruffin Rd****San Diego 92123****858-690-3520**Work Order # **E 17155**

Invoice #

Acc. #

REA 10011

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-17155

GRAVE BLIND CHECK FORM

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

1	2	3	4	5	6	
ROBERTS 7 MASON	8	9	5100X 10	11	12	

Interment space for: RUBEN HERNANDEZ

Interment Date: WED 6-19 Time: 9:00

Lot: 51 Grave: 10 Row: 5 Sect: 1 Div: 12

Grave Laid out by: NORMAN ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ch Owen Date: 6-18-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruben		1B. MIDDLE C.		1C. LAST (FAMILY) Hernandez		2. DATE OF BIRTH MONTH DAY YEAR 05/02/1917		3. DATE OF DEATH MONTH DAY YEAR 06/14/2002		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Debbie Pasano, PA (2) 5201-A Ruffin Rd. San Diego, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Bruce J. Mayer</i>		8B. DATE SIGNED 06/17/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED 06/17/2002 B.E. Mayer		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210111	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102				11B. DATE BURIED 6-19-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE* OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-17-02

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

of JAY WALTER COFFMAN (237)
in a DOUBLE DEPTH Funeral, date, time THUR 6-20 12:00

Church, Chapel, Graveside LEWIS COLONIAL Mortuary.

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

will be applied and billed to undersigned.

Lot 57 Grave 12 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JUN 17 2002 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 29.45

Sales taxes 1944.45

Total Due 1944.45

Paid receipt number VISA 1944.45

Balance due 0

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

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

Signature of recorded holder of deed

X Eva G. Coffman (236)
Signature 7431 Blix St.
Address San Diego 92111 Ca.
City 858 Zip Code 292-7473
Telephone

Work Order # E 17156

Invoice #

Acct. #

MT HOPE CEMETERY

E-17156

GRAVE BLIND CHECK FORM

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

3	4	5	6			
9	10 PERKINS	11	57 X 12			

Interment space for: JAY COFFMAN

Interment Date: THUR 6-20 Time: 12:00

Lot: 57 Grave: 12 Row: Sect: 2 Div: 11

Grave Laid out by: N F ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. Danner Date: 6-20-02

E-17156

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JAY		1B. MIDDLE WALTER		1C. LAST (FAMILY) COFFMAN		2. DATE OF BIRTH MONTH, DAY, YEAR 07/06/1917		3. DATE OF DEATH MONTH, DAY, YEAR 06/15/2002		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IRVA G COFFMAN - WIFE 7431 BLIX ST SAN DIEGO CA 92111					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL BEMBROUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 06/18/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED M. CANDELARIA 06/20/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210312			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3571 MARKET ST SAN DIEGO CA 92113				11B. DATE BURIED 6-20-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-17-02

ashes 94
right

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

of AVIS TURNER
In a ASH VAULT Funeral, date, time WED 6-26 AYP

Church, Chapel, Graveside FEATHERING: LL Mortuary,

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

will be applied and billed to undersigned.

✓ Lot 16 Grave 8 Row MAS Section R Division/Block R

Grave space & Care Fund Pre-paid

Additional spaces and care PAID

Opening/Closing & Setup 105.00

Burial Container JUN 17 2002 55.00

Handling Fees MT. HOPE CEMETERY 60.00

Flower vases - Marker setting CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-55112 269.26

Balance due 0

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

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

Signature of recorded holder of deed

THOMAS TURNER
Thomas Turner
Address 5660 Sigma St
La Mesa CA 92042
City La Mesa Zip Code 92042
Telephone 619-463-5437

Work Order # E 17157

Invoice #
Acct. #

MT HOPE CEMETERY

E-17157

GRAVE BLIND CHECK FORM

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

					M.W.	
		Freeman	STOCKTON	STOCKTON	GRAINGER	R
			16 X 8	TAUNT	J. CRAINGER	

Interment space for: AVIS TURNER

Interment Date: WED 6-26 Time: AYD

Lot: 16 Grave: 8 Row: _____ Sect: MAS Div: R

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No



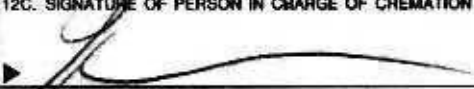
Blind Check & Verified By: Dallen Date: 6-25-02

They on
Grave

E-17157

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Avis		1B. MIDDLE Daloresa		1C. LAST (FAMILY) Turner		2. DATE OF BIRTH MONTH DAY YEAR 02/20/1916		3. DATE OF DEATH MONTH DAY YEAR 06/14/2002		4. SEX F	
5A. CITY OF DEATH La Mesa				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Thomas Turner, husband 5660 Sigma St. La Mesa, CA 91942					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 06/17/2002	
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/21/2002 C. MAGGARD		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210394			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92002				11B. DATE BURIED 6-26-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601 D Crane St. Lake Elsinore, CA 92530				12B. DATE CREMATED 6-21-02		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-17-02

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

of TOMMIE L. HARRIS SR. (347)
in a liner Funeral, date, time FRI 6-21 11:00
Church, Chapel, Graveside 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 ✓ 151 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 14.73

Paid receipt number R-55127 1464.73

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # E 17158

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-17158

GRAVE BLIND CHECK FORM

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

			5	X			

Interment space for: Tommie L. Harris Sr.

Interment Date: 6-21-02 Time: 11:00

Lot: 151 Grave: 5 Row: Sect: 1 Div: 11

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: C. Paven Date: 6-20-02

Flag on
Grave

E-17158

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Tommie	1B. MIDDLE Lee	1C. LAST (FAMILY) Harris	2. DATE OF BIRTH MONTH, DAY, YEAR 03/04/1926	3. DATE OF DEATH MONTH, DAY, YEAR 06/19/2002	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Stella J. Harris, Wife 7027Frambridge Lane San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, California 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Webster Jackson</i>	
8B. DATE SIGNED 06/20/2002					

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210364
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, California 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jackson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-17-02

GRAVE of BAILEY
WILLIAM

ASKED ON
RIGHT

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

of RUTH white BAILEY # (252)

in a ASH VAULT Funeral, date, time SAT 6-22 10:00

Church, Chapel, Graveside Mortuary.

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

will be applied and billed to undersigned.

Lot 28 Grave 3 Row MAS Division/Block Q

Grave space & Care Fund Pre-paid

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker set 210.00

Recording and filing fees 45.00

Sales taxes 4.26

Total Due 479.26

Paid receipt number R-55113 479.26

Balance due 0

I hereby certify I am the X - Son - of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. GREG W. BAILEY # (25)

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

Signature of recorded holder of deed

Signature X Greg W. Bailey
Address X 4470 TOPA TOPA DR
City X LA MESA, CA Zip Code 91941
Telephone X 619-444-4460

Work Order # E 17159 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-17159

GRAVE BLIND CHECK FORM

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

	place	ASHES ON RIGHT				
white	white	white	RP X BAILEY	Bell	ANDREWS	COFFEY

Interment space for: RUTH BAILEY *

Interment Date: SAT 6-22 Time: 10:00

Lot: 28 Grave: 3 Row: _____ Sect: MAS Div: Q

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

fly on
Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-17159

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH		1B. MIDDLE WHITE	1C. LAST (FAMILY) BAILEY	2. DATE OF BIRTH MONTH, DAY, YEAR 05/20/1913	3. DATE OF DEATH MONTH, DAY, YEAR 09/12/2000	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GREG BAILEY - SON 5470-21 BALTIMORE DR LA MESA, CA 91942		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY-EL CAJON, 145 E LEXINGTON AVE, EL CAJON, CA 92020				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1604		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valentine</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/18/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/18/2002 P. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210132
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-3222			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT ROSE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 6-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-18-02

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

of VICENTE SIMENEZ (235)
in a Double Death Funeral, date, time THUR 6-20 10:00

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 193 Grave 4 Row Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional space and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JUN 19 2002 380.00

Handling Fees HF 290.00 320.00

Flower vases and setting fee HF 00.00 46.93

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2091.38

Paid receipt number R-55120 426.65

Balance due 1664.73

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Jorge A. Jimenez (234)

260 VALENTINO ST

SAN DIEGO CA 92154

619-662-1199

Work Order # E 17160

Invoice #

Acct. #

MT HOPE CEMETERY

E-17160

GRAVE BLIND CHECK FORM

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

1	2	3	193 X 4	5	6	
Lee	8	Heem	10	11	12	Wilson
		Pacheco				

Interment space for: Vicente Jimenez

Interment Date: THUR 6-20 Time: 10:00

Lot: 193 Grave: 4 Row: Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

*thru in
Grave*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

E-17160

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) VICENTE		1B. MIDDLE —		1C. LAST (FAMILY) JIMENEZ		2. DATE OF BIRTH MONTH DAY YEAR 07/20/1926		3. DATE OF DEATH MONTH DAY YEAR 06/15/2002		4. SEX M			
5A. CITY OF DEATH CHULA VISTA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALBERTO JIMENEZ—SON—2160 234 VALENTINO ST., SAN DIEGO, CA 92154							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Valentino St.</i>				8B. DATE SIGNED 06/18/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10126 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED C. RUSS		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210203			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5233				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102				11B. DATE BURIED 6-20-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. ...</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-18-02

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

of 404 JASON A. Godwin &

in a Ash Plot Funeral, date, time Fri. June 28th 1:00

Church, Chapel Graveside : Humphreys Mortuary.

All Funeral 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 24 Grave 7 Row Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00 65.00

Handling Fees 60.00 73.00

Flower vases - Marker setting fee 23.78

Recording and filing fee 45.00

Sales taxes 5.04

Total Due 593.04

Paid receipt number W/C 593.04

Balance due 0

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

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

Signature of recorded holder of deed

Invoice #

Work Order # E 17161 Acct. #

REA-104 (7-96) This information is available in alternative formats upon request.

E-17161
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.

Tree

Ash Plots

			Thompson			
			Nelson			
			7 X 8			

Interment space for: Jason A. Godwin

Interment Date: 6-28-02 Time: 1.00

Lot: 24 Grave: 7 Row: Sect: 2 Div: 11

Grave Laid out by: N F ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: JDamen Date: 6-26-02

Flag on the grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26569

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JASON	1B. MIDDLE ALYNE	1C. LAST (FAMILY) GODWIN	2. DATE OF BIRTH MONTH DAY YEAR 03/31/1971	3. DATE OF DEATH MONTH DAY YEAR 06/07/2002	4. SEX M
5A. CITY OF DEATH CHRISTIANSTED		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE VIRGIN ISLANDS		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SANDRA MATSUHARA - MOTHER 2608 MICHELLE CT. #B NATIONAL CITY, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 06/21/2002	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 06/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ARACELY FLORES
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 6-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED JUN 26 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

COPY 1

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

VS 9 (REV. 6/91)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald Y. Matsuhara & Sandra L. Matsuhara

in a ASH PIOT 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 24 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund —

Opening/Closing & Setup 201.00 210.00

Burial Container 20 55.00 + 10 120.00

Handling Fees **PAID** 60 + 13 73.00

Flower vases — Marker setting/fee **SALVAGED** —

Recording and other fee 20 45.00 90.00

Sales taxes 4.26 + 78 5.04

Total Due 748.04

Paid receipt number CK Paid 798.04

R-5518 Balance due 0

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order # **E 17162**

REA-104 (7-96)

Invoice # _____

Acct. # _____

This information is available in alternative formats upon.

Printed on recycled paper

on the
grave of
Florencia Wingard
right side

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-20-2002

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

of Florence Wingard
in a ASH VAULT Funeral, date, time July 12th FRI 2:30

Church, Chapel Graveside Family Delivery of ASHES 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 803 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund B-5236 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 269.26

Paid receipt number _____ 269.26

Balance due _____

Daughter
Elizabeth
(661) 665-1172
Bakersfield

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17163**



E-17163

Elizabeth and Calvin Stead
11615 Marazion Hill Court
Bakersfield, CA 93311

telephone 661-665-0172

From the paws of ...

Dear Paulette,

Enclosed is a check for
\$ 269.20. to open the grave
of my father Frederick Winyard
Division 8, section 8, Lot 803
on July 12, 2002. My
mother's Florence Winyard's
ashes will be interred
there. I will bring the
burial certificate on 7/2/02

Thank you for all your
help.

Yours Truly
Elizabeth Stead

11615 MARAZION Hill CA
Bakersfield, CA 93311

MT HOPE CEMETERY

E-17163

GRAVE BLIND CHECK FORM

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

		TREE			
		DANIEL	HOSKINS	BURT	
		TALMAN	803 X	GUARDIA	
		FENCE			
		ROLLER TRACKS			

Interment space for: Florence Winyard

Interment Date: 7-12-02 Time: 2:30 Graveside

Lot: 803 Grave: Row: Sect: 5 Div: 8

Grave Laid out by: NF RAB

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No


Blind Check & Verified By: Date:

Flag on grave

E-17163

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Florence	1B. MIDDLE Audrey	1C. LAST (FAMILY) Winyard	2. DATE OF BIRTH MONTH, DAY, YEAR 03/11/1912	3. DATE OF DEATH MONTH, DAY, YEAR 06/04/2002	4. SEX F
5A. CITY OF DEATH Bakersfield		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Kern		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elizabeth Stead, Daughter 11615 Marazion Hill Ct., Bakersfield, CA 93311	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD10832		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit 		
			8B. DATE SIGNED 07/11/2002		


PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. Zaretzka
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 1800 Mt. Vernon, Bakersfield, CA 93306		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-20-02

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

of Lorene Dargan (243)
in a T.S. Vault Funeral, date, time June 24th Mon. 12:00
Church/Chapel/Graveside Greenwood Mortuary.

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

Lot 3621 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-2870 165.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container JUN 20 2002 250.00

Handling Fees 185.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY**

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 19.38

Total Due 1039.38

Paid receipt number R-551.24 1039.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Karla Borden (244)
Signature 7248 Laddeek Ct
Address San Diego CA 92114
City 619 589 0190 Zip Code
Telephone

Work Order # E 17164

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E- 17164

GRAVE BLIND CHECK FORM

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

3616 Carter	3617	3618 Kelly	3620 Barker	3621 X		

Interment space for: Lorene Dargan

Interment Date: 6-24-02 Time: 12:00

Lot: 3621 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W Dargan Date: 6-21-02

F Lagon
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LOREN		1B. MIDDLE E.	1C. LAST (FAMILY) DARGAN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1916	3. DATE OF DEATH MONTH, DAY, YEAR 06/18/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KIRNA BORDEN - GRANDDAUGHTER 7248 LAMBCK COURT SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 06/21/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2210438
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MONTE ROSE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-20-02

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

of OLLIE MAE BARNES P.A. #20081621

In a D.D. Crypt 2nd Burial on Weds June 26th 2002

Church, Chapel, Graveside Delivery Only : Lewis Colonial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 283.7211

will be applied and billed to undersigned. 283.7211

Lot 10 Grave 1B Row 17 Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.00

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee Paid on 9-5-02

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

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 _____
and holder of deed

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # 366017

Acct. # 000952

Work Order # E 17165

E-17165

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) OLLIE		1B. MIDDLE MAE		1C. LAST (FAMILY) BARNES		2. DATE OF BIRTH MONTH, DAY, YEAR 09/07/1911		3. DATE OF DEATH MONTH, DAY, YEAR 06/10/2002		4. SEX F	
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DARLENE JAMES - NIESE 348 EL LORO ST CHULA VISTA, CA 91911							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD. SAN DIEGO, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 06/25/2002					
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/25/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210555 <i>P. Valentine</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED 6/26/02		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kenneth Collins</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-21-02

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

of Danny Riggs (250)
in a D.D. Crypt (1st) Funeral, date, time Tues June 25th 2:00
Church, Chapel, Graveside El Cajon Mortuary, Mike

All Funeral 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 43 Grave 3 Row _____ Section MAS Division/Block 0
Grave space & Care Fund 1495.00
Additional spaces and care fund PAID
Opening/Closing & Setup 375.00
Burial Container 380.00
Handling Fees 320.00
Flower vases - Marker setting fee MT. HOPE CEMETARY
Recording and filing fee CITY OF SAN DIEGO, CA
Sales taxes 45.00
Paid receipt number PAID 2644.45
Balance due 0

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

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

Signature of recorded holder of deed

Lisa D. Riggs (249)
Signature
Address 759 Greenfield Dr. #3
City El Cajon, Ca, 92021 Zip Code
Telephone

Work Order # E 17166

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-171 66

GRAVE BLIND CHECK FORM

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

Cypress DRIVE					
1	2	3 X	4	5	Salicif Pennons
we/son	Coat	Coat			
Bugno					

Arrows: Left, Right, Up, Down

Interment space for: Danny Riggs DD crypt 1st

Interment Date: 6/25/02 Time: 2:00

Lot: 43 Grave: 3 Row: Sect: MAS Div: 0

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Allen Date: 6/24/02

Flag on grave

E-17166

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DANNY	1B. MIDDLE DARIN	1C. LAST (FAMILY) RIGGS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/07/1965	3. DATE OF DEATH MONTH, DAY, YEAR 06/17/2002	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TIRA RIGGS-WIFE 959 GREENFIELD DR #3 249 EL CAJON, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/24/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/24/2002 JACKIE KOZICA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210484
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 6/24/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Kenneth Collins]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 6-21-02

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

In a _____ Funeral, date, time TUES 8-13 9:00
Type of Burial Container
Church, Chapel, Graveside _____ : FEATHERINGILL Mortuary ED

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

Lot 1 Grave 49 Row _____ Section MAS Division/Block Y

Grave space & Care Fund _____
Additional spaces and care fund DISINTERMENT 400.00

Opening/Closing & S _____ **PAID**

Burial Container _____

Handling Fees JUL 25 2002

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Featheringill to
take marker

Total Due 400.00
R-55245 400.00

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17167

Invoice # _____

Acct. # _____

Odean Colonial Chapel

at C and Sycamore



July 17, 2002

E-17167

Mount Hope Cemetery
3751 Market Street
San Diego,
CA 92102

Sue:

I am enclosing a check of \$400 for the disinterment of baby Judy Ann Kucera who died April 11, 1944 and is buried in Lot 1, Grave 49, Masonic Y. This also includes the removal of the small monument marking her grave.

The funeral home in San Diego, which is to be used if Featheringill Mortuary, 6322 El Cajon Blvd. and phone # 619-583-9511. The funeral director is Ed.


Judy's sister Barbara Peeks Dunn, 5140 Valley Road, Lincoln, NE 68510 and phone #402-488-1165, will be coming to San Diego in September to bring back what has been disinterred and the monument, depending on what is found.

Please advise me of the contents found during the disinterment.

Thank you for your cooperation and assistance with this disinterment.

The contents of the disinterment will be buried at Floral Lawns Memorial Gardens, Section Christus, Lot 37-C, Grave 4, North Platte, NE.

Again please advise me of the contents found and again thank you.


Rick Odean
Funeral Director



THE CITY OF

SAN DIEGO

E-17167

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

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

FAX COVER LETTER

TO: Rick ODEAN

PHONE/FAX# _____

FROM: SVE

DATE: 6-18-02

PAGES incl this page _____

FAX #
527-3403

MT HOPE CEMETERY

I WAS WRONG. THE MARKER IS APPROX. 10 X 20 AND
8" TO 10" HIGH.

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



DIVERSITY
BRINGS US ALL TOGETHER

Odean colonial
North Platte, Ne
308 532-1450
Fax 308 532-1778

692-5233



THE CITY OF SAN DIEGO

E-17167

AUTHORITY TO DISINTER, REMOVE OR REINTER

June 18, 2002

MONTH YEAR

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

JUDY ANN KUCERA

from Lot 1 Grave 49 Section Masonic Row _____ Block _____

Division Y And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery _____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

_____	_____	_____
_____	_____	_____
_____	_____	_____
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.)



Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102

Tel (619) 527-3400

E-17167

Disinterment and Removal

A disinterment refers to the removal of human remains. The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

- 1) The surviving spouse.
- 2) The surviving children.
- 3) The surviving parents.
- 4) The surviving brothers or sisters.

H&S Code Art. 2 7526

Mt. Hope Cemetery requires the signature(s) of the immediate next of kin, on the form Authority to Disinter, Remove or Reinter. If this form is not signed in the presence of a cemetery staff member then this form must also be notarized. A court order will also authorize the disinterment of remains.

A disinterment will only take place at a date and time convenient for Mt. Hope Cemetery, and only after the Disinterment Permit and the disinterment fees are presented to the cemetery.

The disinterment or removal of human remains consist of opening the ground to the burial container, and its removal only. The casket will be removed only as a courtesy and only if it is, and remains intact. At no time is Mt. Hope Cemetery's staff required to go into the grave to remove the body or any remains. This is the responsibility of the mortuary.

If you have any questions, regarding the disinterment/reinterment, please contact the cemetery manager or office staff.

Note: A disinterment/reinterment in the same cemetery does not require a disinterment permit.

E 17167

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1-day

1A. NAME OF DECEDENT—FIRST (GIVEN) Judy		1B. MIDDLE Ann	1C. LAST (FAMILY) Kucera	2. DATE OF BIRTH MONTH, DAY, YEAR 04/11/1944	3. DATE OF DEATH MONTH, DAY, YEAR 04/11/1944	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/27/2002		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9B. DATE PERMIT ISSUED 07/11/2002 C. MAGGARD		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211438
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY				11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Odean Colonial Chapel 302 S. Sycamore North Platte, NE 69101-7544				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE						

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-02

Disinterment

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

of Michelle Lynn Dufour (Baby 1-yr)
in a _____ Funeral, date, time July 1st Mon, 10:30

Church, Chapel, Graveside _____: Greenwood Mortuary.
264-3131

All Funeral 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 436 Grave _____ Row _____ Section 15 Division/Block 7

Grave space & Care Fund _____ C-5689

Additional spaces and care fund _____ Disinterment 400.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JUN 28 2002

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due _____ 400.00

Paid receipt number R-55151 400.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 17168**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17168

GRAVE BLIND CHECK FORM

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

					ADAM M. Williams	
			436 X			
					(CANYON RD)	

Interment space for:

Michelle Dufour (BABY)

Interment Date:

7-1-02 Monday

Time:

10:30

Lot:

436

Grave:

Row:

Sect:

15

Div:

7

Grave Laid out by:

Ricardo L. L. L.

Agrees with Legal Card:

☐

Yes

☐

No

Agrees with Map:

☐

Yes

☐

No

Blind Check & Verified By:

M. L. L.

Date:

7-1-02

Flag on
grave



THE CITY OF SAN DIEGO

E-17168

May 26, 2002

AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Michelle Lynn Dufour

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Name of Deceased 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 (insert name) 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 Name of Deceased at Mt. Hope Cemetery is identified as:

Lot: 436 Grave: Section: 15 Row: Division: 7

Receiving Cemetery: El Camino Memorial Park City & State: San Diego, CA

Lot: 45 Grave: D Section: Row: Division: Sorrento Grd

We acknowledge that we have been advised that the remains of Name of Deceased may not be present and/or intact.

Michelle Lynn Dufour
Connie (Dufour) Livers

Father

mother

* SIGNATURE(S)

RELATIONSHIP TO DECEASED

I hereby authorize the above disinterment:

(Lot Owner must sign if not legal custodian)

Date

WITNESSED BY

TITLE

Date

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

Mt. Hope Cemetery

Metro Parks Division • Park and Recreation • 3751 Marker Street • San Diego, CA 92102-4527

Tel (619) 527-3400





THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOVE OR REINTER

May 2002
MONTH YEAR

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

Michelle Dufour

from Lot 436 Grave _____ Section 15 Row _____ Block _____

Division 7 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery EL CAMINO MEMORIAL PARK & MORTUARIES
5600 CARROLL CANYON RD. S.D. CA 92121

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]

FATIMA

4245 HOYT ST WHEAT RIDGE, CO
80033

Signature

Relation to deceased

Address State of Colorado
County of Jefferson

I hereby authorized the above disinterment:

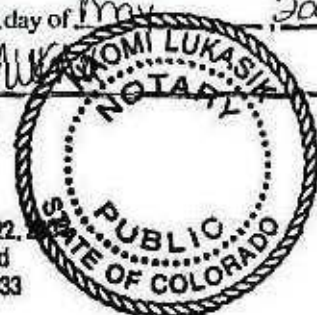
John D. Dufour appeared before me

(Lot owner must sign if not legal custodian)

Date May 17th day of May 2002
[Signature]
Notary Public

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

My Commission Expires October 22, 2002
4350 Wadsworth Boulevard
Wheat Ridge, Colorado 80033



Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOVE OR REINTER

MAY 2002
MONTH YEAR

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

Michelle Dufour

from Lot 436 Grave _____ Section 15 Row _____ Block _____

Division 7 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery EL CAMINO MEMORIAL PARK & MORTUARIES
5600 CARROLL CANYON RD. S.D. CA 92121

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.

Connie Dufour-Huens mother

622 K LAKEVIEW DR.
WARRENSBURG, MO 64093

Signature

Relation to deceased

Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Date

State of Missouri
County of Johnson
Connie Huens
appeared before
me on this 25th
day of May, 2002

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

[Signature]
Notary Public - Notary Seal
STATE OF MISSOURI
JOHNSON COUNTY
MY COMMISSION EXP. OCT. 14, 2003

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102

Tel (619) 527-3400

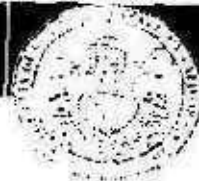
E-17168

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MICHELLE		1B. MIDDLE LYNN	1C. LAST (FAMILY) DUFOUR	2. DATE OF BIRTH MONTH DAY YEAR 12/24/1966	3. DATE OF DEATH MONTH DAY YEAR 04/13/1968	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARILYN THOMPSON - GRANDMOTHER 23319 HOLLY DRIVE MURRIETA, CA 92562		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/25/2002		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/25/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210580
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY EL CAMINO MEMORIAL PARK - 5600 CARROLL CANYON ROAD, SAN DIEGO, CA 92121		11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



E 17168

THE CITY OF SAN DIEGO

May 26, 2002

AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Michelle Lynn Dufour

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Name of Deceased 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 used or claimed to be caused by the disinterment of (insert name) 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 Name of Deceased at Mt Hope Cemetery is identified as:

Lot: 436 Grave: Section: 15 Row: Division: 7

Receiving Cemetery: El Camino Memorial Park City & State: San Diego, CA

Lot: 45 Grave: D Section: Row: Division: Sorrento Grd

We acknowledge that we have been advised that the remains of Name of Deceased may not be present and/or intact.

Michelle Lynn Dufour

Father

Colorado

Connie (Dufour) Lima

Mother

* SIGNATURE(S)

RELATIONSHIP TO DECEASED

I hereby authorize the above disinterment.

(Lot Owner must sign if not legal custodian)

Date

WITNESSED BY

TITLE

Date

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

Marilyn Thompson
909-677-3988

Mt. Hope Cemetery

Recreation Division • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400

maternal grandmother

Maternal Grandmother will give the notarized forms to Greenwood on Saturday 6/23/02

Then we will get the forms from Greenwood and then schedule.



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOVE OR REINTER

MAY 2002
MONTH YEAR

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

Michelle Dufour

from Lot 436 Grave _____ Section 15 Row _____ Block _____

Division 7 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery EL CAMINO MEMORIAL PARK & MORTUARIES
5600 CARROLL CANYON RD. S.D. CA 92121

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.

Connie Dufour Givens mother

622 K LANEVIEW DR.
WARRENSBURG, MO 64093

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.)

State of Missouri
County of Johnson
Connie Givens
appeared before
me on this 25th
day of May, 20

[Signature]
Notary Public - Notary Seal
STATE OF MISSOURI
JOHNSON COUNTY
MY COMMISSION EXP. OCT. 14, 200

Mt. Hope Cemetery

Rael Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel: (619) 527-3436

JUN-20-2002 13:34

303 456 2195 P.02/04



THE CITY OF SAN DIEGO

May 26, 2002

E-17168

AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Michelle Lynn Dufour

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Name of Deceased 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 (insert name) 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 Name of Deceased at Mt. Hope Cemetery is identified as:

Lot: 436 Grave _____ Section: 15 Row: _____ Division: 7

Receiving Cemetery: El Camino Memorial Park City & State: San Diego, CA

Lot: 45 Grave: D Section: _____ Row: _____ Division: Sorrenno Grd

We acknowledge that we have been advised that the remains of Name of Deceased may not be present and/or intact.

Michelle L. DufourFatherConnie (Dufour) LimaMother

* SIGNATURE(S)

RELATIONSHIP TO DECEASED

I hereby authorize the above disinterment.

(Lot Owner must sign if not legal custodian)

Date

WITNESSED BY

TITLE

Date

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

Mt. Hope Cemetery

Metro Parks Division • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOVE OR REINTERMAY 2002
MONTH YEAR

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

Michelle Dufour

from Lot 436 Grave _____ Section 15 Row _____ Block _____

Division 7 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery EL CAMINO MEMORIAL PARK & MORTUARIES
5600 CARROLL CANYON RD. S.D. CA 92121

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.

John D. Dufour

FATHER

4245 HOYT ST WHEAT RIDGE, CO 80033

Signature

Relation to deceased

Address State of Colorado
County of Jefferson

I hereby authorized the above disinterment:

John D. Dufour appeared

(Lot owner must sign if not legal custodian)

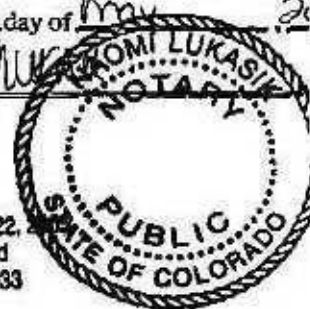
me this 17th day of May
Date Michael Lukasik
Notary Public

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

My Commission Expires October 22, 2002
4350 Wadsworth Boulevard
Wheat Ridge, Colorado 80033

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Alcazar Street • San Diego, CA 92102
Tel (619) 527-3400



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-21-02

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

of For Annette Smith

In a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund _____ E-16108 D

Additional spaces and care fund _____ **PAID**

Opening/Closing & Setup _____ 105.00

Burial Container _____ JUN 21 2002 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 4.26

Sales taxes _____ PAID BY CHECK 269.26

Paid receipt number R-55130 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Annette Smith

Address 9315 Francis Dr.

City Spring Valley 91977

Telephone (619) 462-6984

Work Order # **E 17169**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-21-02

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

of Michael Richard Olive P.A.# 20021627
in a D-D. Crypt (ST Burial) Funeral, date, time Thurs June 27th 11:00
Type of Burial Container
Church, Chapel, Graveside Delmarly Chy! Menkley-Mitchell Mortuary MAX

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

Lot 10 Grave 2 B Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 423.00

Burial Container _____ 123.01

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 9.53

Total Due _____ 726.54

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice #

Acct. #

Work Order # E 17170

7-18-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MICHAEL		1B. MIDDLE RICHARD		1C. LAST (FAMILY) OLIVE		2. DATE OF BIRTH MONTH, DAY, YEAR 04/29/1959		3. DATE OF DEATH MONTH, DAY, YEAR 06/17/2002		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO De La TOBA—PUBLIC ADMINISTRATOR, 520F A RUFFIN RD. SAN DIEGO, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTURRY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert M. Zullo</i>				8B. DATE SIGNED 06/26/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/26/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210630 <i>R.M. ZULLO</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102				11B. DATE BURIED 6-27-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Elizabeth F. Lloyd (2nd Burial) #2002/639
in a D.D. Crypt Type of Burial Container Funeral, date, time Thurs. June 27th 11:00
Church, Chapel, Graveside Delivery Only : Merkly-Mitchell Mortuary.
295-2177 5011
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 10 Grave 2T Row _____ Section _____ Division/Block 13
Grave space & Care Fund 126.00
Additional spaces and care fund _____
Opening/Closing & Setup 423.00
Burial Container 123.01
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes 9.53
Total Due 726.54
Paid receipt number _____
Balance due _____

P.A. Edwards
Paid on 9-5-02

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

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

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

Work Order # E 17171

Invoice # 366633
Acct. # 000952

E-17171

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Elizabeth		1B. MIDDLE P.		1C. LAST (FAMILY) Lloyd		2. DATE OF BIRTH MONTH DAY YEAR 04/09/1925		3. DATE OF DEATH MONTH DAY YEAR 06/19/2002		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards - Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Merkley-Mitchell Mortuary, 3655 Fifth Avenue, San Diego, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rose M. Zullo</i>				8B. DATE SIGNED 06/24/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/26/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210625 R.M. Zullo	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. Box 85222, San Diego, CA 92186-				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market St., San Diego, CA 92102				11B. DATE BURIED 6-27-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. James</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-02

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

of Ether Mae Green-Haley
in a T.S. VAULT Funeral, date, time Tues June 25 1:00

Church Chapel, Graveside Ragsdale Mortuary.

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

Lot 88 Grave 5 Row 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting 45.00

Recording and filing fee

Sales taxes

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1938

Paid receipt number R-55192 1769.38

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Work Order # E 17172

REA-104 (7-96)

Invoice #

Acct. #

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-17172

GRAVE BLIND CHECK FORM

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

White/2	3	4	5 X			

Interment space for: Ether M. Marm Haley

Interment Date: 6/25/02 Time: 1:00

Lot: 98 Grave: 5 Row: Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flay on
grave

Blind Check & Verified By: Date:

E-17172

59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ether	1B. MIDDLE Mae	1C. LAST (FAMILY) Green-Haley	2. DATE OF BIRTH MONTH DAY YEAR 12/16/1942	3. DATE OF DEATH MONTH DAY YEAR 06/19/2002	4. SEX F
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alvie B. Green, Mother 401 5168 Cervantes Avenue San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED <i>[Signature]</i>					

NOTICE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/25/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowman MD</i>
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— LOS ANGELES CO Health Dept., 313 N. Figueroa St., Los Angeles, CA 90012		
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego CA 92186-5222				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

6-24-62

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

of 397 STEVEN M. BANKHEAD

in a T.S. VAULT

Funeral, date, time MON 7-1 11:00

Type of Burial Container

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 \$ EL CAYON BLVD

will be applied and billed to undersigned.

Lot 123 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees JUN 24 1962 185.00

Flower vase MT HOPE CEMETARY —

Recording and filing CITY OF SAN DIEGO 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-55133 1769.38

Balance due 0

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

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

Signature of recorded holder of deed

X Signature See attached
X Address See attached
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 17173**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-02

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

of STEVEN M. BANKHEADin a T.S. VAULTFuneral, date, time MON. 7-1-11:00Type of burial container
Church, Chapel, Graveside GravesideCA 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 123 Grave 8 Row _____ Section 2 Division/Block 12Grave space & care fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00Burial Container 250.00Handling Fees JUN 24 2002 185.00Flower vase MT. HOPE CEMETERY 45.00Recording and filing CITY OF SAN DIEGO 19.38

Sales taxes _____

Total Due 1769.38Paid receipt number 2-55133 1769.38Balance due 0I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recognized holder of deed

X Carol M. Bankhead
Signature
X 3841 1/2 LOGAN AVE.
Address
X SAN DIEGO, CA 92114
City
X (619) 269-6468
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17173

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17173
Sond Bournof
Steven M. Bankhead
Carol M. Bankhead
Fax (619) 232-7021

MT HOPE CEMETERY

C-17173

GRAVE BLIND CHECK FORM

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

		MORROW	2	3	4	5
		7	123 X 8	9	10	11
				McELROY		

Interment space for: STEVEN BANKHEAD

Interment Date: MON 7-1 Time: 11:00

Lot: 123 Grave: 8 Row: Sect: 2 Div: 12

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date: 7-1-02

SAN DIEGO COUNTY

SAN DIEGO DA 073
 VICTIM WITNESS CENTER
 PO BOX 121011
 SAN DIEGO, CA 92112-1011
 (619) 531-3915

E-17173

January 16, 2003

MOUNT HOPE CEMETERY
 3751 MARKET STREET
 SAN DIEGO, CA 92102

CLAIM NUMBER: 739746 REQ. 7

CLAIM FOR: MANSON ALDRIDGE
CAROL

DATE OF BIRTH: N/A

FILED BY: N/A

VICTIM: BANKHEAD
STEVEN, M

PATIENTS ACCT.: N/A

FUNERAL/BURIAL VERIFICATION LETTER

Dear Funeral/Burial Service Provider,

CAROL MANSON ALDRIDGE has filed a claim with the Victims Compensation Program for payment of funeral/burial expenses for STEVEN BANKHEAD. Our decision concerning payment of these expenses depends, in part, upon the information that you provide.

Please complete the form below and attach a copy of the contract and itemized statement. Return them to us at the above address within 10 business days as required by Government Code Section 13962(b).

If you have any questions regarding this letter, please call our Customer Service Representative toll-free at 1-800-777-9229.

Thank you for helping crime victims and the California Victims Compensation Program.

EXPENSES:

Funeral/Mortuary	\$	_____
Cemetery	\$	874.38
Headstone	\$	_____
Burial Plot/Other	\$	895.00
Total	\$	1,769.38

(Please include the following details)

Date Plot Purchased	06/24/02
For Whom?	Steven M. Bankhead
(X) Single () Double	
Price of single plot, if double plot was purchased \$	_____

PAYMENTS:

Claimant Paid	\$	1,769.38
Insurance	\$	_____
Social Security	\$	_____
Other Payments	\$	_____
By Whom?	Carol Manson	
Balance Due	\$	0
From Whom?	_____	

Who contracted for these services?

Carol Manson

CONTINUED ON REVERSE SIDE

Insurance Company

Phone

Street Address

City

()

State

Zip Code

Name of Policyholder

Policy Number

PROVIDER DECLARATION: I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this verification form, and to the best of my information and belief, all my answers are true, correct, and complete. I further understand that if I have provided any information that is false, intentionally incomplete, or misleading, I may be found liable under Government Code section 12650 for filing a false claim with the State of California and may also be guilty of a misdemeanor or a felony, punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to ten thousand dollars (\$10,000).

01-24-03 P12:58 OUT

SIGNATURE of person completing this form

Date

PRINT NAME and TITLE

01/24/2003

Phone

Ray Snider, Manager

(619) 527-3400

E-17173

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) STEVEN		1B. MIDDLE MARQUELL	1C. LAST (FAMILY) BAKHEAD	2. DATE OF BIRTH MONTH DAY YEAR 06/06/1978	3. DATE OF DEATH MONTH DAY YEAR 06/21/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CAROL HANSON—MOTHER 396 3841 1/2 LOGAN AVENUE SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5800 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Donita Benford</i>		
8B. DATE SIGNED 06/25/2002		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/25/2002 J. BENFORD		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210551		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY				
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input checked="" type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102		11B. DATE BURIED 7-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, "NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-24-02

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

of WILLIE B. TILLIS

in a Liner Funeral, date, time 6/28 Fri. June 11:00
Type of Burial Container 11:00

Church, Chapel Graveside, Witness HICKS Mortuary.

All Funeral 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 6 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 _____

Recording and filing fee _____

Sales taxes _____

PAID

JUN 24 2002

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

375.00
190.00
145.00

45.00
14.73
769.73

Total Due _____

Paid receipt number Paid by NYC 769.73

Balance due 0

*Mozelle
HICKS-MORT.
Palm Dell
661-944-4595*

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

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

Signature of recorded holder of deed _____

Jean H. Duncan
Signature P.O. Box 13223
Address San Diego, Ca. 92170
City 619-263-5798 Zip Code
Telephone

Work Order # **E 17174**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17174

GRAVE BLIND CHECK FORM

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

	Lincoln					
	Street					
3 Cannon	4 Wynn	5 Wynn	6 X			

Interment space for: Willie B. Tillis

Interment Date: 6/28/02 Time: 11:00

Lot: 4 Grave: 6 Row: Sect: 3 Div: 12

Grave Laid out by: N F ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 6/26/02

E-17174

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 73

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIE	1B. MIDDLE B	1C. LAST (FAMILY) TILLIS	2. DATE OF BIRTH MONTH DAY YEAR 03/06/1929	3. DATE OF DEATH MONTH DAY YEAR 08/19/2002	4. SEX F
5A. CITY OF DEATH LANCASTER		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALVIN J. TILLIS HUSBAND 36115 166th ST. E. LIANO, CA. 93544	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HICKS MORTUARY 8837 E. PALMDALE BLVD PALMDALE, CA. 93552			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1453		

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Thomas J. Gutierrez</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA STREET LOS ANGELES, CA. 90012		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY P.O. BOX 85222, SAN DIEGO, CA. 92112		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 6/28/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-02

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

of MARGARET DAVIS

in a LINER

Type of Burial Container

Funeral, date, time FRI 6-28 1:00

Church, Chapel, Graveside

: RAGSDALE

Mortuary.

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

will be applied and billed to undersigned.

Services ARRIVED AT 3:20

Lot 124 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-paid E-16666

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Work Order # E 17175

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17175

GRAVE BLIND CHECK FORM

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

		1	2	3 Nichols	4	VAN 5 MANTGEN
		7	124 X 8	9	TODD 10 TODD	11 HARRIS

Interment space for: MARGARET DAVIS

Interment Date: FRI 6-28 Time: 1100

Lot: 124 Grave: 8 Row: Sect: 2 Div: 11

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/26/02

Flag on
Grave

E-17175

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret		1B. MIDDLE Bell	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH, DAY, YEAR 11/24/1931	3. DATE OF DEATH MONTH, DAY, YEAR 06/21/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ronnie Holloman, Son 4488C Street San Diego, CA 91202		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 06/26/2002				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED W. Jackson	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210660	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery, 3751 Market Street San Diego, CA 92102		11B. DATE BURIED 6-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-2002

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

of Clifford Lambert III
in a Liner Funeral, date, time Fri June 28th 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

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

Lot 173 Grave 3 Row 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55143 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17176

Invoice #

Acct. #

MT HOPE CEMETERY

E-17176

GRAVE BLIND CHECK FORM

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

Add 5 more chains

		ARNETT		##	MURPHY	Tree
Kelly	2	3 X	4 SAMS	5		

Interment space for: Clifford Lambert III

Interment Date: 6-28-02 Time: 11:00

Lot: 173 Grave: 3 Row: Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

Flag on Grave

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55143

From: 818 Paraiso Ave SY 9197 Date: June 27, 20 02
 Address: Catherine L. Lawrence
One-Thousand, Six hundred Sixty-Four -73 Dollars (\$ 1,664.73)
 In full Payment of Interment Order for Clifford Lambert III
at need.

 Lot 173 Grave 3 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17176BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#669

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

ISSUED BY

Paulotto Crawford

CREDIT	67007	179.00
20% Sales Tax	77184	
80% Sales	100	716.00
of Lots	77184	
Opening/	100	375.00
Closing	77181	
Burial	100	140.00
Containers	77182	
	100	145.00
Handling Fee	77185	
Recording &	100	45.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	14.73
	78390	
TOTAL PAID	\$	1664.73

paid - Catherine Lawrence
 specific - Clifford
 next of kin - Crystal

E-17176

29

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CLIFFORD	1B. MIDDLE -	1C. LAST (FAMILY) LAMBERT, III	2. DATE OF BIRTH MONTH, DAY, YEAR 02/05/1973	3. DATE OF DEATH MONTH, DAY, YEAR 06/21/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CRYSTAL LAMBERT-WIFE 299 8616 HURLBUT ST. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person issuing permit J. Benyard		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
PERMIT		8B. DATE SIGNED 06/26/2002			

AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/26/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210604
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3571 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F. Johnson
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-2002

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

of IRMA JOSEPH

in a LINEAR Funeral, date, time Fri June 28th 10:00

Church Chapel Graveside Mortuary RAGSDALE

All Funeral 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 406 Grave 3 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JUN 27 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.73

Quesman Blair - Ragsdale 263-3141 TOTAL 1564.73 PAID to bring check 500

Total Due R-55145 1564.73

Balance due 0

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

Michael Joseph

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

Signature of recorded holder of deed

Signature Michael Joseph

Address 4745 Sable Ave #102

City San Diego Zip Code 92113

Telephone 619 262-2337

Invoice # Work Order # E 17177

Acct. #

REA-104 (7-96) This information is available in alternative formats upon request.
Printed on recycled paper

F-17177

GRAVE BLIND CHECK FORM

		Provencio	Whitney		
1	2	Buchanan	3 x	4	5
				stateman	6
					Word

Interment Date: 6-28-02 Time: ~~15:00~~ 10:00

Grave Laid out by: NF ROBERT

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date: 6-21

Flag
on grave.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Irma	1B. MIDDLE Jean	1C. LAST (FAMILY) Joseph	2. DATE OF BIRTH MONTH DAY YEAR 03/22/1946	3. DATE OF DEATH MONTH DAY YEAR 06/23/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael Joseph, Son 4745 Solola Avenue, 102 San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/29/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222, San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210751
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 395 Julett Smith

In a Liner Funeral, date, time FRI June 28th 1:30
Church, Chapel Graveside S.D. Memorial Mortuary.

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

Lot 46 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.75
Total Due	1664.75
Paid receipt number <u>R-55138</u>	1664.75
Balance due	0

PAID
JUN 25 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid by check

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17178

MT HOPE CEMETERY

E-17178

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Hall	2	3	4 Davis
			7 X	8	9	10 Campbell

Interment space for: Julett Smith

Interment Date: 6/28/02 Time: 1:30

Lot: 46 Grave: 7 Row: Sect: 2 Div: 12

Grave Laid out by: NORMAN / BOSSER

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on
Grave

Blind Check & Verified By: Warren 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) JULETT	1B. MIDDLE —	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR 10/16/1924	3. DATE OF DEATH MONTH, DAY, YEAR 06/20/2002	4. SEX F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LULA M WESLEY—SISTER 236 TARANGO PL SPRING VALLEY CA 91977	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>		
			8B. DATE SIGNED 06/24/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210493 ROSA NAVA
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Rosa Nava</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-25-02

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

of ISAIAH FINLEY & KATHLEEN HARMON

In a Double Depth Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 18 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 2464.45

Receipt number R-55139 1400.00

Balance due 1064.45

PAID at 45
JAN 03 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

Per Mr. Isaiah Finley

Lawrence Brown will be making arrangements 714 479-7275

Work Order # E 17179

E-17179

Mt. Hope Cemetery Prepayment Plan Record

Isaiah Finley & Kathleen Harmon
2 So. 28th Street
San Diego, CA 92113
619 239-7253
E-17179

Preneed for:

Lot 18, Grave 11, Sec 1, Div 12

Payment NO.	1
Payment Due Date	August-02
Payment Amount Due	44.00
Balance Due	1,020.00

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

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

E-17179

Mt. Hope Cemetery Prepayment Plan Record

Isaiah Finley & Kathleen Harmon
2 So. 28th Street
San Diego, CA 92113
619 239-7253
E-17179

Preneed for:

Lot 18, Grave 11, Sec 1, Div 12

Payment NO.	2
Payment Due Date	September-02
Payment Amount Due	44.00
Balance Due	976.00

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

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

E-17179

Mt. Hope Cemetery Prepayment Plan Record

Isaiah Finley & Kathleen Harmon
2 So. 28th Street
San Diego, CA 92113
619 239-7253
E-17179

Preneed for:

*Paid No Coupon
\$100
R-55333*

Lot 18, Grave 11, Sec 1, Div 12

Payment NO.	3
Payment Due Date	October-02
Payment Amount Due	44.00
Balance Due	932.00

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

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

E-17179

Mt. Hope Cemetery Prepayment Plan Record

**Isaiah Finley & Kathleen Harmon
2 So. 28th Street
San Diego, CA 92113**

E-17179

Preneed for:

Lot 18, Grave 11, Sec 1, Div 12

Payment NO.	5
Payment Due Date	December-02
Payment Amount Due	44.00
Balance Due	844.00

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

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

E-17179

Mt. Hope Cemetery Prepayment Plan Record

**Isalah Finley & Kathleen Harmon
2 So. 28th Street
San Diego, CA 92113**

E-17179

Preneed for:

Lot 18, Grave 11, Sec 1, Div 12

Payment NO.	6
Payment Due Date	January-03
Payment Amount Due	44.00
Balance Due	800.00

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

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

FINLEY, ISAIAH & KATHLEEN HARMON 2 So. 28th Street, San Diego 92113 239-7253

6-25-02	Opened Pre-need Lot & Trust. Lot 18, Grave 11, Sec 1, Div 12	DEBIT	CREDIT	BALANCE
		895.00		895.00
	Trust includes 2 opening/closings, double depth crypt, handling fee, 2 recording fees tax on double depth crypt.	1569.45		2464.45
06-25-02	Receipt 55139 <i>Rem to Trust</i>		1400.00	1064.45
7-2-02	Receipt # 55161 <i>coupon # 1</i>		50.45	1014.00
7-8-02	R - 55189		500.00	514.00
8-21-02	R - 55333		100.00	414.00
10-7-02	R 55491		100.00	314.00
11-7-02	R - 55595 <i>coupon # 5</i>		114.00	200.00
0010303	R 55778 <i>coupon # 4</i>		200.00	0

Finley, Isaiah/Kathleen Harmon E-17179

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55189

Date: 7-8-02, 20__

From: Isaiah Finley Address: On Record
Live Buried

In part Payment of Pre-need Lot - Trust Dollars (\$) 500.00

Lot 18 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17179BALANCE DUE 514.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	500 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-27-2002

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

of Christina Stansberry

In a Liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot _____ Grave _____ Row _____ 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

Sales taxes 14.73

Total Due 1664.73

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.

(grandfather) EARL STANSBERRY SR.

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17180

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-27-02

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

of for Myrna G. DeLeon 390
in a T.S. Vault Funeral, date, time Friday July 5th 1:00
Church Chapel Graveside Humphreys 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. ADD 7 more chairs

Lot 62 Grave 4 Row Section 1 Division/Block 12

Grave space & Care Fund PAID 895.00

Additional spaces and care fund

Opening/Closing & Setup JUL 03 2002 375.00

Burial Container 250.00

Handling Fees MT. HOPE CEMETARY 185.00
CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

R-55147 Total Due 1769.38

Paid receipt number 55250 Down OK 443.00

#1461 Balance due 1326.38

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

ERNESTO DE LEON 389
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature E. DeLeon
Address 565 FLORIDA ST.
IMPERIAL BEACH
City CA Zip Code 91932
Telephone 619-429-9820

Work Order # E 17181

Invoice #

Acct. #

MT HOPE CEMETERY

E-17181

GRAVE BLIND CHECK FORM

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

			X			

Interment space for: Myrna J. DeLeon

Interment Date: 7-5-2002 ^{Humphreys} Time: 1:00

Lot: 62 Grave: 4 Row: _____ Sect: 1 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No


Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 7302

Flag on
Grave

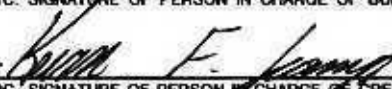
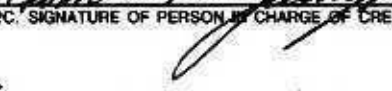
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MYRNA	1B. MIDDLE J.	1C. LAST (FAMILY) DeLEON	2. DATE OF BIRTH MONTH, DAY, YEAR 09/25/1966	3. DATE OF DEATH MONTH, DAY, YEAR 07/01/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERNESTO DeLEON - SPOUSE 565 FLORIDA STREET SAN DIEGO, CA 921291932		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/03/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/05/2002 ARACELY FLORES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211095
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-02

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

of Willie Townsend (381)
in a D.D. Crypt ^{1st Burial} Funeral, date, time Mon. July 1 11:00
Church, Chapel ^{Graveside} CA BURIAL Mortuary.

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

✓ Lot 92 Grave 5 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00
Additional spaces and care fund _____
Opening/Closing & Setup 375.00
Burial Container 380.00
Handling Fees 3.20.00
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes 29.45

PAID

JUN 28 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 2044.45

Paid receipt number R-55146 2044.45

Balance due 0

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

LINDA Childress X Final Children
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature X 4906 Daffier Dr.
Address San Diego 92102
City (619) 527-9666 Zip Code
Telephone _____

Work Order # E 17182

REA-104 (7-96)

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-17182

GRAVE BLIND CHECK FORM

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

2	3	4	5 X		

Interment space for:

Willie Townsend

Interment Date:

7-1-02

Time:

11:00

Lot:

92

Grave:

5

Row:

Sect:

2

Div:

12

Grave Laid out by:

NF KEN

Agrees with Legal Card:

☐ Yes

☐ No

Agrees with Map:

☐ Yes

☒ No

Blind Check & Verified By:

Waller

Date:

7-1-02

Fagon
grave

E-17182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIE	1B. MIDDLE VEE	1C. LAST (FAMILY) TOWNSEND	2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1920	3. DATE OF DEATH MONTH, DAY, YEAR 06/25/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JEAN C. WILLIAMS—DAUGHTER 4013 TEXAS ST. #7 SAN DIEGO, CA 92104	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/28/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 7/1/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Kenneth Calhoun]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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 6-28-02

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

of Jacquelyn Taylor ³²⁴

in a Liner Funeral, date, time June 2nd 2:00

Church, Chapel, Graveside Delivery by BAYVIEW Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 888.277

will be applied and billed to undersigned. 7820

Lot 48 Grave 10 Row Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55147 1664.73

Balance due 0

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

I hereby authorize the interment in lot 323
hold under deed. Kenneth Kellar

Signature of recorded holder of deed Kenneth Kellar

Signature Kenneth Kellar

Address Bayview

City Bayview Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17183

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-17123

GRAVE BLIND CHECK FORM

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

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

Interment space for: Jacquelyn Taylor

Interment Date: 7- -02 Time: _____

Lot: 48 Grave: 10 Row: _____ Sect: 1 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Date: 7/2/02

Flag on
grave

E-17183

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JACQUELYN		1B. MIDDLE -	1C. LAST (FAMILY) TAYLOR		2. DATE OF BIRTH MONTH DAY YEAR 12/31/1941	3. DATE OF DEATH MONTH DAY YEAR 06/14/2002	4. SEX F
5A. CITY OF DEATH EL CAJON			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN BEAUPARLANT - PUBLIC ADMINISTRATOR, 5201 A RUFFIN RD. 365 SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH RAYVIEW MEMORIAL FUNERAL HOME, 564 BROADWAY, EL CAJON, CA 92021				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1709		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/28/2002			
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 06/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT TC MITCHELL	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 86222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCAL (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102			11B. DATE BURIED 7-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-02

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

of David Eugene DeBetham (369)
in a Liner Funeral, date, time July 3rd Weds 11:00

Church, Chapel, Graveside Regsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 128 Grave 3 Row 1 Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee JUN 28 2002

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1664.73

Paid receipt number R-55149 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

X Mary E. DeBetham (369)
Signature
3766 Citrus ST
Address
La Mesa Ca 91941
City Zip Code
(619) 460-1585
Telephone

Work Order # E 17184

Invoice #

Acct. #

MT HOPE CEMETERY

E-17184

GRAVE BLIND CHECK FORM

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

	7 Hansen	8	9 ASHLEY	10 HANSBRO	11 HANSBRO	12
	1	2	3 X	4	5	6

Interment space for: DAVID DE BETHAM

Interment Date: 7-3-02 Time: 11:00

Lot: 128 Grave: 3 Row: _____ Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) David	1B. MIDDLE Eugene	1C. LAST (FAMILY) DeBetham	2. DATE OF BIRTH MONTH DAY YEAR 07/12/1928	3. DATE OF DEATH MONTH DAY YEAR 06/26/2002	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Ellyn DeBetham, Wife 3766 Citrus Street La Mesa, CA 92941	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16327 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 07/03/2002 W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211018 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNEST ARBAYO 227824 11:30

In a DBL/Depth (B) Funeral, date, time Friday July 5th
Church, Chapel, Graveside Featheringill Mortuary Elmer
FAX 583 2038

All Funeral 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 4703 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-3949 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container DBL/Depth Crypt (12' x 12') 380.00

Handling Fees PAID 320.00

Flower vases - Marker setting fee _____

Recording and filing fee JUL 01 2002 45.20

Sales taxes 29.45

MT. HOPE CEMETARY
CITY OF SAN DIEGO 1149.45

Paid receipt number 55159 1,149.45

Balance due 0

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

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

Mary Whitehouse
Signature of record holder of deed
brother
227820
MICHAEL ARBAYO
Signature
P.O. Box 1542
Address
SOLANA BEACH, CA 92075
City
(858) 756-1296
Telephone
Zip Code

Work Order # E 17185 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E 17185

GRAVE BLIND CHECK FORM

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

			4703 X			

Interment space for: ERNEST ARRAYO

Interment Date: 7-5-02 Time: 11:30 Grave side

Lot: 4703 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYL Date: 7-3-02

Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ernest	1B. MIDDLE Elfego	1C. LAST (FAMILY) Arbayo	2. DATE OF BIRTH MONTH DAY, YEAR 04/19/1924	3. DATE OF DEATH MONTH DAY, YEAR 06/28/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael Arbayo, Brother PO Box 1542 Solana Beach, CA 92075		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/02/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/02/2002 K. Zaretzka	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210930
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-02

334
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CHRISTINA STANSBERRY

in a LINER
Type of Burial Container

Funeral, date, time Weeks July 3 11:00

Church/Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned.

Lot ✓138 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee JUN 28 2002

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1664.73

Paid receipt number R-55650 1664.73

Balance due 0

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

EARL STANSBERRY SR. 333

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

Signature of recorded holder of deed

Signature

X Earl Stansberry

Address

X SAN DIEGO, CA. 92102

City

(619) 264-3955

Telephone

Zip Code

Work Order # E 17186

Invoice #

Acct. #

MT HOPE CEMETERY

E- 17186

GRAVE BLIND CHECK FORM

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

	Hamilton		Fairley	Ford		
9 Proper	10	11	12 X	13 Jackson		

Interment space for:

Christina Stansberry

Interment Date:

7-3-02

Time:

11:00

Weds.

Lot:

138

Grave:

12

Row:

—

Sect:

1

Div:

12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Flag on
grave

Blind Check & Verified By:

Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Christina		1B. MIDDLE Nicole		1C. LAST (FAMILY) Stansberry		2. DATE OF BIRTH MONTH DAY YEAR 12/20/1983		3. DATE OF DEATH MONTH DAY YEAR 06/26/2002		4. SEX F	
5A. CITY OF DEATH Albuquerque				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE New Mexico		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Earl Stansberry, Father 336 3349 Beast Flamingo Court Gilbert, Arizona 85296					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT <i>[Signature]</i>		8B. DATE SIGNED 07/01/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 07/01/2002 W. Jackson		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210853	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA -				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222, San Diego CA 92186-5222					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102				11B. DATE BURIED 7-3-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-1-02

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

of ALBERT SEAPORT (260) Tues. July 9th 9:00

in a T.S. VAULT Type of Burial Container Funeral, date, time SAT JULY 6 11:00

Church Chapel, Graveside RASSDALE 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 61 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund 600.00

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 2369.38

Paid receipt number R-55173 2369.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order #

E 17187

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

F-17187

GRAVE BLIND CHECK FORM

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

			10 X			

Interment space for: ALBERT SEAPORT

Interment Date: 7-6-02 Time: 11:00 SAT.

Lot: 61 Grave: 10 Row: Sect: 1 Div: 11

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date: 7-5-02

Chawen



DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE
(1-800-827-1000)
8810 RIO SAN DIEGO DR
SAN DIEGO CA 92108-1622

E-17187

November 24, 1998

In Reply Refer To: 377/211A
C 27 358 588
SEAPORT, A R

ALBERT R. SEAPORT
4404 KANSAS STREET
SAN DIEGO CA 92116

Dear Mr. Seaport:

The records of the Department of Veterans Affairs (VA) disclose that ALBERT R. SEAPORT served in the Armed Forces of the United States as follows:

Entered On Active Duty: May 21, 1969

Released From Active Duty: September 22, 1976

Branch of Service: U.S. ARMY

Character of Discharge (As certified to VA by military branch of service or shown on official military documents): HONORABLE

Service Serial Number: SSN

Rank and Organization: E-5

Date of Birth: November 21, 1951

Sincerely yours,

G. A. Morris
Veterans Service Center Manager

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Albert		1B. MIDDLE Richard		1C. LAST (FAMILY) Seaport		2. DATE OF BIRTH MONTH, DAY, YEAR 11/21/1951		3. DATE OF DEATH MONTH, DAY, YEAR 06/29/2002		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joann Seaport, Wife 4404 Kansas Street San Diego, CA 92116 289					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Jackson</i>				8B. DATE SIGNED 07/05/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 07/08/2002 W. Jackson		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211155	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102				11B. DATE BURIED 7-9-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 330 ELOYCE GRAHAM

in a LINER Funeral, date, time FRI, JULY 5th 1:00
Church Chapel, Graveside : RAGSDALE Mortuary.

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

Lot 117 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 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.53

Total Due 1664.53

Paid receipt number R-55172 1664.53

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Work Order # E 17188

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-1718

GRAVE BLIND CHECK FORM

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

1	2	3	4	5 Jackson	6 Jones	
7 full	8	9	10 X	11	12 Walker	

Interment space for: E LOYCE GRAHAM

Interment Date: Friday July 5 Time: 1:00 chapel

Lot: 117 Grave: 10 Row: - Sect: 2 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYL Date: 7-03-02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Eloyce		1B. MIDDLE Strickland	1C. LAST (FAMILY) Graham	2. DATE OF BIRTH MONTH, DAY, YEAR 10/10/1917	3. DATE OF DEATH MONTH, DAY, YEAR 06/30/2002	F
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT Eleanor H. Scott, Daughter 7432 Conestoga Way San Diego, CA 92120		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/05/2002				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/05/2002 W. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2211101
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-2-02

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

of Paulette Y. Crawford / Richard A. Gildon
in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

Lot 169 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 895.00
Paid receipt number 25% down R-55165 224.00
Balance due 671.00

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

Paulette Crawford Gildon

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

Signature of recorded holder of deed _____

x Paulette Y. Crawford Gildon
Signature
x 919 E 16th Street
Address
x San Diego 92114
City Zip Code
x (619) 527-2226
Telephone

Work Order # E 17189

Invoice # _____

Acct. # _____

For Paulette, Richard, Angela or Paula Gildon
CRAWFORD, PAULETTE Y. (aka) GILDON

			DEBIT	CREDIT	BALANCE
7-2-2002	Opened Pre-need Lot Account.				895.00
	LOT 169 GRAVE 8 Section 2 Division 12				.
	25% Down Payment R-55165			224.00	671.00
8-1-02	R-55261 #1 (Returned)			28.00	643.00
9-18-02	R-55426 \$48.00/ #1 Payment again + charge				643.00
10/01/02	Paid By Visa #2			28.00	615.00
11/20/02	Paid by Visa #3 No coupon			28.00	587.00
1/3/03	Paid by Visa #4 No coupon			28.00	559.00
2/21/03	Coupon Visa #5			28.00	531.00
6/6/03	No coupon #6			28.00	503.00
7/31/03	No coupon paid by Visa #7			28.00	475.00
10-21/03	coupons by Visa #8 & 9			56.00	419.00
2/6/04	No coupon			28.00	391.00
6-4-04	" " by Visa-ATM			28.00	363.00
7-16-04	" " by Visa-ATM			56.00	307.00
8-12-04	" " by Visa-ATM			28.00	279.00
10-9-04	" Visa by ATM			28.00	251.00
11/18/04	" Visa by ATM			28.00	223.00
12/13/04	" Visa by ATM			28.00	195.00
				28.00	167.00

By payment

Has more to pay 800.00

Handed 179.00 to remaining to 2090

CRANFORD - PAULETTE Y. GILSON
9173 CAMINO LAGO VISTA SV CA 91977

CREDIT BALANCE

157 00

Visa Card payment

Visa Card payment "no cash"

11

1/25 end 17 18

Visa Card

R-59416

remaining to 20%

30 -

31-

28-

28

28-

22-

187-

106-

78 -

50-

22 -

④	
---	--

$$\begin{array}{r} 4 \\ 50 \\ 28 \\ \hline 22 \end{array}$$

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156665644

02/06/04

07:26:46

SWIPE

VS XXXXXXXXXXXXXXX25363

AUTH# 543474

REF# 43482801

SALE \$ 28.00

TOTAL \$ 28.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X MAIL/Phone
PAULETTE Y CRAWFORD

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17189 \$28.00

+ 80%

Paulette Crawford

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

06/04/04

08:20:33

KEYED

INVOICE#

VS XXXXXXXXXXXXXXX25363

AUTH# 390708

REF# 50202001

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 28.00

TOTAL \$ 28.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

WALKER
THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17189
12-2-169-8

*for Paulette Crawford
Bill*

*E-17159
Pre-need lot
\$28.00
to*

CITY OF SD-HT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92182-4527
619-527-5474
4381322156665644

11/18/04

13:52:17

KEYED

INVOICE#

VS XXXXXXXXXXXXX25363

AUTH# 862698

REF# 59402001

AVS: NO AVS REGSTED

MAIL/PHONE

\$ 28.00

TOTAL

\$ 28.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x *Paulette Crawford*

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17189

Paullett C. - Seldn

31.00 pre-need trust 12-2-16

CITY OF SD-HI HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156665644

11/18/84

15:02:22

KEYED

INVOICE#

US

XXXXXXXXXXXX25363

AUTH# 064810

REF# 59402002

AVS: NO AVS REGSTED

MAIL/PHONE

\$ 31.00

TOTAL

\$ 31.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x *Paullett C.*

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTON COPY-CUSTOMER

Bullets Crawford

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92162-4527
619-527-5474
4381322156665644

04/25/85

08:49:19

KEYED

INVOICE#

US XXXXXXXXXXXXX25363

AUTH# 698742

REF# 66982881

AUS: NO AUS REQUESTED

MAIL/PHONE

\$ 68.88

TOTAL

\$ 68.88

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

full mail
THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17189

137.00

E-18608 bal due of
\$71.31

pre-need cost.

Paulette

E- 17-189

20% \$ 00
\$ 28

CITY OF SD-MT HOPE CEMETERY 864
3751 MARKET STREET
SAN DIEGO CA 92162-4527
619-527-5474
4381322156655644

12/13/04

09:20:51

KEYED

INVOICE#

VS

XXXXXXXXXXXX25363

AUTH# 100261

REF# 60702001

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 28.00

TOTAL \$ 28.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

~~Mail/Phone~~

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Yellow Receipt
Date: Nov. 18 . 20 05From: Paula He Crawford - Giddan Address: on record
Twenty-two and 00 Dollars (\$ 22.00)
in Full Payment of Final payment on pre-need lot.
 Lot 1169 Grave 8 Row _____ Section 2 Division Block 12
Invoice No. E-17189

Acct. No. _____

W.O. _____

BALANCE DUE 0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

PAID

NOV 18 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

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

22.00

TOTAL PAID \$ 22.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

6064

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55261

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-1-02, 20From: Paulette Crawford Address: On RecordIn Twenty eight Dollars (\$ 28.00)In part Payment of Pre-need LotLot 169 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17189BALANCE DUE 643.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2638

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

AUG 01 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGOISSUED BY PCrawford

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-3-02

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

of Myrna Jean Rigshy
in a Liner Funeral, date, time Fri. July 12, 11:00

Church Chapel, Graveside S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 692-3090

will be applied and billed to undersigned.

✓ Lot 86 Grave 11 Row 2 Section 2 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 1900.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 1,664.73

Paid receipt number R-55170 1,664.73

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # E 17190

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MYRNA	1B. MIDDLE JEAN	1C. LAST (FAMILY) RIGSBY	2. DATE OF BIRTH MONTH DAY YEAR 10/25/1946	3. DATE OF DEATH MONTH DAY YEAR 07/02/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DEBIE HINES-DAUGHTER 328 4025 PARKHAVEN CT SAN DIEGO CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE WD-1575		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10875 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/09/2002 ROSA NAVA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211272
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar Julien 858

in a D.D. Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

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

will be applied and billed to undersigned. _____

Lot 86 Grave 10 Row _____ Section 2 Division/Bless 11

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees JUL 03 2002 370.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-55171 2044.45

Balance due 0

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

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

Signature of recorded holder of deed _____

Oscar Julien
Signature
6565 1/2 Brooklyn St
Address
S.D. CA 92114
City
(619) 266-0492 Zip Code
Telephone

Work Order # **E 17191**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-3-02

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

of Helen N. Scheibel ²⁶⁶
in a Liner Funeral, date, time Mon. July 8th 11:30

Church, Chapel Graveside Witnesses : Featheringill Mortuary Paul 5839511

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ NO CHARGE

will be applied and billed to undersigned.

Lot 32 Grave 3 Row — Section 4 Division/Block 7

Grave space & Care Fund E-997

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee JUL 03 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.73

Total Due 769.73

Paid receipt number R-55168 769.73

Balance due 0

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

CHRISTINE LINTON ²⁶⁵ Christine A Linton

I hereby authorize the interment in lot 265 hold under deed.

Signature of recorded holder of deed

Signature Christine A Linton

Address 5870 LAKE MURRAY BLVD

City LA JOLLA, CA 92037

City LA JOLLA

Telephone (619) 461-2704

Telephone 7291992

Work Order # E 17192 Invoice # _____

REA-104 (7-96) This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-17192

GRAVE BLIND CHECK FORM

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

Interment space for: Helen N. Scheibel

Interment Date: 7-8-02 Time: 11:30

Lot: 132 Grave: 3 Row: Sect: 4 Div: 7

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 7-5-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Helen	1B. MIDDLE Morah	1C. LAST (FAMILY) Scheibel	2. DATE OF BIRTH MONTH, DAY, YEAR 04/27/1917	3. DATE OF DEATH MONTH, DAY, YEAR 07/02/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Christine A. Linton, Daughter, 5870 Lake Murray Blvd., La Mesa, CA 91942	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/03/2002			

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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/03/2002 K. Zarotska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211061
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

AT Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-5-02

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

of William Grant 863
in a Liner Funeral, date, time Mon July 8th 11:30
Church, Chapel, Graveside Rogersdale Mortuary.

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

Lot 148 Grave 5 Row — Section 2 Division/Block 15
Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUL 05 2002 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1,664.73

Paid receipt number R-55181 1,664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Demetrio A. Grant 264
Signature 1313 LA PRESA AVE
Address SPRING VALLEY, CA 91977
City (619) 466-0082 Zip Code
Telephone

Work Order # E 17193

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) William		1B. MIDDLE -	1C. LAST (FAMILY) Grant	2. DATE OF BIRTH MONTH DAY YEAR 02/26/1943	3. DATE OF DEATH MONTH DAY YEAR 07/03/2002	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME/RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elva L. Grant, Wife 7940 University Avenue La Mesa, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
					8B. DATE SIGNED 07/08/2002	

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF INTERMENT OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/08/2002 H. Jackson	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211162
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-5-2002

Ashes
center RIGHT

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

of Maxine Canfield WEDS Aug 14th
in a ASH VAULT July 16th Tues 12:30
Type of Burial Container

Church, Chapel, Graveside Witness; Mortuary.

All Funeral 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 3869 Grave Row Section Division/Block 10

Grave space & Care Fund

Additional spaces and care fee **PAID**

Opening/Closing & Setup 105.00

Burial Container JUL 10 2002 55.00

Handling Fees 60.00

Flower vases - Marked MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 26

Total Due 269.26

Paid receipt number VISA 269.26

Balance due 0

Sherry Long
909-302-2871

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

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

Signature of recorded holder of deed

X
Signature

X
Address

X
City

Zip Code

X
Telephone

Invoice #

Work Order # **E 17194**

Acct. #

MT. HOPE CEMETERY

C-17194

GRAVE BLIND CHECK FORM

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

Ashes center right

		Harwell		Bryant	Wilkinson	
	3866 Huenn	3867	3868	3869 X	3870	3871
						3872 DAMS

Interment space for: Maxine Canfield

Interment Date: 7-16-02 Time: 12:30

Lot: 3869 Grave: Row: Sect: Div: 10

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: PARREY Date: 7-15-02

Flag on
grave

C-17194

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Marine	1B. MIDDLE Joan	1C. LAST (FAMILY) Canfield	2. DATE OF BIRTH MONTH, DAY, YEAR 08/10/1918	3. DATE OF DEATH MONTH, DAY, YEAR 06/04/2002	4. SEX F
5A. CITY OF DEATH Anaheim		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Orange		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Larry Canfield 256 Broadway St. Costa Mesa CA, 92627	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Rose Hills Mort. Bellflower 9903 E. Flower St. Bellflower CA, 90706			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD750		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 7/17/02

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/19/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Orange Cnty. Health Dept. PO Box 234 Santa Ana CA 92702-0234		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Mount Hope Cemetery 3751 Market Street San Diego, CA 92103		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102-	11B. DATE BURIED 8-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

DISINTERMENT

City of San Diego

Date 7-8-02

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

of CHANDRA MIZELL

in a T.S. VAULT
Type of Burial Container

Funeral, date, time 9:30

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. _____

Lot 264 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund DISINTERMENT FEE 1000.00

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and **MT. HOPE CEMETARY** _____

Sales taxes **CITY OF SAN DIEGO** _____

Total Due 1000.00
Paid receipt number R-55186 1000.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Dorothy H. Mizell, mother
Signature
X 8700 Laurel St.
Address
X San Vly, CA. 91977
City
X 619-470-3576
Telephone
Zip Code

Work Order # **E 17195**

Invoice # _____

Acct. # _____



THE CITY OF SAN DIEGO *C-17195*

AUTHORITY TO DISINTER, REMOVE OR REINTER

7-8-02

MONTH YEAR

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

Chandra Mizell

from Lot *264* Grave *9* Section *2* Row _____ Block _____

Division *12* And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery *Bradford - Sumter S. Carolina*

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.

<i>+ Dorothy G. Mizell</i>	<i>mother</i>	<i>8300 Cactus St. 91977</i>
<i>+ Rylee Mizell</i>	<i>father</i>	<i>11 11</i>
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

7-8-2002
Date

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



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-02

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

of VERDIE L. DAY (287)
in a DOUBLE DEPTH Funeral, date, time THUR 7-11 1:00
Type of Burial Container
Church, Chapel, Graveside RAGSDALE Mortuary.

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

✓
Lot 103 Grave 11 Row _____ Section 2 Division/Block 17
Grave space & Care Fund 895.00
Additional spaces and care fund _____
Opening/Closing PAID at 375 750.00
Burial Container 380.00
Handling Fees JUL 08 2002 320.00
Flower vases - Marker setting fee _____
Recording and filing fee MT. HOPE CEMETERY at 45 90.00
CITY OF SAN DIEGO
Sales taxes 29.45

Total Due 2464.45
Paid receipt number R-55187 2464.45
Balance due 0

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

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

Signature of recorded holder of deed _____

X Willie J. Day (286)
Signature
X 2136 Ocean View Blvd
Address
X San Diego, ca.
City
X ca Zip Code
Telephone 234 2472 92113

Work Order # E 17196

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17196

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 GILBERT	4	5	6 MANSON		
8 GARCIA	9 STANLEY	10	103 X 11	12 POOLER		

Interment space for: VERDIE DAY

Interment Date: THUR 7-11 Time: 1:00

Lot: 103 Grave: 11 Row: Sect: 2 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date:

**Key on Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Verdie		1B. MIDDLE L.	1C. LAST (FAMILY) Day		2. DATE OF BIRTH MONTH DAY YEAR 03/29/1919	3. DATE OF DEATH MONTH DAY YEAR 07/06/2002	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Willie Day, Husband 2136 Oceanview Blvd San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 07/10/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 07/10/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT W. Jackson 2211379	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102		11B. DATE BURIED 7-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-02

Pre-need Trust
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul King ☒

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 133 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund E-8532 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees JUL 23 2002 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4,210

Total Due 269.26

Paid receipt number R-55233 269.26

Balance due 0

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

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

(See Copy -)
Signature

Address

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order #

E 17197

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-02

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

in a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

Lot 133 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed _____

Paul T. King
Signature
5343 MOH Rce Ave #105
Address
SAN DIEGO CA 92115
City
619-281-4665 Zip Code
Telephone

Work Order # E 17197

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-02

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

of XIU-LING YU

in a LINER

Type of Burial Container

Funeral, date, time Fri Aug. 2nd 10:00

Church, Chapel, Graveside

Pan's Frederick

Mortuary

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

595

will be applied and billed to undersigned.

Lot 10 Grave 11 Row 1 Section CHINESE

Grave space & Care Fund

Pre-med D-8555

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID
JUL 29 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

375.00

190.00

145.00

45.00

14.73

769.73

769.73

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

Work Order #

E 17198

Invoice #

Acct. #

MT HOPE CEMETERY

E-17198

GRAVE BLIND CHECK FORM

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

6	7	8	9	10	11	12
	Tran	Thai	Huynh	X		

Interment space for: XIU-LING YU

Interment Date: FRI. Aug 2 Time: 10:00

Lot: — Grave: 10 Row: 11 Sect: 1 Div: Chinese

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: A. Owen Date: 7-30-02

Flag on Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) XIU	1B. MIDDLE LING	1C. LAST (FAMILY) LIANG	2. DATE OF BIRTH MONTH DAY YEAR 09/15/1929	3. DATE OF DEATH MONTH DAY YEAR 07/28/2002	4. F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FOO PAINTER—DAUGHTER IN LAW 1059 GLEN HILL ROAD EL CAJON, CA. 92020	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS FREDERICK MORTUARY 374 N. MAGNOLIA AVE. EL CAJON, CA. 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 795		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/30/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/30/2002 A. FINK	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212410
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-11-02

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

of IRENE Riskosky

in a LINER

Funeral, date, time Mon 7-15 10:00

Church, Chapel, Graveside WITNESS PINKHAM MITCHELL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 423-4787

will be applied and billed to undersigned.

✓ Lot 149 Grave 5 Row 1 Division/Block 11

Grave space & Care Fund See med D-9300

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases 23.78 Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 793.51

JUL 11 2002

Total Due 793.51

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Paid receipt number M/C

Balance due 0

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

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

JOHN B. RISKOSKY

Signature of recorded holder of deed

Signature [Signature]
Address 354 DONAX AVE.
City IMPERIAL BEACH Zip Code 91932
Telephone 619-422-6809

Work Order # E 17199

Invoice #

Acct. #

558h - eth
vnx

E-17199

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) IRENE	1B. MIDDLE V.	1C. LAST (FAMILY) RISKOSKY	2. DATE OF BIRTH MONTH, DAY, YEAR 03/15/1918	3. DATE OF DEATH MONTH, DAY, YEAR 07/09/2002	4. SEX F
5A. CITY OF DEATH IMPERIAL BEACH		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN RISKOSKY / SON Riskosky 354 DONAX AVE IMPERIAL BEACH CA 91932		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PINKHAM-MITCHELL MORTUARY 808 13TH STREET IMPERIAL BEACH CA 92932		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1178	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/12/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/12/2002 A. FLORES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211553
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO CA 92108	11B. DATE BURIED 7-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-07

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

of (471) MARCUS ONTARIO PA 20071546
in a DOUBLE DEPTH Funeral, date, time FRI 7-12 11:00

Church, Chapel, Graveside Delivery only : AZTLAN Mortuary.

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

will be applied and billed to undersigned, _____

✓ Lot 5 Grave 1T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup PA-D 423.00

Burial Container 123.01

Handling Fees 8-2-02

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed: _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 365949

Acct. # 000952

Work Order # E 17200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found,

1A. NAME OF DECEDENT—FIRST (GIVEN) (471) Marcus		1B. MIDDLE -	1C. LAST (FAMILY) Ontario	2. DATE OF BIRTH MONTH DAY YEAR 12/28/1952	3. DATE OF DEATH MONTH DAY YEAR 06/02/2002	4. SEX M.
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darnell Price—Deputy Public Guardian 3001-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztalan 7856 La Mesa Blvd., La Mesa, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		8A. SIGNATURE OF APPLICANT—Person taking permit Nancy Lopez		
				8B. DATE SIGNED 07/09/2002		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/09/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Nancy Lopez
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-11-02

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

of Mattie Goluboff
in a Liner Funeral, date, time Mon. July 15th 11:00
Church, Chapel Graveside : Greenwood Mortuary.

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

✓ Lot <u>177</u>	Grave <u>B</u>	Row <u>—</u>	Section <u>2</u>	Division/Block <u>12</u>
Grave space & Care Fund			<u>E-16031</u>	<u>2000</u>
Additional spaces and care fund			<u>oversize</u>	<u>1</u>
Opening/Closing & Setup			<u>R-54457</u>	<u>1</u>
Burial Container			<u>"</u>	<u>1</u>
Handling Fees			<u>"</u>	<u>1</u>
Flower vases - Marker setting fee			<u>Galv. paid</u>	<u>1</u>
Recording and filing fee			<u>"</u>	<u>1</u>
Sales taxes			<u>1</u>	<u>1</u>
Total Due				<u>0</u>
Paid receipt number				<u>1</u>
Balance due				<u>0</u>

*Daughter
Rhonda Tiznor
858-616-5124/home 234-2357
WIK*

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

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

Signature of recorded holder of deed _____

X
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 17201

Invoice # _____

Acct. # _____

102713

GRAVE BLIND CHECK FORM

			8 x			

Blind Check & Verified By: _____ Date: _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E17201
54457

From: Mattie R. Golubeff Address: P.O. Box 1323, S.D. CA 92112-1323
Seven Hundred Ninety Three Dollars (\$ 793.00)
 In full Payment of Pre-need Trust and Burial Vase

Lot 177 Grave 8 Row 1 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16031BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

9263

ISSUED BY

Paula J. Sanford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	10.00
Containers	77182	
	100	13.00
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	769.25
Trust	9022	
Sales Tax	60101	75
	78390	
TOTAL PAID	\$	793.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MATTIE		1B. MIDDLE RUTH	1C. LAST (FAMILY) COLUREFF	2. DATE OF BIRTH MONTH DAY YEAR 12/11/1939	3. DATE OF DEATH MONTH DAY YEAR 07/09/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROMA TIZADOR - DAUGHTER 21 16TH STREET SAN DIEGO, CA 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				
		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 07/12/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZEVEDO 2211516

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT ROSE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-12-02

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

of KATHRYN RODGERS

in a _____ Funeral, date, time MON 7-29 AYT

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 24 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund Pre-med B-4011 0

Additional spaces and care fund **PAID**

Opening/Closing & Setup 105.00

Burial Container JUL 23 2002

Handling Fees **MT. HOPE CEMETERY**

Flower vases - Marker setting fee **CITY OF SAN DIEGO**

Recording and filing fee 45.00

Sales taxes _____

Total Due 150.00

Paid receipt number R-55232 150.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature 2808 QUAIL LAKES CT

Address LAS VEGAS NV 89117

City _____ Zip Code _____

Telephone _____

Work Order # **E 17202**

Invoice # _____

Acct. # _____

E17 202

Barbara & Kathleen Spehar
Conservators & Executors For The Estate of Kathryn T. Rodgers

Phone (702) 869-8727 Or (702) 233-0874
2808 Quail Lakes Court

Fax (702) 433-4892
Las Vegas, NV 89117

July 16, 2002

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

Attention: Sue

Re: Burial - Kathryn T. Rodgers - Deceased July 11, 2002

Enclosed is check #436 to cover the opening and closing of burial plot for Kathryn T. Rodgers. She is to be interred next to her husband Victor C. Rodgers. Location of the plot is Lot 24, Section 4, Division 8. Per our conversation the extra plot does exist and was paid for. Only opening and closing fees are still owing.

I have made arrangements with Palm Mortuaries here in Las Vegas to ship the cremated remains / urn to Mt. Hope Cemetery. I have also arranged with Candy at Featheringill Mortuary to obtain the California Burial Permit which she will accomplish as soon as the Death Certificate is available to her (she stated a faxed copy will suffice for her to begin process followed by the actual hard copy). She will bring both documents to you at Mt. Hope. Thank you for giving me her name as a contact to accomplish this. You have both been very helpful. Palm Mortuary will probably enclose a death certificate with the urn when it is shipped. I will notify you in advance an approximate date that you will receive the remains - it won't be for another week as it takes 10 days to acquire the death certificates.

Just a reminder to you that you have already started paper work for this.

We are now trying to coordinate a service with a minister who is out of town this week, so that won't be accomplished for a while. At that time we will decide if we want an outdoor service at the cemetery or if he wishes to hold the service at the church.

We thank you for all your help and guidance. It's greatly appreciated. If there is anything else you need from us, please let us know.

Sincerely,


Barbara Spehar

217202

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

623388
LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

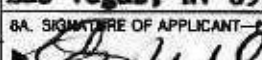
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST


CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Kathryn T. RODGERS			DATE OF DEATH (Month, Day, Year) 2. July 11, 2002		COUNTY OF DEATH 3a. Clark
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2915 El Casino		SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 87	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. Feb 14, 1915
STATE OF BIRTH (If not U.S.A., name country) 9a. Minnesota		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 14	
SOCIAL SECURITY NUMBER 13. 471-10-0229		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Minister / Retired		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed KIND OF BUSINESS OR INDUSTRY 14b. Religion	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Clark	CITY, TOWN, OR LOCATION 15c. Las Vegas		STREET AND NUMBER 15d. 2800 Quail Lakes Ct. INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. George Spohar			MOTHER—MAIDEN NAME First Middle Last 17. Anna Juza		
INFORMANT—NAME (Type or Print) 18a. Kathleen Spohar - Niece			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2808 Quail Lakes Court, Las Vegas, Nevada 89117		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Pals Crematory		LOCATION City or Town State 19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Director) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 50		NAME AND ADDRESS OF FACILITY 20c. Pals Mortuary - Jones 1600 S. Jones, Las Vegas, Nevada 89146	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. : : HOUR OF DEATH 21c. Before 1:55 PM NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. : : NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. : : 23b. : : 23c. : : 23d. : : 23e. : : 23f. : : 23g. : : 23h. : : 23i. : : 23j. : : 23k. : : 23l. : : 23m. : : 23n. : : 23o. : : 23p. : : 23q. : : 23r. : : 23s. : : 23t. : : 23u. : : 23v. : : 23w. : : 23x. : : 23y. : : 23z. : : 24. : : 25. : : 26. : : 27. : : 28. : : 29. : : 30. : : 31. : : 32. : : 33. : : 34. : : 35. : : 36. : : 37. : : 38. : : 39. : : 40. : : 41. : : 42. : : 43. : : 44. : : 45. : : 46. : : 47. : : 48. : : 49. : : 50. : : 51. : : 52. : : 53. : : 54. : : 55. : : 56. : : 57. : : 58. : : 59. : : 60. : : 61. : : 62. : : 63. : : 64. : : 65. : : 66. : : 67. : : 68. : : 69. : : 70. : : 71. : : 72. : : 73. : : 74. : : 75. : : 76. : : 77. : : 78. : : 79. : : 80. : : 81. : : 82. : : 83. : : 84. : : 85. : : 86. : : 87. : : 88. : : 89. : : 90. : : 91. : : 92. : : 93. : : 94. : : 95. : : 96. : : 97. : : 98. : : 99. : : 100. : : 101. : : 102. : : 103. : : 104. : : 105. : : 106. : : 107. : : 108. : : 109. : : 110. : : 111. : : 112. : : 113. : : 114. : : 115. : 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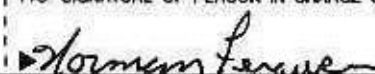
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Kathryn		1B. MIDDLE T.	1C. LAST (FAMILY) Rodgers		2. DATE OF BIRTH MONTH DAY YEAR 02/14/1902	3. DATE OF DEATH MONTH DAY YEAR 07/11/2002	4. SEX F
5A. CITY OF DEATH Las Vegas		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Nevada		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kathleen Spehar, Niece 2808 Quail Lakes Ct. Las Vegas, NV 89117			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 07/18/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/18/2002 C. MAGGARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211837 
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <p style="text-align: center;">—</p>			
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <p style="text-align: center;">PO Box 85222, San Diego, CA 92186-5222</p>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-29-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COPY 22-13

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-12-02

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

of Lowell Ackerman
in a T.S. Vault Funeral, date, time FRI 7-19 12:00

Church, Chapel, Graveside Pinkham-Mitchell Mortuary, CATHY 423-4787
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. _____

113 Grave 5 Row — Section 1 Division/Block 11

Grave space & Care Fund Pre need E-10324 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

PAID

Paid receipt number R-55207 874.38

Balance due 0

I hereby certify that the 5 2002 of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability for the disposition of the remains and interment.

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

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

Signature of recorded holder of deed _____

David Ah
Signature
765 3RD ST
Address
Sup. B. H. Co 91932
City
619 429 8461 Zip Code
Telephone

Work Order # E 17203

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17203

GRAVE BLIND CHECK FORM

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

Ashes of THELMA ACKERMAN in Grave

1	2 3	4	5 X	6 Desjardins	
7	8 9 Page	10 Drake	11 Drake	12 Hughey	

Interment space for: Lowell Ackerman

Interment Date: Fri 7-19 Time: 12:00

Lot: 113 Grave: 5 Row: — Sect: 1 Div: 11

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No


Agrees with Map: ☐ Yes ☐ No

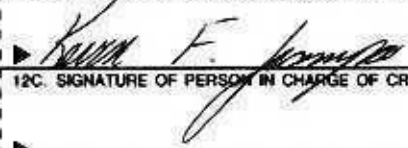
Blind Check & Verified By: DAVID Date: 7-17-02

Flag on Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LOWELL		1B. MIDDLE L.		1C. LAST (FAMILY) ACKERMAN		2. DATE OF BIRTH MONTH, DAY, YEAR 07/03/1929		3. DATE OF DEATH MONTH, DAY, YEAR 07/10/2002		4. SEX M	
5A. CITY OF DEATH IMPERIAL BEACH				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID ACKERMAN (SON) 765 THIRD STREET IMPERIAL BEACH, CA 91932					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PINKHAM MITCHELL MORTUARY 808 13th STREET, IMPERIAL BEACH, CA 91932				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1178		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 07/16/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED 07/16/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211696	
						9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 35%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>											
FOR CORONER'S USE ONLY											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) </div> </div>											

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-02

GRAVE OF
YVONNE YOUNG
~~ASHES CENTER TOP~~
~~under marker~~

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

of Sylvia Sandlin &

in a REG. ASH VAULT Funeral, date, time Fri 8-16 11:00

Church, Chapel, Graveside : FAMILY Mortuary.

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

will be applied and billed to undersigned.

Lot 547 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund C-1153 8

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees AUG 16 2002 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number Visa Card 269.26

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 17204**

217204

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.

GRAVE OF SYLVIA SANDLIN

	Ashes	center	top			
544	545	546	547 X	548	549	550

Interment space for: SYLVIA SANDLIN X

Interment Date: FRI 8-16 Time: 11:00

Lot: 547 Grave: _____ Row: _____ Sect: 3 Div: 8

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoKey on
Grave

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Sylvia		1B. MIDDLE Joan	1C. LAST (FAMILY) Sandlin	2. DATE OF BIRTH MONTH DAY YEAR 03/22/1934	3. DATE OF DEATH MONTH DAY YEAR 05/23/2002	4. SEX F
5A. CITY OF DEATH Elk Grove			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sacramento	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Cheryl Fairman - Daughter 9765 Bond Road Elk Grove, CA 95624		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH North Sacramento Funeral Home 725 El Camino Avenue, Sacramento, CA 95815			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD720	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Cheryl Fairman</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/23/2002			
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED Rita Morgan 05/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rita Morgan</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 7001 East Parkway Suite 650 Sacramento, CA 95823		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-3222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 8-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY North Sacramento Memorial Crematory 725 El Camino Avenue, Sacramento, CA	12B. DATE CREMATED 5-25-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Henry O. Morgan</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-16-02

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

of FRANK CALLES (313)
in a LINER Funeral, date, time TUE 7-23 1:00

Church, Chapel, Graveside CA Sunset Mortuary FL EASON Bentleigh

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

Do 123 Grave 7 Row 1 Section 1 Division 12
Grave space & Care Fund 895.00

Additional spaces and care fund
Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00
Handling Fees 145.00

Flower vases - Marker setting fee 45.00
Recording and filing fee 14.73

Sales taxes 1664.73
Family brought check
X.W. Se
Total Due 1664.73
Paid receipt number 55216
Balance due 0

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

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

Signature of recorded holder of deed

X Frank Calles (313)
Signature Frank Calles
Address 9222 Ocean Ave.
City San Diego CA Zip Code 92113
Telephone 619-233-8105

5
Work Order # **E 17205**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANK		1B. MIDDLE H.	1C. LAST (FAMILY) CALLES		2. DATE OF BIRTH MONTH, DAY, YEAR 06/02/1958	3. DATE OF DEATH MONTH, DAY, YEAR 07/14/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELIZABETH J. CALLES - WIFE 2836 BOSTON AVE SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BEMBROUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paula Valle</i>		
8B. DATE SIGNED 07/22/2002			I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/22/2002 F. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211959	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
FOR CORONER'S USE ONLY							
<input type="checkbox"/> DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102		11B. DATE BURIED 7-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-02

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

of MARGARET JONDALL

In a LINER Funeral, date, time Sat 7-20 10:00

Church, Chapel, Graveside Leatheringill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 23 Grave 5 Row _____ Section MAS Division/Block J

Grave space & Care Fund Pre-paid 0

Additional spaces and care fund Sat, overtime 600.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 125.00

Recording and Filing fee 45.00

Sales taxes 14.73

JUL 16 2002

Total Due 1494.73

Paid receipt number R-55212 1494.73

Balance due 0

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

CANDIS CHILDERS

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

Signature of recorded holder of deed

Candis Childers
Signature
838 SAN JOSE PL
Address
SAN DIEGO 92109
City
488-0641 68581
Telephone

Work Order # **E 17206**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E17206

GRAVE BLIND CHECK FORM

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

		C. 6 HARRIS	23 X 5	4	3	3. 2 HARRIS
		12	11 BALDWIN	10	G. 9 HARRIS	M 8 HARRIS

Interment space for: MARGARET JONDALL

Interment Date: SAT 7-20 Time: 10:00

Lot: 23 Grave: 5 Row: Sect: MAS Div: J

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID AL. Date: 7-17-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret	1B. MIDDLE Catherine	1C. LAST (FAMILY) Jondall	2. DATE OF BIRTH MONTH, DAY, YEAR 09/09/1907	3. DATE OF DEATH MONTH, DAY, YEAR 07/14/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Vicky Sutton, Grand-daughter, 831 Salem Ct., San Diego, CA 92109	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 07/17/2002

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/18/2002 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211823
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186 -5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-02

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

of VAN, HOOSE, AILDA

In a ASH VAULT Funeral, date, time 1:00 7-3-02 (Wed)

Church, Chapel Graveside WITNESS : FAMILY SERVICES Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.

will be applied and billed to undersigned. SHIRLEY AILDA MORENO

Lot 18 Grave 11 Row _____ Section 16 Division/Block 7

Grave space & Care Fund P/N Plot E-10995 1993.00

Additional spaces and care fund _____

Opening/Closing & Setup " " " CP

Burial Container P/N ASH VAULT CP

Handling Fees " PAID CP

Flower vases - Marker setting fee _____

Recording and filing fee JUN 28 2002 CP

Sales taxes MT. HOPE CEMETERY CP

P/N E-10995 MT. HOPE CEMETERY SAN DIEGO, CA CP

Paid receipt number _____

Balance due CP

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

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

Shirley Ailda Moreno SHIRLEY AILDA-MORENO

13356 ENTREKEN AVE SAN DIEGO, CA 92129 (858) 484-7417

Signature of recorded holder of deed _____

Invoice # _____

Work Order # E 17207 Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

GRAVE OF BILLY HOWELL -
Grave of JAMES BLANIT X

2	3 POLLEY	4 EVANS	5	6 HANTZOS		
8 DUCKWORTH	9	10	11 X	12		
			WILLIAMS			

Interment space for: AILDA VAN HOUSE X

Interment Date: SAT 6-15 Time: 11:00

Lot: 28 Grave: 11 Row: Sect: 16 Div: 7

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 7-03-02

DON'T KNOW WHERE ASHES ARE BURIED.

Flag on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) AILDA	1B. MIDDLE -	1C. LAST (FAMILY) VAN HOOSE	2. DATE OF BIRTH MONTH DAY YEAR 11/24/1926	3. DATE OF DEATH MONTH DAY YEAR 06/12/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHIRLEY AILDA MORENO - DAUGHTER 13356 ENTREKEN AVENUE SAN DIEGO, CA 92129	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/20/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED 06/20/2002 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ARACELY FLORES
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED JUN 25 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COPY 1

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

VS 9 (REV. 8/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-28-02

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

of ROBERT SHAEFER - 228948-PIN

in a DBL DEPTH CRYPT (B) Funeral, date, time 11:00 Tues 7-2-02

Church, Chapel, Graveside Bayview : CYPRESS VIEW Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 258 Grave 12 Row Section 2 Division/Block 12

Grave space & Care Fund P/N LOT & TRUST 0

Additional spaces and care fund E-17136

Opening/Closing & Setup 1st O/C 0

Burial Container DBL DEPTH CRYPT PAID 0

Handling Fees 20.00

Flower vases - Marker setting fee TRIANE FLOWERS 2-8-2002 25.00

Recording and filing fee MT. HOPE CEMETARY 0

Sales taxes CITY OF SAN DIEGO 1.93

Total Due 46.93

Paid receipt number 855/48 46.93

Balance due 0

I hereby certify I am the WIFE of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Lois L. Shaffer Signature of recorded holder of deed

Lois L. Shaffer Signature

6903 MADRONE AVE Address

SAN DIEGO CA 92114 City/State/Zip

(619) 264-0378 Telephone

Work Order # E 17208

Invoice #

Acct. #

REA-104 (7-96) This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-17208

GRAVE BLIND CHECK FORM

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

			Frarro			
		Q RER				
		Allen	X	TABARES	PERSON	

Interment space for: ROBERT SHAFFER

Interment Date: 7-2-02 Time: 11:00 AM

Lot: 258 Grave: 12 Row: Sect: 2 Div: 12

Grave Laid out by: NF Robert

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: Kenneth Callum Date: 7/1/02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17208
64

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT	1B. MIDDLE ROBERT	1C. LAST (FAMILY) SHAFER	2. DATE OF BIRTH MONTH, DAY, YEAR 01/03/1938	3. DATE OF DEATH MONTH, DAY, YEAR 06/27/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LOIS LAVERNE SHAFER - WIFE 6988 MADRONE AVE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Parvett. V. G. T.</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 06/28/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P. Valentine
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 7-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CORONER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-02

³⁰⁵ You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ³⁰⁶ of JOSEPH F. BARBUTO & CARMEN MUSICA

in a DOUBLE DEPTH 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. _____

✓ 205 Lot 1 Grave 1 Row _____ Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases Marker setting fee 125.00

Recording and filing fee PAID 2 at 45 90.00

Sales taxes 29.45

JUL 16 2002

Total Due 2589.45
R-55213 2589.45

MT. HOPE CEMETARY Paid receipt number
CITY OF SAN DIEGO, C.

Balance due 0

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

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

Signature of recorded holder of deed _____

X Joseph F Barbuto
X Carmen Musica
1317-D Ave #415
Not. City Calif
City _____ Zip Code 91950
Telephone _____

Work Order # E 17209

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

 E17 209
 N^o 55213
Date: 7-16-07, 20
 From: Joseph Barbato Address: 2732 Wheatstone St San Diego 92111
Two thousand five hundred eighty nine & 45/100 Dollars (\$ 2589.45),

 In full Payment of Pre-need Lot & Trust
Joseph Barbato & Carmen Mejia Marka Settling fee

 Lot 205 Grave 1 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17209BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1329

ISSUED BY

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales	100	716	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	125	00
Pre-Need	53033	1369	45
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	2589	45

E17209

Mt Hope Cemetery
Contract Entry Verification
07/23/2002

Contract Number: E-17209-F

Contract Date: 07/16/2002

Purchaser: Barbuto, Joseph F And/Or Mujica, Carment
2732 Wheatstone

Purchaser Number: 305 / 306

Phone:

San Diego ,CA 92111

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
2	Opening/Closing	2nd 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		
1	Misc Fees	Marker Setting Fee	125.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		205	1	A

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-17-02

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

of CARL D. JAMES 379

in a LINER

Funeral, date, time SAT 7-20 11:00

Type of Burial Container

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 60 Grave 11 Row 1 Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund Saturday overtime 600.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - PAID TRION 46.93

Recording and filing fee 45.00

Sales taxes JUL 18 2002 14.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 2311.66

Paid receipt number M/C 2311.66

Balance due 0

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

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

Signature of recorded holder of deed

X Leonard N. Hawk 348

Signature

X 1818 SKYLINE DR.

Address

X LEMON GROVE CA. 91945

City

X (619) 253-1230

Telephone

Zip Code

S

Work Order # E 17210

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CARL		1B. MIDDLE D.	1C. LAST (FAMILY) JAMES		2. DATE OF BIRTH MONTH, DAY, YEAR 01/06/1930	3. DATE OF DEATH MONTH, DAY, YEAR 07/16/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HOWARD HOOKER—STEPSON, 1818 SKYLINE DR., LEMON GROVE, CA 91945		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHWAY AVE., NATIONAL CITY, CA 91950				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Claudette Russ</i>	
						8B. DATE SIGNED 07/18/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/19/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211861	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES: ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Russ E. Russ</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —	

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Ashes on
R-6HT*

Date 7-18-02

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

of BRET B. HARRIS

In a [Redacted] Funeral, date, time FRI 7-19 10:00

Church, Chapel, Graveside Amphrey Mortuary.

All Funeral 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 480 Grave _____ Row _____ Section 4 Division/Block 8
Grave space & Care Fund 300.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container JUL 18 2002

Handling Fees _____

Flower vases - Marker setting fee MT HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 450.00

Paid receipt number VISA 450.00

Balance due 0

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

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

Signature of recorded holder of deed

MICHAEL B. HARRIS (468)
2124 SUNSET BLVD
SAN DIEGO 92103
619 295-2013

Work Order # E 17211 Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BRET	1B. MIDDLE BOARDMAN	1C. LAST (FAMILY) HARRIS	2. DATE OF BIRTH MONTH, DAY, YEAR 05/05/1965	3. DATE OF DEATH MONTH, DAY, YEAR 07/14/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HELEN HARRIS (SPOUSE) 3005 29TH STREET SAN DIEGO, CA 92104			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 07/18/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211854 ARACELY FLORES
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 7-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-18-02

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

of 307 Michael Harris

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 454 Grave _____ Row 3 Section 4 Division/Block 8
473 Grave space & Care Fund 3 at 300 900.00

Additional spaces and care fund _____

Opening/Closing & Set **PAID** _____

Burial Container _____

Handling Fees JUL 18 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee **MT. HOPE CEMETARY** _____

Sales taxes **CITY OF SAN DIEGO, CA** _____

Total Due 900.00

Paid receipt number VISA 900.00

Balance due 0

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

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

Signature of recorded holder of deed _____

MICHAEL B. HARRIS
X Signature
X 2124 SUNSET BL.
X Address
X SAN DIEGO 92103
City Zip Code
X 619 295 2033
Telephone

Work Order # **E 17212**

Invoice # _____

Acct. # _____

E17212

Mt Hope Cemetery Agreement Confirmation

07/25/2002

Agreement Number: E-17212-L

Agreement Date: 07/18/2002

Purchaser: Harris, Michael
2124 Sunset Blvd.

Purchaser Number: 307 /

Phone: 619-295-2013

San Diego, CA 92103

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
3 Graves		Division 8	900.00	0.00	
Property					
	Division	Section	Blk / Row	Lot	Grave
		4		454	A
		4		464	A
		4		473	A

BASE PRICE 900.00
SALES TAX 0.00
TOTAL CASH PRICE 900.00

TOTAL DOWNPAYMENT 900.00 -
TRANSFER ALLOWANCE 0.00 -
DISCOUNT OR ALLOWANCE 0.00 -

FINANCE CHARGE 0.00
TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 900.00

NUMBER OF INSTALLMENTS 1

REGULAR PAYMENT OF 0.00

ODD PAYMENT OF 0.00

DATE FIRST PAYMENT DUE 08/25/2002

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
07/25/2002

217212

Contract Number: E-17212-L

Contract Date: 07/18/2002

Purchaser: Harris, Michael
2124 Sunset Blvd.

Purchaser Number: 307 /

Phone: 619-295-2013

Child Prot: N

San Diego, CA 92103

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
3	Graves	Division 8	900.00	0.00		
Property						
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
		4		454		A
		4		464		A
		4		473		A

BA PRICE	900.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	900.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	900.00 -	DATE FIRST PAYMENT DUE	08/25/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Family Member Here

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS	0.00	
DEFERRED PAYMENT PRICE	900.00	
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	180.00	
R S Equity	720.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R Late Charge	0.00	

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARNESTINE WILSON 377

In a LINER Funeral, date, time TUES 7-23 11:00

Church, Chapel, Graveside 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 63 Grave 3 Row Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup JUL 18 2002 375.00

Burial Container 190.00

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

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55215 Balance due 0

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

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

Signature of recorded holder of deed

Signature X Naomi Adkins 376
Address 4906 Surfcliff
City SD Zip Code 92154
Telephone 619 671-1059

Work Order # E 17213 Invoice #
Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	63 X 3	4	5	6
	7	8	9 SAVELA	10	11 DAVIS	12

Interment space for: EARNESTINE WILSON

Interment Date: Tues 7-23 Time: 11:00

Lot: 63 Grave: 3 Row: _____ Sect: 1 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Earnestine	1B. MIDDLE -	1C. LAST (FAMILY) Wilson	2. DATE OF BIRTH MONTH DAY YEAR 10/11/1942	3. DATE OF DEATH MONTH DAY YEAR 07/16/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Naomi Adkins, Daughter 4906 Surfkliff Point San Diego, CA 92154	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 07/19/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/23/2002 E. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 0211995
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

DISINTERMENT
& REINTERMENT

City of San Diego

Date 7-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of JOHN DOE PA 20011233 ME 00-1692

In a _____ Funeral, date, time WED 7-24 1:00
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 5 Grave 4T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees DISINTERMENT FEE 1000.00

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

CAL VINE
MEDICAL EXAMINER
OFFICE

Total Due 1000.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 366203

Acct. # 109837 7-25-02

Work Order # E 17214

Janet

858

694-2961

217214

****COUNTY BURIAL ** - NO MARKER ALLOWED****

E-16321

Name	DOE,	JOHN	PA#20011233	ME#00-1692			
	LAST	FIRST	MIDDLE	ASHES			
Buried	-	5	4T	-	-	-	13
	LOT	GRAVE	ROW	SECTION	BLK.	DIV.	
FOUND	09-09-2000	04-13-2001	Age	UNKNOWN	UNKNOWN		
	DATE OF DEATH	DATE OF BURIAL	YRS.	DATE OF BIRTH			
	SAN DIEGO, CA				M		
	PLACE OF DEATH		RACE	SEX			

Removed _____

Remarks ROMA STRONACH/PUBLIC ADMIN./RAGSDALE

PW-972



217214
County of San Diego

MICHAEL ELLANO, ID. #5
MEDICAL EXAMINER INVESTIGATOR

MEDICAL EXAMINER'S OFFICE
5555 Overland Ave. Bldg. 14
San Diego, CA 92123-1270
M.S. O-10

Investigations:

(858) 694-2905

Main: (858) 694-2895

Fax: (858) 694-8975



Email: mellanmx@co.san-diego.ca.us

Bill To: E17214

San Diego Co. Medical Examiner
Janet Enright

5555 Overland Ave Bldg 14

San Diego Ca 92123.

Ellano, Michael

From: Vine, Calvin L
Sent: Friday, July 19, 2002 10:59 AM
To: Sutton, Robert; Riley, Angela; Guroff, Steve; Whitmore, Robert; Geary, Gretchen B; Ellano, Michael
Cc: Blackburne, Brian D; Stanley, Christina; Amborn, Lloyd P.
Subject: Exhumation

The scheduled exhumation of John Doe ME# 00-1692 at Mt Hope Cemetery, 3751 Market Street, San Diego will be on Wednesday, July 24 at 1300 hours. The manager at Mt Hope is Ray Snyder, telephone number is 619-527-3400. Dr. Whitmore and Dr. Rick Cardoza and Investigator Ellano will be at gravesite for the exhumation and recovery of tissue for DNA testing. The remains were returned on 4/13/2001 under PA # 2001-1233. After recovery of the tissue the remains will be transferred via transfer form to Steve Guroff, 7/467-4526 at the Sheriff Crime Lab for the DNA testing to compare with the specimens provided by the Jackson family. Those specimens will be recovered prior to the exhumation from San Diego Police Evidence.

Calvin L. Vine
Supervising Investigator
San Diego County Medical Examiner
Phone: (858)-694-2895
Fax: (858)-694-8975
E-mail: WWW.Calvin.Vine@SDCOUNTY.ca.gov

Vision Statement:

We are committed to working as a team to meet the needs and expectations of our customers by fulfilling our mandated mission in a Professional, Compassionate, Ethical and Timely manner.

Michael A. Ellano
07/24/02

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

HERMAN BRANCH PA # 20030074
in a DOUBLE DEPTH Funeral, date, time MON 7-23 11:00
Church, Chapel, Graveside Delivery ONLY: MERKLEY MITCHELL
MAX

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

✓ Lot 10 Grave 3 B Row Section Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.00

Burial Container 123.00

Handling Fees 8-30-02

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.53

MARCO Total Due 726.54
DELATOSIA
P.A.

Paid receipt number

Balance due

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 17215

Invoice # 366373

Acct. # 000952

Billed on 7/26/02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HERMAN		1B. MIDDLE UNK.	1C. LAST (FAMILY) BRANCH	2. DATE OF BIRTH MONTH, DAY, YEAR 08/18/1932	3. DATE OF DEATH MONTH, DAY, YEAR 07/14/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DE LA TOBA—PUBLIC ADMINISTRATOR, 5201 A RUFFIN RD., SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/18/2002				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/18/2002 R.M. ZULLO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211857
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALVIS RUNNELS 375

in a LINER Funeral, date, time MON 7-22 11:00
Church Chapel Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 50 Grave 3 Row _____ Section 1 Division 11 Block 11
Grave space & Care Fund 795.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container JUL 19 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO 45.00

Recording and filing fee 14.73

Sales taxes 1564.73

**PAID MARKER SETTING
FEE 125.00**

Total Due 1500.00

Paid receipt number VISA 64.73

Balance due 0

I hereby certify I am the X Alvis Runnels of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 374
hold under deed.

Signature of record holder of deed

5

Work Order # E 17216

Invoice # _____

Acct. # _____

E17216

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 GATE S	2	58 X 3	4	5	6 HOWARD
	7	8	9	10	11	12

Interment space for: ALVIS RUNNELS

Interment Date: MON 7-22 Time: 11:00

Lot: 58 Grave: 3 Row: Sect: 1 Div: 11

Grave Laid out by: ROBERT / DALRY

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 7-18-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Alvis	1B. MIDDLE -	1C. LAST (FAMILY) Runnels	2. DATE OF BIRTH MONTH DAY YEAR 07/19/1933	3. DATE OF DEATH MONTH DAY YEAR 07/16/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Roda Runnels, Wife 3059 Market Street San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103725 of the Health and Safety Code, and was authorized pursuant to Section 103725 of the Health and Safety Code.		8B. DATE SIGNED 07/18/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/18/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2211812
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 304 GERALD M. PURDY

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 218 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund _____ 300.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____

Handling Fees _____

Flower vases - **MT HOPE CEMETARY** _____

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes _____

Total Due 450.00

Paid receipt number R-55223 450.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

GERALD M. PURDY
Signature 1369 E. MAIN ST #2
Address EL CAJON 92021
City 619 447-3387 Zip Code
Telephone

Work Order # E 17217

Invoice # _____

Acct. # _____

E17217

THINGS TO DO TODAY

DATE _____

Pre need 7-15-2002

Paid in Full

Lot 218, sec 4

Dw 8

300 Lot

105 b/c

45 recording fee

450.00

Mt Hope Cemetery Agreement Confirmation

07/22/2002

Agreement Number: E-17217-F

Agreement Date: 07/22/2002

 Purchaser: Purdy, Gerald M
 1369 E. Main St. #2

Purchaser Number: 304 /

Phone:

Child Protection: N

El Cajon, CA 92021

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 8	300.00	0.00	
1	Opening/Closing	Single Grave	105.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	4		218		A

BASE PRICE	450.00
SALES TAX	0.00
TOTAL CASH PRICE	450.00

TOTAL DOWNPAYMENT	450.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -

FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00

DEFERRED PAYMENT PRICE	450.00
------------------------	--------

NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00

DATE FIRST PAYMENT DUE	08/22/2002
------------------------	------------

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
INTERMENT ORDER

City of San Diego

Date

7-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jose A. Rosas in 230202
in a D.O. Crypt (8) ^{First Burial} Funeral, date, time Weds July 24th 11:00

Church Chapel ^{Type of Burial Container} Graveside CA BURIAL Mortuary Janette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 250 Grave 9 Row - Section 2 Division/Block 12

Grave space & Care Fund E-16490 2001

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

HUMBERTO ROSAS
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Work Order #

E 17218

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE		1B. MIDDLE A.	1C. LAST (FAMILY) ROSAS	2. DATE OF BIRTH MONTH, DAY, YEAR 08/28/1910	3. DATE OF DEATH MONTH, DAY, YEAR 07/19/2002	4. SEX MALE
6A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA ROSAS-WIFE 3620 BYRD ST. SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL SERVICE 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/23/2002				

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/23/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212012
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED —	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED —	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED —	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION —	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mable L. Wigfall 308

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 93 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Paid in full
pre-need lot
R-57033 on 9/15/05
PAID

MAR 15 2005

MT. HOPE CEMETERY

25% Total Due 895.00

Paid receipt number # 55226 224.00

Balance due 671.00

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

MABLE L. WIGFALL

I hereby authorize the interment in lot I hold under deed.

Mable L. Wigfall 308
Signature

Signature of recorded holder of deed _____

Address
1514 Shadont Knoll Dr
City El Cajon, Ca. Zip Code 92020
Telephone 619/440-0332

Work Order # E 17219

Invoice # _____
Acct. # _____

WIGFALL, MABLE L. 1514 Shadow Knolls Drive, El Cajon, CA 92020 (619) 440-0332

		DEBIT	CREDIT	BALANCE
07-22-2002	Opened Pre-need Lot Account.			
	Lot 93 Grave 12 Section 2 Division 12	895.00		895.00
	25% down payment R-55226.		224.00	671.00
9-4-02	R-55369 Coupon # 1		28.00	643.00
10-29-02	R-55549 Coupon # 2 & 3		56.00	587.00
1-22-03	R-55842		84.00	503.00
2-26-03	R-55948 March & April 03/7+8		96.00	407.00
5-22-03	R-56277		84.00	323.00
9-11-03	R-56463		84.00	239.00
2-26-04	R-57293		140.00	99.00
7-23-04	R-57827		84.00	15.00
2-9-05	R-58499		25.00	0.00
3-15-05	R-58633			
<p>Balance paid in full</p> <p>PAID</p> <p>MAR 15 2005</p> <p>MOUNT HOPE CEMETERY</p>				
E-17219 WIGFALL, MABLE L.				

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57253

Date: Feb 26, 2004
From: Mable Wiegall Address: 1514 Shadow Knolls Dr EC 92020

Dollars (\$ 140.00)

in part Payment of pre-need
Lot 93 Grave 12 Row _____ Section 2 Division 12

Invoice No. E17219

Acct. No. _____

W.O. _____

BALANCE DUE 99.00

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

FEB 26 2004

Pre-Need Lot ☒ At Need _____ On Acct _____Pre-need Trust _____ Cash _____ Check 2440

MOUNT HOPE
ISSUED BY Sam Habel

CREDIT	67007	
20% Sales Care	77184	<u>80</u>
80% Sales	100	<u>60</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 140

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57827

From: Mable L. Wigfall Address: on record Date: 7/23, 2004
Eighty-Four and 00/100 Dollars (\$84.00)
 in part Payment of Pre-need lot Acct.
 Div 12 Sec 2 Blk/Row _____ Lot 93 Grave 12

Invoice No. E-17219

Acct. No. _____

W.O. _____

BALANCE DUE \$15.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****JUL 22 2004**
MOUNT HOPE CEMETERY
 ISSUED BY Penelope

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

84.0084.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56663

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept 11, 20 03
 From: Mable Wigzell Address: 1514 Shadow Knolls Dr EC 92020
Eighty four Dollars (\$ 84.00)

 in part Payment of pre need
 Lot 169 Grave 8 Row _____ Section 2 Division Block 12
Invoice No. E 17219

Acct. No. _____

W.O. _____

BALANCE DUE 234 -NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

84 0084 00

TOTAL PAID \$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(519) 527-3400

E17219

Nº 55369

Date: 9/4, 20 02

 From: Mable Wigfall Address: on record
 Twenty-Eight and 80% Dollars (\$ 28.00)
 In part Payment of Pre-need lot account payment
 coupon # 1

Lot 93 Grave 12 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17219

BALANCE DUE \$ 643.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

2490

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Dawnette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	28.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

 E17219
 N° 55549
Date: 10/29, 2002
 From: Mable Wigfall Address: on record
Fifty-Six and 00 Dollars (\$) 56.00

 In Part Payment of Pre-need lot account
Coupon 2+3

 Lot 93 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17219BALANCE DUE \$587.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Paulbettel.
6576

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>56.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>56.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55842

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan 22, 20 03From: Mable Wigfall Address: 1514 Shadow Knolls Dr. E.C. 92020
Eight four dollars 00/100 Dollars (\$ 84.00)
in part Payment of pre need lot
 Lot 93 Grave 12 Row _____ Section 2 Division 12 Block 12
Invoice No. E 17219

Acct. No. _____

W.O. _____

BALANCE DUE 503.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 22 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Pam Hetzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

84.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55948

From: Mable P. Waggoner Date: February 26, 2003
ninety six and 00/100 Address: 1514 Shadow Knolls Dr., El Cajon CA.
 Dollars (\$ 96.00)
 in part Payment of Pre-need Lot Account
 Lot 93 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17219BALANCE DUE \$ 407.00
 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.
Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

2554

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>96.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	80101	
	78390	
		<u>96.00</u>

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56277

MOUNT HOPE CEMETERY

(619) 527-3400

From: Mable Wright Address: 1514 Shadow Knolls Dr Date: May 22, 20 03
Eighty four dollars 90/100 Dollars (\$) 84.00
 in part Payment of pre need lot
 Lot 93 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. E17219

Acct. No. _____

W.O. _____

BALANCE DUE 323.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 22 2003

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

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 request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E17219

58633

Date: 3/16/05, 20 05
 From: Mable Wigfall Address: on record
Fifteen and 00 Dollars (\$) 15.00

 in Full Payment of Paid in full for lot account

 Div 12 Sec 2 Blk/Row 93 Lot 93 Grave 12
Invoice No. E-17219

Acct. No. _____

W.O. _____

BALANCE DUE \$0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulotta C.

CREDIT	67007	15.00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 15.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

3381

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of

of Roberta (Robin) Hudson

In a ASH VAULT Funeral, date, time AYP

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 1273 Grave _____ Row _____ Section 1 Division/Block B

Grave space & Care Fund A-8925 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JUL 30 2002

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due 269.26

Paid receipt number R-55253 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17220**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FND

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERTA	1B. MIDDLE LYNN	1C. LAST (FAMILY) HUDSON	2. DATE OF BIRTH MONTH, DAY, YEAR 06/28/1945	3. DATE OF DEATH MONTH, DAY, YEAR 07/20/2002	4. SEX FEM
--	---------------------------	------------------------------------	---	---	----------------------

5A. CITY OF DEATH CARDIFF	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JULIE SURBER NIECE 7335 BIRCHWOOD PLACE HIGHLAND, CA 92346
-------------------------------------	---	--

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ACCU-CARE CREMATION CENTER 2562 STATE ST. #E CARLSBAD, CA 92008	7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 1528	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
--	---	---

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. TOLBERT
---	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
---	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
---	--

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GATEWAY CREMATORY 1410 S. ACACIA AVE. #D FULLERTON, CA 92831	12B. DATE CREMATED 07/26/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James E. Williams 311

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 88 Grave 9 Row — Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases — Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number 250/0361 R 55230 442.00

Balance due 1327.38

I hereby certify I am the Self of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature James E. Williams 311

Address 444 Heitt St

City SAN Diego, CA

Zip Code 92102

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17221

WILLIAMS, JAMES E. 444 HOITT ST., S.D. CA 92102

		DEBIT	CREDIT	BALANCE
7-22-2002	Opened Pre-need Lot & Trust account	895.00		
	Lot 88 Grave 9 Section 1 Division 12	874.38		1,769.38
	25% Downpayment R-55230.		442.00	1,327.38
8-6-02	R- 55287		110.00	1217.38
9-27-02	R- 55440		165.00	1052.38
1-3-03	R- 55782 Coupons 6-8		165.00	887.38
4-11-03	R- 56134 Coupons 9-11		165.00	722.38
7-3-03	56440 " 12-14		165.00	557.38
10-6-03	56740 15-17		165.00	392.38
1-2-04	57051 18-20		165.00	227.38
4-2-04	57395 21-24		227.38	0.00
<div>PAID</div> <div>APR 02 2004</div> <div>MOUNT HOPE CEMETERY</div>				
WILLIAMS, JAMES E.		E-17221		

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-22-02

*ASHES TO
BE PLACED
IN MIDDLE*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Richards

in a ASH VAULT Funeral, date, time SAT. July 27th 11:00

Church, Chapel, Graveside; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 65 Grave 2 Row - Section 2 Division/Block 6

Grave space & Care Fund A-6031 8

Additional spaces and care fund

Opening/Closing & Setup PAID 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO 4.26

Total Due 269.26

Paid receipt number R-55231 269.26

Balance due 21.00

(Overtime Fee)

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

RUTH H. HANSEN Ruth N. Hansen

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Ruth N. Hansen

Address 19 Kellebrew Ct.

City Napa CA 94558 Zip Code

Telephone

Invoice #

Work Order # E 17222 Acct. #

E17222

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156665644

07/25/02

15:03:50

KEYED

INVOICE#

HC

XXXXXXXXXXXX03317

AUTH# 985931

REF# 14002001

AUS: NO AUS REQUESTED

MAIL/PHONE

\$ 210.00

TOTAL

\$ 210.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X MAIL/PHONE

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Over-time fee for Ash
burial on SAT. July 27th
2002 at 11:00 for Violet
Richards E-17222

E17222

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VIOLET	1B. MIDDLE -	1C. LAST (FAMILY) RICHARDS	2. DATE OF BIRTH MONTH DAY YEAR 12/28/1911	3. DATE OF DEATH MONTH DAY YEAR 07/22/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RUTH HANSEN—DAUGHTER 19 KELLEBREWCT. NAPA, CA 94558		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AMERICAN CREMATION SERVICE 6136 MISSION GORGE RD RD #210 SAN DIEGO, CA 92120		7B. CALIF. LICENSE NUMBER —IF APPLICABLE WD 1752		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 07/24/2003	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/24/2002 R. CURTICE	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212118 [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 7-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 7/24/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VIRGINIA ROSENBERGER
in a LINER Funeral, date, time THUR 7-28 10:00

Church, Chapel Graveside GOOD BODY Mortuary.
CHRIS

All Funeral 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 3262 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid C-5733

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number 55234 769.73

Balance due 0

I hereby certify I am the R. W. Rosenberg of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

RICHARD W. ROSENBERGER
Signature
4161 60TH ST.
Address
SAN DIEGO 92115-6302
City Zip Code
619-265-0982
Telephone

Work Order # E 17223

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3259 BULL	3260 MARIE DESOUZA	3261 DONALD ROSEN BERGER	3262 X	3263 HUFF	3264 HUFF	3265

Interment space for: Virginia Rosenberger

Interment Date: THUR 7-25 Time: 10:00

Lot: 3262 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF Rat

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: _____

*flag on
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VIRGINIA		1B. MIDDLE LEE	1C. LAST (FAMILY) ROSENBERGER	2. DATE OF BIRTH MONTH DAY YEAR 11/05/1920	3. DATE OF DEATH MONTH DAY YEAR 07/21/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD ROSENBERGER - SON 4161 60TH STREET SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azavedo</i>		
				8B. DATE SIGNED 07/24/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZAVEDO 2212105
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/24/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eleanor Wiegand (320)

in a T.S. Vault Funeral, date, time Fri. July 26th 11:00 AM

Church, Chapel Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Rick Condon

will be applied and billed to undersigned.

Lot 101 Grave 9 Row — Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases — Marker setting fee —

Recording and filing fee —

Sales taxes 45.00

PAID
JUL 24 2002

Total Due 1938

MT. HOPE CEMETARY Paid receipt number Credit Card 1769.38
CITY OF SAN DIEGO, CA

Balance due 0

I hereby certify I am the SON of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

W.H. Wiegand
I hereby authorize the interment in lot 101
hold under deed.

W.H. Wiegand (319)
Signature W.H. Wiegand
Address 1079 LYNDA RD.
SAN DIEGO CA. 92103
City (619) 296-2381 Zip Code 92103
Telephone —

Signature of recorded holder of deed

S

Work Order # E 17224

Invoice # —

Acct. # —

E17224

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Eleanor		1B. MIDDLE Marie		1C. LAST (FAMILY) Wiegand		2. DATE OF BIRTH MONTH DAY YEAR 09/12/1920		3. DATE OF DEATH MONTH DAY YEAR 07/23/2002		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Wiegand, Son 1918 Lyndon Rd., San Diego, CA 92103					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>K. Zaretska</i>				8B. DATE SIGNED 07/25/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 07/25/2002 K. Zaretska		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212179			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186 -5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Rope Cemetery, 3751 Market St., San Diego, CA 92102				11B. DATE BURIED 7-26-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. Zaretska</i>			
		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>K. Zaretska</i>			
		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-24-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Henry Wiegand 309

in a T.S. Vault Funeral, date, time 3

Type of Burial Container

Church, Chapel, Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 101 Grave 8 Row Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - **PAID**

Recording and filing fee 45.00

Sales taxes JUL 24 2002 19.38

MT. HOPE CEMETARY Total Due 1769.38
CITY OF SAN DIEGO, CA paid receipt number Credit Card 1769.38

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

N. H. Wiegand 310
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed
Signature M. O. Wiegand 310
Address 1814 Lydon Road
City SD CA 92103
City Gilbert Zip Code 48033
Telephone 619-296-2381

Invoice #

Work Order # E 17225 Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HOMER B. TIGH

8-7-02

in a ASH Vault Funeral, date, time

Type of Burial Container

Church, Chapel, Graveside Delivery Only! HEATH Mortuary AYD

All Funeral 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 23 Row 5 Section 8 Division/Block 7

Grave space & Care Fund PRE-PAID LOT

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container HHR ASH VAULT 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.13

PAID

Total Due 269.13

JUL 23 2002 Paid receipt number R-55235 269.13

Balance due 0

MT. HOPE CEMETERY

I hereby certify I am the CITY OF SAN DIEGO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Robert L. Tigh

Signature of recorded holder of deed

Robert L. Tigh

Signature 1131 "R" Ave

Address National City ca. 91950

City 619 474-6038 Zip Code

Telephone

Work Order # E 17226

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Flag on the grave of Lloyd Tigh

17 Hillingsley	18 Larson	19 A Larson	20	21	22	23 X Fraternal Order of Eagles	24 Freddini

Interment space for: HOMER B. TIGH *AYD*

Interment Date: _____ Time: _____

Lot: _____ Grave: 23 Row: 5 Sect: 8 Div: 7

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No *Flag on the grave.*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E17226

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HOMER		1B. MIDDLE B	1C. LAST (FAMILY) TIGH		2. DATE OF BIRTH MONTH DAY YEAR 09/29/1911	3. DATE OF DEATH MONTH DAY YEAR 07/27/2002	4. SEX M
5A. CITY OF DEATH National City			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Leslie O. Tigh - Brother 1821 East 12th Street National City CA 91950		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home 611 Highland Ave., National City CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 807		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED 07/30/2002				

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/31/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Nancy L. Bowen MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Box 85222, San Diego CA 92106-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED 8-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lanada Crematory, El Cajon CA	12B. DATE CREMATED 8-01-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION OR [Signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COMPLETE ALL APPLICABLE ITEMS

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7/23/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Virgie Lee 3rd
in a D.D. Crypt (T) 2nd burial Funeral, date, time SAT. JULY 27th 11:00
Church, Chapel Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

✓ Lot 193 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-13180 0

Additional spaces and care fund overtime Fee 600.00

Opening/Closing & Setup 375.00

Burial Container PAID _____

Handling Fees _____

Flower vases - Marker setting fee JUL 23 2002 _____

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____

Shirley Davis Total Due 1020.00
264-3077

Paid receipt number PAID by M/C 1020.00

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

Virgie Edwards
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X
Signature 5696 Santa Margarita
Address S.D. CA 92114
City _____ Zip Code _____

X
Telephone _____

Work Order # E 17227 Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Virgie	1B. MIDDLE Mae	1C. LAST (FAMILY) Lee	2. DATE OF BIRTH MONTH, DAY, YEAR 04/25/1922	3. DATE OF DEATH MONTH, DAY, YEAR 07/20/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kevin Moss, Grandson 5696 Santa Margarita St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 3050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 07/26/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103725 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 07/26/2002 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell 2212267
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-02

You are hereby authorized and instructed, subject to your rates and regulations, to inter the remains

of ROBERT A. DUPRE ⁽⁴⁷²⁾
in a LINER _{Type of Burial Container} Funeral, date, time THUR 7-25 1:00

Church, Chapel, Graveside Delivery ONLY; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 40 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee FEB 13 2003 -

Recording and filing fee 45.00

Sales taxes 11.73

Total Due 1664.73

Paid receipt number R-55922 1664.73

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 366319 7/26/02

Acct. # 109855

Work Order # E 17228

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E-17228

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	4	5	
	6	7	40 X 8	9	10	

Interment space for: ROBERT DUPREInterment Date: THUR 7-25 Time: 1:00Lot: 40 Grave: 8 Row: Sect: 1 Div: 12Grave Laid out by: NF ROBAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check & Verified By

DARREYDate: 7-24-02*Key on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert		1B. MIDDLE A.	1C. LAST (FAMILY) Dupre		2. DATE OF BIRTH MONTH DAY YEAR 10/18/1920	3. DATE OF DEATH MONTH DAY YEAR 07/09/2002	4. SEX M
5A. CITY OF DEATH Oceanside			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marco Delatoka, PA 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. E. Mayer</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/22/2002				
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/23/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212043	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-17228



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

PATRICIA FRÓSIO
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

October 18, 2002

City of San Diego
Mt. Hope Cemetery
3751 Market St.
San Diego, Ca 92102

Reference: Robert A. Dupre, Account number 109855

Please be advised that our office will no longer be handling the above named estate. For payment of your invoice please contact the attorney now handling the estate. His name is **Darius Khayat, Esq., 3643 Grand Ave., San Marcos CA 92069**. His phone number is 760-727-0900. He will be representing a family member and will be handling all estate matters from now on.

We apologize in advance for any inconvenience this may cause.

Sincerely,


Marco A. De La Toba
Deputy Public Administrator

For
Patrica Frosio
Public Administrator
County of San Diego

E-17228

DE-172

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): DARIUS KHAYAT, ESQUIRE 3643 GRAND AVENUE San Marcos, CA 92069		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF (Name): ROBERT A. DUPRE		DECEDENT	
CREDITOR'S CLAIM			CASE NUMBER:

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$
 - Claimant (name):
 - ☐ an individual
 - ☐ an individual or entity doing business under the fictitious name of (specify):
 - ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
 - ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
 - ☒ other (specify): MT. HOPE CEMETERY
 - Address of claimant (specify): 3751 MARKET STREET
SAN DIEGO, CA 92102
 - Claimant is ☐ the creditor ☐ a person acting on behalf of creditor (state reason):
 - ☐ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
 - I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☐ attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: November 5, 2002

Sue Shackleton, Clerical Assistant II

(TYPE OR PRINT NAME AND TITLE)

(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

ESTATE OF (Name):
Robert A. Dupre

CASE NUMBER:
PN26411

DECEDENT

PROOF OF ☒ MAILING ☐ PERSONAL DELIVERY TO CREDITOR

1. At the time of mailing or personal delivery I was at least 18 years of age and not a party to this proceeding.
2. My residence or business address is (specify):
334 Via Vera Cruz, Suite 102
San Marcos, CA 92078
3. I mailed or personally delivered a copy of the *Allowance or Rejection of Creditor's Claim* as follows (complete either a or b):
 - a. ☒ Mail. I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) ☐ deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) ☒ placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served: Mount Hope Cemetary
 - (b) Address on envelope: 3751 Market Street
San Diego, CA 92102
 - (c) Date of mailing: September 21, 2004
 - (d) Place of mailing (city and state): San Marcos, CA
 - b. ☐ Personal delivery. I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: September 21, 2004

Sharon L. Malone
(TYPE OR PRINT NAME OF DECLARANT)

Sharon L. Malone
(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, bar number, and address): DARIUS KHAYAT, ESQUIRE 3643 GRAND AVENUE San Marcos, CA 92069	TELEPHONE AND FAX:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (Name): <p style="text-align: center;">ROBERT A. DUPRE</p> <p style="text-align: right;">DECEDENT</p>		
CREDITOR'S CLAIM		
		CASE NUMBER:

You must file this claim with the court clerk at the court address above before the **LATER** of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: \$
 2. Claimant (name):
 - a. ☐ an individual
 - b. ☐ an individual or entity doing business under the fictitious name of (specify):
 - c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. ☒ other (specify): **MT. HOPE CEMETERY**
 3. Address of claimant (specify): **3751 MARKET STREET**
SAN DIEGO, CA 92102
 4. Claimant is ☐ the creditor ☐ a person acting on behalf of creditor (state reason):
 5. ☐ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
 6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☐ attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date: **November 5, 2002**

Sue Sharkleton, Clerical Assistant II.
(TYPE OR PRINT NAME AND TITLE)

(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

ESTATE OF (Name): ROBERT A. DUPRE

CASE NUMBER:
E-17228

DECEDENT

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ See attachment (if space is insufficient)

Date of item	Item and supporting facts	Amount claimed
07-23-02	Robert A. Dupre, Interment	\$ 895.00
	Lot 40, Grave 8, Section 1, Division 12	375.00
	Opening/Closing	190.00
	Liner	145.00
	Handling Fee	45.00
	Recording Fee	14.73
	Tax on Liner	
	TOTAL DUE	\$1,664.73
		TOTAL: \$

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

- I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
- My residence or business address is (specify):

- I mailed or personally delivered a copy of this Creditor's Claim to the personal representative as follows (check either a or b below):

- ☒ Mail. I am a resident of or employed in the county where the mailing occurred.

- I enclosed a copy in an envelope AND

- ☐ deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
- ☐ placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- The envelope was addressed and mailed first-class as follows:

- Name of personal representative served:
- Address on envelope:

Darius Khayat, Esquire
3643 Grand Avenue
San Marcos, CA 92069

- Date of mailing: November 5, 2002

- Place of mailing (city and state): San Diego CA 92102

- ☐ Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:

- Name of personal representative served:
- Address where delivered:

- Date delivered:

- Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: November 5, 2002

Sue Shackelton, Clerical Assistant II

(TYPE OR PRINT NAME OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)

Darius Khayat #159357

Attorney at Law

334 Via Vera Cruz, Suite 102

San Marcos, CA 92078

TELEPHONE NO: 760-591-0245

FAX NO: 760-591-0218

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego

STREET ADDRESS: 325 S. Melrose Dr.

MAILING ADDRESS:

CITY AND ZIP CODE Vista, CA 92081

BRANCH NAME North County Division

ESTATE OF (Name):

Robert A. Dupre

E17228 12,1,40,8

DECEDENT

ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM

FOR COURT USE ONLY

CASE NUMBER:
PN26411

NOTE: Attach a copy of the creditor's claim. If allowance or rejection by the court is not required, do not include any pages attached to the creditor claim form.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (specify): Mount Hope Cemetery
2. The claim was filed on (date): Signed November 5, 2002, filing date unknown
3. Date of first issuance of letters: January 13, 2003
4. Date of Notice of Administration: December 5, 2002.
5. Date of decedent's death: July 9, 2002
6. Estimated value of estate: \$ 205,000.00
7. Total amount of the claim: \$ 1,664.73
8. ☒ Claim is allowed for: \$ 1,664.73 (The court must approve certain claims before they are paid.)
9. ☐ Claim is rejected for: \$ (A creditor has three months to act on a rejected claim. See box below.)
10. Notice of allowance or rejection given on (date): September 14, 2004
11. ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date: September 14, 2004

Lena Chahboudagiantz
(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) as follows:

- a. Claim due: within three months after the notice of rejection.
- b. Claim not due: within three months after the claim becomes due.

COURT'S APPROVAL OR REJECTION

12. ☐ Approved for: \$13. ☐ Rejected for: \$

Date:

14. Number of pages attached: _____

SIGNATURE OF ☐ JUDGE ☐ COMMISSIONER☐ SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Service on reverse)

ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM
(Probate)

SMYLIE & KHAYAT
ATTORNEYS AT LAW

February 12, 2003

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

02-13-03P02:44 RCVD

RE: The Estate of Robert Dupre

02-13-03P02:44 RCVD

Dear Sir/Madam:

Please find enclosed a check representing full and complete payment for services you rendered on behalf of Mr. Robert A. Dupre. Please contact me should you have any further questions regarding Mr. Dupre's estate.

Sincerely,



Darius Khayat, Esq.

DK:sm

cc: Ms. Lena Chabudagiantz

Encl.

E17228

CITY of SAN DIEGO
MEMORANDUM

FILE NO. :
DATE : November 5, 2002
TO : Ernest Hamilton, Auditor's Office
FROM : Sue Shackelton, CAIL, Mt. Hope Cemetery
SUBJECT: Cancel Invoice for Robert A. Dupre

Please cancel Invoice #366319, Account #109855. This case is no longer being handled by the Public Administrator and is going into probate.

If you have any questions, please call me at 527-3400

Sue Shackelton

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-23-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DAVID M. ROSS 314
In a DOUBLE DEPTH Funeral, date, time THUR 7-25 1:00
Type of Burial Container
Church, Chapel, Graveside : Bishop Mortuary.

All Funeral 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 10 Row Section 1 Division Block 12

Grave space & Care Fund PAID 895.00

Additional spaces and care fund

Opening/Closing & Setup JUL 24 2002 375.00

Burial Container 380.00

Handling Fees MT. HOPE CEMETARY 320.00

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 15.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-55236 2044.45

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Quendora Ross 315
Signature
X 8407 Ellsworth Circle
Address
X Spring Valley 91977
City Zip Code
X 619.698.9426
Telephone

Work Order # E 17229

Invoice #

Acct. #

MT HOPE CEMETERY

Σ17229

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4	5	6	
7	8	9	144 X 10	11	12	

Interment space for: DAVID ROSS

Interment Date: THUR 7-25 Time: 1:00

Lot: 144 Grave: 10 Row: Sect: 1 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

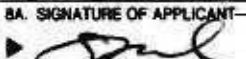
Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

*Stay on
Grave*


APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) David		1B. MIDDLE Michael	1C. LAST (FAMILY) Ross	2. DATE OF BIRTH MONTH DAY YEAR 09/20/1952	3. DATE OF DEATH MONTH DAY YEAR 07/19/2002	4. SEX M
5A. CITY OF DEATH La Jolla		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Grandolyn Faye Ross - Wife 8807 Ellemwood Circle Spring Valley, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1673		8A. SIGNATURE OF APPLICANT—Person taking permit 		
8B. DATE SIGNED 07/23/2002		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED G. Mitchell 07/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212060
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County Health Dept. P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7/25/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-24-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Maria B & Jesus RODRIGUEZ

In a D.S. Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

✓ Lot 217 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup (2) O/C 375.00 750.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____

Recording and filing fee (2) R/F 45.00 90.00

Sales taxes _____ 29.45

Total Due 2464.45

Paid receipt number VISA 616.00

Balance due 1848.45

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature Maria B Rodriguez

Address 4034 ETA ST

City SAN Diego CA 92113

Telephone (619) 264-2518

Zip Code

Work Order # E 17230

Invoice # _____

Acct. # _____

RODRIGUEZ, MARIA & JESUS 4034 Eta Street, San Diego 92113 264-2518

07-24-02	Opened pre-need lot and trust.	DEBIT	CREDIT	BALANCE
	Lot 217, Grave 8, Sec 2, Div 12	895.00		895.00
	Trust includes 2 opening/closings, double depth crypt, 2 recording fees, handling fee, tax on double depth crypt.	1569.45		2464.45
07-24-02	Receipt 17230		616.00	1848.45
9-9-02	VISA Coupon 1 2 2		154.00	1694.45
11-20-02	VISA Coupon 3 + 4		154.00	1540.45
1-29-03	VISA no coupon 596 Remaining to trust		154.00	1386.45
12-5-03	NO coupon VISA card		500.00	886.45
3-3-04	Jan, Feb, March NO coupon VISA card		231.00	655.45
9-13-04	" " VISA card		400.00	255.45
11/23/04	Sept, Oct, Nov VISA		255.45	0

E17230

Mt Hope Cemetery
Contract Entry Verification
07/29/2002

Contract Number: E-17230-F

Contract Date: 07/24/2002

Purchaser: Rodriguez, Maria And/Or Rodriguez, Jesus
4034 Eta Street

Purchaser Number: 316 / 317

Phone: 619-264-2518

San Diego ,CA 92113

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
2	Opening/Closing	2nd 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

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		217	8	A

E17230

PAID IN FULL. pre-need
LOT 4 TRUST 12, 2, 217, 8
E-17230

pre-need
paid in full

Jesús Rodríguez

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-24-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of (344) Angelo Pearson (CHILD)
in a Liner #1 Funeral, date, time WED 7-31 1:00

Church, Chapel, Graveside S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

46 Grave 3 Row 9 Division/Block

Grave space & Care Fund 195.00

Additional spaces and care fund

Opening/Closing & Setup 195.00

Burial Container 95.00

Handling Fees 50.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 7.36

PAID
JUL 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 587.36

Paid receipt number R-55251 587.36

Balance due 0

I hereby certify I am the X Farther of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

SAME
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

5 put same
Work Order # E 17231

REA-104 (7-96)

X Angelo Pearson (344)
Signature
4310 54th ST
Address
SAN Diego CA 92115
City Zip Code
583-0047
Telephone

Invoice #
Acct. #

This information is available in alternative formats upon request.

E-17231

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ANGELO	1B. MIDDLE L	1C. LAST (FAMILY) PEARSON	2. DATE OF BIRTH MONTH, DAY, YEAR 01/28/1989	3. DATE OF DEATH MONTH, DAY, YEAR 07/21/2002	4. SEX M
5A. CITY OF DEATH TORRANCE		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JAMES L PEARSON SR—GRANDFATHER 4310 54TH ST APT 310 SAN DIEGO CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 07/24/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen MD</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA HEALTH DEPT 313 NORTH FIGUEROA ST RM L-1 LOS ANGELES CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernadette Cureau x 308

in a LINER Funeral, date, time FRI. AUG 2nd 1:00

Church Chapel Graveside Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 133 Grave 10 Row — Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 37.500

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

PAID 1664.73

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

S

Work Order # E 17232

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			10 X			

Interment space for: Bernadette Cureaux

Interment Date: 8/2/02 Time: 1:00

Lot: 133 Grave: 10 Row: - Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. A. M. Date: 7-30-02

217232

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BERNADETTE	1B. MIDDLE ESTHER	1C. LAST (FAMILY) CURRAUX	2. DATE OF BIRTH MONTH, DAY, YEAR 02/15/1933	3. DATE OF DEATH MONTH, DAY, YEAR 07/25/2002	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSEPH A. CURRAUX SR - HUSBAND 6258 AMESBURY ST SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valentine</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/30/2002 P. Valentine	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212372
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT ROPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-26-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie B James / Melinda B. James (324)

in a D.D. Casket Funeral, date, time Tues July 30th 1:00

Church Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

✓ Lot 138 Grave 1 Row — Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund

Opening/Closing & Setup JUL 26 2002 375.00

Burial Container 380.00

Handling Fees **MT. HOPE CEMETARY** 320.00

Flower vases - Marker setting fee 2 @ 45.00 each

Recording and filing fee 90.00

Sales taxes 29.43

Total Due 2089.43

Paid receipt number R-35244 2089.43

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 17233**

E17233

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		3	4
					Gambrell	Gambrell

Interment space for: Willie B. & Melinda James

Interment Date: 7-30th 2002 Time: 1:00 Chapel

Lot: 138 Grave: 1 Row: — Sect: 2 Div: 12

Grave Laid out by: N FERGUSON ~~REN~~

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:

CD Miller

Date: 7-29-02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Malinda	1B. MIDDLE Beatrice	1C. LAST (FAMILY) James	2. DATE OF BIRTH MONTH, DAY, YEAR 02/02/1909	3. DATE OF DEATH MONTH, DAY, YEAR 07/18/2002	4. SEX F
5A. CITY OF DEATH Wayne		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Michigan	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lucille Robinson, Niece 1037 Richards Road Perrie, CA 92570		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/29/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/29/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212315
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-8555		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E17233

97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE Bessie	1C. LAST (FAMILY) James	2. DATE OF BIRTH MONTH DAY YEAR 07/24/1904	3. DATE OF DEATH MONTH DAY YEAR 07/20/2002	4. SEX F
5A. CITY OF DEATH Ferris		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Riverside	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lucille Robinson, Niece 1037 Richards Road Ferris, CA 92570		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92101		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Josephine DeS. Cruz</i>		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Larry Feldman MD ILK</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside Co Health Dept, PO Box 7600 Riverside, CA 92513-7600	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Co Health Dept, PO Box 85222 San Diego, 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St San Diego, CA 92102	11B. DATE BURIED 7-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-26-02

*Pre-need
Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Horace & Valerie Yates

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 66 Grave 9 Row _____ Section 2 Division 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** _____

Burial Container _____ 190.00

Handling Fees JUL 26 2002 145.00

Flower vases - Marker setting fee _____

Recording and filing **MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA** 45.00

Sales taxes 14.73

Total Due 394.73

Paid receipt number M/C 394.73

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17234**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LILLIAN HILL

In a T.S. VALENT Funeral, date, time FRI. Aug. 2nd 10:00

Church, Chapel Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 43 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund E-3568/E5234

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number 0

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17235

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lillian	1B. MIDDLE C.	1C. LAST (FAMILY) Hill	2. DATE OF BIRTH MONTH, DAY, YEAR 01/27/1905	3. DATE OF DEATH MONTH, DAY, YEAR 07/28/2002	4. SEX F
5A. CITY OF DEATH Denison		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Texas		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eloise White, Goddaughter 614 W. Johnson Denison, TX 75020	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FB-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 07/31/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/01/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen MD MN</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERYT-320 P 01/02 F-248
2/24/1983 E1723E
Nº 10910

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elgie & Lillian Hill for the sum of \$ 0 (DOLLARS)LEGAL DESCRIPTION Lot 43 Grs 11-12 Sec 2 Div 12 (Two Openings & Two Vaults Paid)AS DESCRIBED ON PURCHASE ORDER NUMBER E-3468

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Robert M. Sutton
Cemetery Manager

Robert M. Sutton
Property Director

6/21/1979

E17235

Nº 09938

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elgie & Lillian C. Hill for the sum of \$ 420.00 (DOLLARS)LEGAL DESCRIPTION Lot 31 Grs 8 & 9 Sec 3 Div 12 (2) openings &
(2) Liners paid.AS DESCRIBED ON PURCHASE ORDER NUMBER E-439

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 owner. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

Cemetery Manager

Property Director

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAINCITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

NO. Nº 27360

DATE 6-21 1979

FROM H. W. Bagdale ADDRESS 5050 Federal Blvd. @
Nine hundred thirty two & no/100 DOLLARS (\$ 932.00)
IN full PAYMENT OF Gr. 8 & 9 Cem. Serv. (Hill)

LOT 31 GRAVE 8 & 9 ROW SECTION 3 DIVISION 12

INVOICE NO. cashW.O. E-439UNPAID BALANCE
AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS
STAMPED WITH THIS SPACE

PAID

JUN 21 1979

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.ISSUED BY H. W. Bagdale

CREDIT	7784	308	84.00
SALES TAX	99		
HALF SALES	100		336.00
OF LOTS	7784		
	100		300.00
OPENINGS	7781		
	100		212.00
BOXES	7782		
REMOVALS	100		
FOUNDATIONS	7783		
TOTAL PAID \$			932.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JANE RAINEY Pin 2302516
in a ASH VAULT Funeral, date, time THUR 8-1 10:00
Church, Chapel, Graveside WITNESS : FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot ✓ 14 Grave 9 Row _____ Section 8 Division 5

Grave space & Care Fund Re-mel B-4668

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 23.70

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 293.04

Paid receipt number Credit Card 293.04

Balance due 0

I hereby certify I am the Sister of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Work Order # E 17236

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

GRAVE OF MARJORIE
RAINEY

ASHES	ON	RIGHT				
			Watch	return		
			Rainey X		Reed	
			Ellis			

Interment space for: JANE RAINEY ☒

Interment Date: _____ Time: _____

Lot: 14 Grave: 9 Row: _____ Sect: 8 Div: 5

Grave Laid out by: JR

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Date: 8.1.02

Flag on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Jane	1B. MIDDLE -	1C. LAST (FAMILY) Rainey	2. DATE OF BIRTH MONTH DAY YEAR 02/07/1921	3. DATE OF DEATH MONTH DAY YEAR 07/24/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Perlati, Sister 5074 Faber Way, San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 07/25/2002	

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00 9B. DATE PERMIT ISSUED 07/26/2002 K. Zaretska 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212241
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input checked="" type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Cremation, 601 D Crans St., Lake Elsinore, CA 92530	12B. DATE CREMATED 7-27-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 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.

Place ashes
in double depth
(TOP)
in the grave
with Pinkie Chambers

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WANDA THOMAS

in a ASH VAULT (T) 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 115 Grave 9 Row — Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 420.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17237**

mats upon request.

Ash service will
be sometime in
Sept. waiting on
family

2ND OPTION
ASHES UNDER
MARKER
269.26

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WILLIE HOPPER (365)

in a LINER

Type of Burial Container

Funeral, date, time THUR 8-1 12:00

Church, Chapel, Graveside

Final Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 584-7030

will be applied and billed to undersigned.

Lot 213 Grave 7 Row _____ Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUL 30 2002 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55257 1664.73

Balance due 0

I hereby certify I am the X Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Mark J. ... 364
Signature 3044 Del Cajon Blvd.
Address S.D. 92104
City 619-584-7000 Zip Code
Telephone

Work Order # E 17238

Invoice # _____
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.

			1	- 2	3	4
			AB X 7	8	9	EDMOND S 10
					ANDERS	

Interment space for: WILLIE HOPPER

Interment Date: THUR 8-1 Time: 12:00

Lot: 213 Grave: 7 Row: Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 7-31-02

*dry on
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE A.	1C. LAST (FAMILY) Hopper	2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1939	3. DATE OF DEATH MONTH, DAY, YEAR 07/22/2002	4. SEX M.
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ernestine Green - Sister 153 Brightwood Ave.#A Chula Vista, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Preferred Cremation and Burial 3094 El Cajon Blvd. Ste. A, S.D., CA 92104 PB-1846			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FE-1846		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ma... [Signature]</i>	8B. DATE SIGNED 07/30/2002
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/31/2002
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen MD [Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rafaela Montes 4746565

in a Liner Funeral, date, time Wed. July 31 10:00

Church Chapel, Graveside : Berge-Roberts Mortuary 474-8346

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 131 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-2188 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 23.78 + 125.00 148.78

Recording and filing fee 45.00

Sales taxes 14.73

MT. HOPE CEMETERY

CITY OF SAN DIEGO Total Due 918.51

Paid receipt number 502 1918872 Balance due 0

I hereby certify I am the 502 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Angel A. Montes

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 17239

Invoice # _____

Acct. # _____

217239

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.

8 SAVAGE	9 Savage	10 Montes	11 X	12 MAYO		
		Hampton		Fairley		

Interment space for:

Rafaela M. Montes

Interment Date: 7/31/02

Time: 10:00

Lot: 131 Grave: 11 Row: _____ Sect: 1 Div: 12

Grave Laid out by: NF IEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 7-30-02

Flag on
grave

E17239

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RAFAELA	1B. MIDDLE -	1C. LAST (FAMILY) MONTES	2. DATE OF BIRTH MONTH DAY YEAR 02/08/1908	3. DATE OF DEATH MONTH DAY YEAR 07/26/2002	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA RIVERA - DAUGHTER 1025 BROADWAY, #46 CHULA VISTA, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valente</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/30/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/30/2002 P. Valente	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212406
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 7-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. F. King</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

*Pre-need
trust
on the grave
of Bryan & Johnson*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon L. AHRENDT 232299

In a ASH VAULT Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 1 Grave 5 Row - Section 4 Division/Block 6

Grave space & Care Fund E-15098/0002467 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00 ✓

Burial Container _____ 55.00

Handling Fees **PAID** 60.00 ✓

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00 ✓

Sales taxes _____ 4.25

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA 269.25

Paid receipt number R-55247 269.25

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17240**

See Attached

7/26/02

E-17240

From Sharon Ahrendt
Re: placement of my
cremains which will
be sent by Neptune
Society.

Enclosed find \$269.25
for placement in

Lot 1

Grave 5

Section 4

Position 6

My mother, Dorothy
Johnson, was placed in
this plot in June 1999.
It is the Bryan family
plot. (since 1912)
Sharon Ahrendt

2967 Fireside Drive
SAN JOSE CA 95128-4003

Phone call
as of
5/22/09

966 ELM AVENUE
LANCASTER PENNSYLVANIA
17603

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CLIFFORD LACY (332)

in a LINER Funeral, date, time WED 7-31 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 157 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55252 1664.73

Balance due 0

I hereby certify I am the X wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Barbara Matthews (331)
X 7458 Gribble St.
X San Diego 92114
(619) 264-1022

Work Order # E 17241

Invoice # _____

Acct. # _____

E17241

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	MOV 4	5	6
	7	8	157 X 9	10	11	12

Interment space for: CLIFFORD LACY

Interment Date: WED 7-31 Time: 11:00

Lot: 157 Grave: 9 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

*Key in
Grave*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 7-30-02

E17241

63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Clifford	1B. MIDDLE Lee	1C. LAST (FAMILY) Lacy	2. DATE OF BIRTH MONTH, DAY, YEAR 12/20/1948	3. DATE OF DEATH MONTH, DAY, YEAR 07/25/2002	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sister Victoria A. Johnson, 13192 Silverbirch Trustin, CA 92780	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 07/29/2002	
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/30/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212396
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-31-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURN <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-31-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pedro Galvan (339)

in a LINER Funeral, date, time FRI. Aug 2nd 10:00
Type of Burial Container
Church, Chapel, Graveside Clairemont Patricia Mortuary
858-274-2211

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$858-274-2211 will be applied and billed to undersigned.

✓ Lot 42 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	<u>1395.00</u>
Additional spaces and care PAID	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marked <u>MT. HOPE CEMETERY</u>	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>2164.73</u>
Paid receipt number <u>M/C</u>	<u>2164.73</u>
Balance due	<u>0</u>

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Eusebio Galvan 338

Address 5310 Clairemont Mesa Bl #9

San Diego, CA 92117

City (858) 565-0035

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17242

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				SAKAGUCHI		YAMAGUCHI	TAKESHITA
				HONDA			
HIRAI	OKUMA	2 OKUMA	3 X	ONO	FUJII	HURTADO	
						TRASH	→
						CAN	

Interment space for: Pedro Galvan

Interment Date: 8-2-02 Time: 10:00

Lot: 42 Grave: 3 Row: Sect: 11 Div: 7

Grave Laid out by: UF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: A. Raven

Date: 8-1-02

Flag on
the grave

VISTA
LANE

E-17242 32

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) PEDRO	1B. MIDDLE —	1C. LAST (FAMILY) GALVAN	2. DATE OF BIRTH MONTH, DAY, YEAR 01/28/1970	3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NICHOLAS GALVAN—FATHER - 5310 CLAIREMONT MESA BLVD., APT. #9 SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1126	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 08/01/2002		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10876 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/01/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZARO 2212587
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BETHENE COUEY
in a REG. ASH VAULT Funeral, date, time FRI 8-16 11:00

Church, Chapel, Graveside WITNESS : FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 7 Grave 5 Row Section 1 Division/Block 3

Grave space & Care Fund PAID

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container AUG 06 2002 55.00

Handling Fees MT. HOPE CEMETARY 60.00

Flower vases - Marker CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-55281 269.26

Balance due 0

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. BOB COUEY
229105

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17243

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *Grave of Rachel & Agnes*

	GREGG	CHURCHILL	7 X 5 TALBOT			
			HAMILTON			

Interment space for:

Bethene Covey

Interment Date:

FRI 8-16

Time:

11:00

Lot:

7

Grave:

5

Row:

Sect:

1

Div:

3

Grave Laid out by:

*N F ROBERT*Agrees with Legal Card: ☐ Yes☐ No*fly on
Grave*Agrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

Date:

Robert G. Talboy
1741 S. W. 18th Street
Pendleton, Oregon 97801-4457
(541) 276-1391

July 30, 2002

Mt. Hope Cemetery
3850 Imperial Avenue
San Diego, California

Via FAX (619) 527-3403

Attn.: Sue

Re: Lot 7, Section , Division 3 -- Mt. Hope Cemetery, San Diego, California

Please accept this letter as my authorization to bury the cremated remains of my sister, Bethene Louise Couey, a.k.a. Betty Couey, in grave 5 of the subject lot. Her parents Archie and Agnes Talboy are already resting in that grave. Details of the time and payment for said burial will be arranged with you by my nephew, Betty's son, Robert "Bob" Couey. He will be your contact on this matter, henceforth.

I authorize my sister's burial in my capacity as titleholder of this cemetery lot originally purchased by Betty's and my maternal grandfather, Robert Jones Gregg, in 1875.

Sincerely,


Robert Gregg Talboy

7/31/02

Sue -

Enclosed check for burial Plot in the
Gregg Talboy plot, per Robert G. Talboy fax.

Bethena ~~Talboy~~ Talboy Conney

born 4/1/14 - died 7/25/2002

We'll bring remains and witness
interment on Friday August 16th at
11:00 am.

Thanks,

Bob Conney
7570 St Marlo C.C. Pkwy
Duluth, GA 30097
770.497.1337

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Bethene	1B. MIDDLE Louise	1C. LAST (FAMILY) Couey	2. DATE OF BIRTH MONTH DAY YEAR 04/01/1914	3. DATE OF DEATH MONTH DAY YEAR 07/25/2002	4. SEX F
5A. CITY OF DEATH Brea		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Orange	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James R. Couey Jr. Son 7570 St. Marlo C.C. Pkwy. Duluth, GA 30097		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Telphases Cremation Society, 2140 W. Chapman Ave. #101, Orange, Ca 92668			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1273		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **08/15/2002**

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> AB
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 234 Santa Ana, Ca 92702-0234	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Health Dept 5851 Rosecrans San Diego, Ca 92106-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
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FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca 92102	11B. DATE BURIED 8-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/31/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alberto Lopez (363)

in a T.S. VAULT Funeral, date, time 8/2 FRI. 11:30

Church, Chapel, Graveside Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

249 Grave 7 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees AUG 01 2002 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-55263 1769.38

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 17244**

REA-104 (1)

Jose be in on
Thurs 10-11.
to pay/family
will pick lot.

is available in alternative formats upon request.

recycled paper

217244
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.

			Feliciano			
			Lopez			Sharma
			7 X			Chamberlain

Interment space for: A. LOPEZ

Interment Date: 8/2/02 Time: 12:30

Lot: 249 Grave: 7 Row: Sect: 2 Div: 12

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: DAVID Date: 8-1-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALBERTO	1B. MIDDLE -	1C. LAST (FAMILY) LOPEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 08/08/1959	3. DATE OF DEATH MONTH, DAY, YEAR 07/31/2002	4. SEX M
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CARLOS LOPEZ—BROTHER 3240 CLAY AVE. SAN DIEGO, CA. 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPE FORTUQUY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Jose Chavez</i>		
			8B. DATE SIGNED 08/02/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JOSE CHAVEZ 08/01/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212567
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

GRAVE of
THADDEUS MORRIS

Date 7-31-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RUBY MORRIS

In a DOUBLE DEPTH Funeral, date, time FRI 8-2 1:00

Church, Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 741 Grave _____ Row _____ Section 10 Division/Block 7

Grave space & Care Fund Pre-Paid E-5725 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____

Handling Fees JUL 31 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____

Total Due 420.00

Paid receipt number R-55260 420.00

Balance due 0

I hereby certify I am the Bobbie M. Coleman of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17245

MT HOPE CEMETER

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *2nd burial*

				Roswell	-		
GILSON	DATA		741	X			
GRAVE of							
THADDEUS MORRIS							

Interment space for:

Ruby Morris

Interment Date: 8-2 Time: 1:00

Lot: 740 Grave: _____ Row: _____ Sect: 10 Div: 1

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

* Day on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruby	1B. MIDDLE L.	1C. LAST (FAMILY) Morris	2. DATE OF BIRTH MONTH, DAY, YEAR 01/28/1908	3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darlene Jefferson, Grand-daughter 2812 W. 42nd Street Los Angeles, CA 90008		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/02/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/02/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212628
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-1-02

GRAVE OF
ERNEST YOUNG

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANCES YOUNG (TOP)

In a DOUBLE DEPTH (2ND) Funeral, date, time TUES. AUG. 6TH 11.00

Church Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 80 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need C-4246 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container **PAID**

Handling Fees

Flower vases - Marker setting fee AUG 01 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA

Total Due 420.00

Paid receipt number R-55262 420.00

Balance due 0

I hereby certify I am the Trinidad/Ernest of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature SV57 TRINIDAD WAY
Address SAN DIEGO 92114
City 619 262-7940 Zip Code
Telephone

Work Order # **E 17246**

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

77	78 JOHNSON	79 PERRY	80 X			

Interment space for: FRANCES YOUNG

Interment Date: 8-6-02 Time: 11:00

Lot: 80 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Frances	1B. MIDDLE L.	1C. LAST (FAMILY) Young	2. DATE OF BIRTH MONTH DAY YEAR 02/04/1909	3. DATE OF DEATH MONTH DAY YEAR 07/31/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Johnny Payne, Executor 821 Raven Street San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/06/2002		

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/06/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212783
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OZELL HARRIS

in a LINER Funeral, date, time MON 8-5 1:00

Church, Chapel Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 83 Grave 12 Row _____ Section 1 Division Block 12

Grave space & Care Fund Pre-need E-16400 0

Additional spaces and care fund 2001 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

ALICE HAYD

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alice LHO
Signature
X 7251 Peter Pan Ave
Address
X 619-262-250
City Telephone
Zip Code

Work Order # E 17247

Invoice # _____

Acct. # _____

E17247

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4	5	6	Graves		
9	10	11	83 X 12	Harris		

Interment space for: OZELL HARRIS

Interment Date: MON 8-5 Time: 1:00

Lot: 83 Grave: 12 Row: Sect: 1 Div: 12

Grave Laid out by: NF RAB

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 8-2-02

*Key on
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ozell	1B. MIDDLE —	1C. LAST (FAMILY) Harris	2. DATE OF BIRTH MONTH DAY YEAR 09/19/1915	3. DATE OF DEATH MONTH DAY YEAR 07/31/2002	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alice Lloyd, Daughter 7251 Peter Pan Ave. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/05/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/05/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212704
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records: P. O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 8-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

(473) Stanley Lake P.A. # 20030129

in a D.D. Crypt Funeral, date, time Mon. AUG. 5th 11:00

Church, Chapel, Graveside Delivery ONLY: BAYVIEW Mortuary, 858-277-1820 GD

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 10 Grave 3T Row Section Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.06

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Address

City Zip Code

Telephone

Invoice # 366776 8/1/02

Acct. # 000962


Work Order # E 17248

E17248

76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) STANLEY	1B. MIDDLE T.	1C. LAST (FAMILY) LAKE	2. DATE OF BIRTH MONTH, DAY, YEAR 01/09/1926	3. DATE OF DEATH MONTH, DAY, YEAR 07/26/2002	4. SEX M
5A. CITY OF DEATH OCEANSIDE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY HOBBS - PUBLIC GUARDIAN 5201 MURFINTENDED. (2) SAN DIEGO, CA 92108	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL SERV. 7510 CLAIRMONT MESA BLVD. #109, SD, CA 92111		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1661		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/01/2002	



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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/01/2002 E. DOUGIRILLO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212576
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT) ☐ E. TEMPORARY ENVAULTMENT
- ☐ B. CREMATION ☐ F. DISINTERMENT
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY ☐ G. SHIP IN TO CALIFORNIA
- ☐ D. SCIENTIFIC USE ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARRON G. KNIGHTEL

in a ASH VAULT Funeral, date, time AUG. 12, MON. 2:15

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 41 Grave C1 Row Section 16 Division/Block 7

Grave space & Care Fund 0-4371 8

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container PAID 35.00

Handling Fees AUG 05 2002 60.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 4.26

Total Due 269.26

Paid receipt number VISA CARD 269.26

Balance due 0

I hereby certify I am the Michael Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 17249

REA-104 (7-98)

Invoice #

Acct. #

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BARRON	1B. MIDDLE GEORGE	1C. LAST (FAMILY) KNECHTEL	2. DATE OF BIRTH MONTH, DAY, YEAR 03/30/1917	3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2002	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MICHAEL SMITH - NEPHEW 3846 PENDIENTE CT SAN DIEGO, CA 92124		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENDROUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		BB. DATE SIGNED 07/31/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/31/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212448 P. Valentine
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 8-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED [Signature]	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BRUCE RIBACK

in a ASH VAULT Funeral, date, time Tues. AUG. 13th 2:30

Church, Chapel, Graveside Witness Only!; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 3164 Grave 2 Row — Section MAS Division/Block L

Grave space & Care Fund E-3314

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 4.26

Jack Riback Total Due 269.26

480-502-2642 Paid receipt number PAID BY VISA 269.26

FRV480-029313 Balance due 0

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct #

Work Order # **E 17250**

E17250

Opening / closing	105.00
Burial Container	55.00
HANDLING Fee	60.00
Recording / File Fee	45.00
Taxes	4.26
	<u>269.26</u>

CITY OF SD-MT HOPE CEMETERY #64
 3751 MARKET STREET
 SAN DIEGO CA 92102-4527
 619-527-5474
 4381822156665644

08/09/02

13:46:59

KEYED

INVOICE#

US XXXXXXXXXXXXX42804

AUTH# 014470

REF# 15702003

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 269.26

TOTAL \$ 269.26

I AGREE TO PAY ABOVE TOTAL AMOUNT
 ACCORDING TO CARD ISSUER AGREEMENT
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)

X: Phone

ASH BURIAL THANK YOU FOR BRUCE
 PLEASE COME AGAIN RIBACKA
 E-17250

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

on 8/13/02 2:30 pm

E 17250

50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Bruce	1B. MIDDLE E.	1C. LAST (FAMILY) Riback	2. DATE OF BIRTH MONTH DAY YEAR 02/12/1952	3. DATE OF DEATH MONTH DAY YEAR 07/30/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barry Riback, son 224 N. Fig St. Escondido, CA 92025		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Alhiser-Comer Mortuary 225 So. Broadway Escondido, CA 92025		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 297	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
		8B. DATE SIGNED [Signature]			

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 08/05/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212712 K. Pontillo
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 92102	11B. DATE BURIED 8-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lakepointe Crematorium Lake Elsinore, CA 92530	12B. DATE CREMATED AUG 07 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SAVANNAH SHARP 356
in a T.S. VAULT Funeral, date, time FRI 8-9 1:00

Type of Burial Container
Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 139 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA

Sales taxes 45.00

Total Due 19.38

Paid receipt number 1769.38

Balance due 0

I hereby certify I am the daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Remona Daniels (355)
Signature 7685 Skyline Dr.
Address S.D. CA 92114
City (619) 4791962 Zip Code
Telephone

8

Work Order # E 17251

Invoice # _____

Acct. # _____

Stephanie Pierite
(619) 804 4194

E17251

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	139 X 2	3	4	5
		DANIEL				MCANINE
		7	8	9	10	11
			BOUDREAU X MORRIS			

Interment space for: SAVANNAH SHARP

Interment Date: FRI 8-9 Time: 1:00

Lot: 139 Grave: 2 Row: Sect: 2 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

*Flag on
Grave*

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: DAVID Date: 8-8-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Savannah		1B. MIDDLE -	1C. LAST (FAMILY) Sharp	2. DATE OF BIRTH MONTH, DAY, YEAR 08/05/1917	3. DATE OF DEATH MONTH, DAY, YEAR 08/03/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Remona Daniels, Daughter 7685 Skyline Drive San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/09/2002				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/09/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GEORGE C. ALLEN (347)
in a LINER Funeral, date, time THUR 8-8 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

✓ Lot 58 Grave 4 Row 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number 55278 1564.73

Balance due 0

I hereby certify I am the X Wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

5

Work Order # E 17252

REA-104 (7-96)

Invoice #

Acct. #

This information is available in alternative formats upon request.

Printed on recycled paper

X Anora Lee Allen (346)
Signature
Address 7114 La Graciosa St
City Rancho Diego Cal 92118
Telephone 619-259-3637

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 GATES	2	3	58 X 4	5	6 HOWARD	8
7	8	9	10	11 ROSE	12	

Interment space for:

George Allen

Interment Date:

THUR 8-8

Time:

11:00

Lot:

58

Grave:

4

Row:

Sect:

2

Div:

11

Grave Laid out by:

NF ROBERTAgrees with Legal Card: ☐ Yes☐ Noflag on
GraveAgrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

Raven

Date:

8-6-82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

217252

34

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) George	1B. MIDDLE C.	1C. LAST (FAMILY) Allen	2. DATE OF BIRTH MONTH, DAY, YEAR 02/08/1918	3. DATE OF DEATH MONTH, DAY, YEAR 07/31/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Anna L. Allen, Wife 714 S. Gregory San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code		8B. DATE SIGNED 08/06/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of (350) SADIENNE G. TAWATAD-BASCO

in a _____ Funeral, date, time THUR 8-8 1:30

Church, Chapel Graveside CA Burial Mortuary: nc

All Funeral 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 2337 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 125.00

Burial Container _____

Handling Fees AUG 05 2002 _____

Flower vases - Marker set MT HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, C. 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number w/c 270.00

Balance due 0

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Robert H. Barn (242)

Address 5155 CEDARWOOD RD. #99

City BONITA, CA 91902

Zip Code (619) 267-4244

Telephone _____

Invoice # _____

Work Order # E 17253

Acct. # _____

E17253

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.

14 W

	ROSS		2108	242	PETERSON	
			2221			
			2337 X			

Interment space for: Federine Lawatelo-Basco

Interment Date: Mar 8-8 Time: 1:30

Lot: 2337 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No Sign on Given

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: Waven Date: 8-6-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JADIERNE	1B. MIDDLE GAVRIELLE	1C. LAST (FAMILY) TAWATAO-RASCO	2. DATE OF BIRTH MONTH DAY YEAR 08/02/2002	3. DATE OF DEATH MONTH DAY YEAR 08/02/2002	4. SEX F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GILBERT RASCO-FATHER, 5155 CEDARWOOD RD., APT. 798 BONITA, CA 91902		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Claudio R. Russ</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/07/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/07/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212883
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kenn F. Jones</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>Kenn F. Jones</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need
Lot & TRUST
ACCOUNT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For MARTHA Crosby

In a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 199 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number Down payment 1000.00
R-55279 Balance due 664.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

E 17254

ANDERSON, FRANCES for Martha Crosby

8328 Noeline Lane, S.D. CA

92114-7442

DEBIT

CREDIT

BALANCE

8/5/2002	Opened Pre-need Lot & Trust Account.	895.00							
	Lot 199 Grave 12 Section 2 Divn. 12	769.73							1,664.73
	Down Payment amount \$1,000 R-55279						1,000.00		664.73
9-6-02	R- 55377 Coupons 1-4						112.00		552.73
9-17-02	R- 55423 Coupon 5						552.73		552.73 PAID

Mt. Hope Cemetery Prepayment Plan Record

Frances Anderson
8328 Noeline Lane
San Diego, CA 92114
(619) 475-9861
E-17254

Preneed Lot & Trust for:
for Martha Crosby

Lot 199 Grave 12 Sec 2 Div 12

Payment NO.	1
Payment Due Date	September-02
Payment Amount Due	28.00
Balance Due	664.73

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

E17254

Mt. Hope Cemetery Prepayment Plan Record

Frances Anderson
8328 Noeline Lane
San Diego, CA 92114
(619) 475-9861
E-17254

Preneed Lot & Trust for:
for Martha Crosby

Lot 199 Grave 12 Sec 2 Div 12

Payment NO.	2
Payment Due Date	October-02
Payment Amount Due	28.00
Balance Due	636.73

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

E 17254

Mt. Hope Cemetery Prepayment Plan Record

Frances Anderson
8328 Noeline Lane
San Diego, CA 92114
(619) 475-9861
E-17254

Preneed Lot & Trust for:
for Martha Crosby

Lot 199 Grave 12 Sec 2 Div 12

Payment NO.	3
Payment Due Date	November-02
Payment Amount Due	28.00
Balance Due	608.73

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

E17254

Mt. Hope Cemetery Prepayment Plan Record

Frances Anderson
8328 Noeline Lane
San Diego, CA 92114
(619) 475-9861
E-17254

Preneed Lot & Trust for:
for Martha Crosby

Lot 199 Grave 12 Sec 2 Div 12

Payment NO.	4
Payment Due Date	December-02
Payment Amount Due	28.00
Balance Due	580.73

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

E17254.

Mt. Hope Cemetery Prepayment Plan Record

Frances Anderson
8328 Noeline Lane
San Diego, CA 92114
(619) 475-9861
E-17254

Preneed Lot & Trust for:
for Martha Crosby

Lot 199 Grave 12 Sec 2 Div 12

Payment NO.	5
Payment Due Date	January-03
Payment Amount Due	28.00
Balance Due	552.73

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55377

MOUNT HOPE CEMETERY

(619) 527-3400

Date 9-6, 20 02From: Frances Anderson Address: on recordOne Hundred twelve and 00 Dollars (\$ 112.00)In part Payment of Pre-need lot & trust account
for Martha Crosby. Coupons 1-4Lot 199 Grave 12 Row — Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17254BALANCE DUE \$ 552.73Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>112.00</u>
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>112.00</u>

ISSUED BY

Paulette C.5069

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BENNIE GRANT (371)

in a LINER Funeral, date, time FRI 8-9 12:00
Church, Chapel, Graveside S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 65 Grave 3 Row _____ Section 1 Division/Block 11
PAID 895.00

Grave space & Care Fund _____

Additional spaces and care fund _____ AUG 06 2002 375.00

Opening/Closing & Setup _____ 190.00

Burial Container _____ MT. HOPE CEMETARY 145.00

Handling Fees _____ CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1664.73

Paid receipt number R-552BS 1664.73

Balance due 0

I hereby certify I am the X Mortuary of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature X [Signature] (371)

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17255

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 IDDING	2 Benker	3 X	4 ANDREWS	5 ANDREWS	6
	7	8	9 Nelson	10	11	12

Interment space for: Bennie GRANT

Interment Date: Fri 8-9 Time: 12:00

Lot: 65 Grave: 3 Row: Sect: 1 Div: 11

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

*Why or
Cruel*

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: AT Turner

Date: 8-6-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

217255

76

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FND

1A. NAME OF DECEDENT—FIRST (GIVEN) BENNIE	1B. MIDDLE LEONARD	1C. LAST (FAMILY) GRANT JR.	2. DATE OF BIRTH MONTH DAY YEAR 08/27/1925	3. DATE OF DEATH MONTH DAY YEAR 08/02/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GENE GRANT - SON 5682 LUBER ST. SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 08/05/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/06/2002 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212768
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
---	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Blanche Frech

In a ASH VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 27 Grave 2 Row _____ Section 5 Division/Block 5

Grave space & Care Fund A-6960 2

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

PAID
AUG 06 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 269.26

Paid receipt number R-55282 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17256

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-02

ASHES ON
RIGHT
2 CHAIRS
GRAVE OF
WARREN NEWCOMB

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VIVIAN R. NEWCOMB

in a ASH VAULT

Funeral, date, time Mon 8-12 2:00

Church, Chapel, Graveside withness Mortuary.

All Funeral 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 677 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Free - med C-9029

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Leathering all for permit
bring when a permit

Total Due

Paid receipt number

Balance due

I hereby certify I am the X Bowler of attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X BETTY B. WINTERS

X Betty B. Winters

X 3119 Collura St

X San Diego, Ca 92105

Telephone

Zip Code

Work Order # E 17257

Invoice #

Acct. #

E17257

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. GRAVE OF WARREN NEWCOMB

Ashes on Right						
674	675 WERNON	676 WERNON	677 X	678	679 HERRMAN	680 RANEY

Interment space for: VIVIAN R. NEWCOMB

Interment Date: MON 8-12 Time: 2:00

Lot: 677 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

Flag on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Vivian		1B. MIDDLE Ruth	1C. LAST (FAMILY) Newcomb	2. DATE OF BIRTH MONTH DAY YEAR 07/28/1915	3. DATE OF DEATH MONTH DAY YEAR 08/04/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty Winters, DPOA 3119 Collera St., San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED 08/06/2002	
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 08/07/2002 K. Zaretzka
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
				<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Cremation, 601 D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 6-1-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Mary W. Hamilton

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 77 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID IN FULL

Opening/Closing & Setup 9-25-02 375.00

Burial Container R-55439 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-55293 Down Payment 1500.00

Balance due 269.38

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Barbara J. Beaman
4153 Odessa Dr #9
San Diego, CA 92104
(619) 283-2784

Invoice # _____

Acct. # _____

Work Order # E 17258

312

4153 Idaho St. #9, S.D. CA 92104 (619) 283-2784

CREDIT

BALANCE

895.00

895.00

874.38

1769.38

1500.00

269.38

269,38



BOWMAN, BARBARA J.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

CHAIRAS

Date 8-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HESHMAT CASSIM (361)

in a LINER

Type of Burial Container

Funeral, date, time FRI 8-9 1:00

Church, Chapel, Graveside

GREENWOOD

Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

ANY CHRG 264-3131

will be applied and billed to undersigned.

Lot 135 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Market setting fee

Recording and filing fee

Sales taxes

PAID

AUG 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

375.00

190.00

145.00

43.00

14.73

769.73

769.73

Total Due

Paid receipt number

M/C

Balance due

I hereby certify I am the step-son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

E 17259

E-17259 20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HESHMAT		1B. MIDDLE VAKIL		1C. LAST (FAMILY) CASSIM		2. DATE OF BIRTH MONTH DAY YEAR 01/01/1912		3. DATE OF DEATH MONTH DAY YEAR 08/06/2002		4. SEX F	
5A. CITY OF DEATH LA JOLLA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SOUHAB VAKIL FECHO-NIECE 818 NOTCHBROOK DRIVE DELAWARE, OH 43015					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pietro Azzaro</i>				8B. DATE SIGNED 08/08/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10876 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED VICTORIA AZZARO 08/08/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212963	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNTAINVIEW CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102				11B. DATE BURIED 8-9-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie Clark ³⁵⁸

in a Liner ^{Type of Burial Container} Funeral, date, time Friday Aug 9th 11:00
Church Chapel ^{Graveside} Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 77 Grave 11 Row — Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 395.00

Burial Container **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee AUG 08 2002

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA 14.73

Total Due 1664.73

Paid receipt number R-55298 1664.73

Balance due 0

I hereby certify I am the Daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Guerrero Street ³⁵⁷
Signature 4128 Iowa St #6
Address San Diego Ca 92104
City (619) 281-7373 Zip Code
Telephone

Work Order # E 17260

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

						Tree ③
				Buchanan	Bowen	
			X	LA	Gyde Reese	Chuck Reese

Interment space for: Lonnie Clark

Interment Date: 8-9-02 Friday Time: 11:00 Chapel

Lot: 77 Grave: 11 Row: — Sect: 1 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W. Owen Date: 8-8

Flag on Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lonnie		1B. MIDDLE Jo	1C. LAST (FAMILY) Clark	2. DATE OF BIRTH MONTH, DAY, YEAR 02/28/1947	3. DATE OF DEATH MONTH, DAY, YEAR 08/03/2002	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Grenaida Ivory-Sweet, Daughter 4128 Iowa Street, #16 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/08/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2212954 <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-9-02

*Pre-need
Lot/Trust*
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Male Tina Siasosi * Siasosi Patu

in a D.D. Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 67 Grave 1 Row — Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 20 375.00 750.00

Burial Container **PAID** 380.00

Handling Fees 320.00

Flower vases - Marker setting fee —

Recording MT. HOPE CEMETERY 20 45.00 each 90.00

Sales taxes CITY OF SAN DIEGO, CA 29.45

Total Due 2464.45

Paid receipt number R-55301 2464.45

Balance due 0

I hereby certify I am the Son of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Allen C Godkin

Signature of recorded holder of deed

Allen C Godkin (348)
Signature
465 Aurora St
Address
San Diego
City CA Zip Code 92102
Telephone _____

Work Order # E 17261

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-12-07

PRE-NEED TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GWEN CHAPIN

in a 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 4467 Grave _____ Row _____ Section _____ Division Black 10

Grave space & Care Fund Pre-need D-3273 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-55305 192.00

Balance due 577.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 17262**

Invoice # _____

Acct. # _____

E17 262

Mt. Hope Cemetery Prepayment Plan Record

Gwen Chapin
1455 2nd Ave. #208
San Diego, CA 92101
239-1641
E-17262

Preneed Lot & Trust

Lot 4467 Division 10

Payment NO.	1
Payment Due Date	September-02
Payment Amount Due	24.00
Balance Due	553.73

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 3:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For Information Please call
(619) 527-3400

Mt. Hope Cemetery Prepayment Plan Record

Gwen Chapin
1455 2nd Ave. #208
San Diego, CA 92101
239-1641
E-17262

Preneed Lot & Trust

Lot 4467 Division 10

Payment NO.	2
Payment Due Date	October-02
Payment Amount Due	24.00
Balance Due	529.73

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 3:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

Mt. Hope Cemetery Prepayment Plan Record

Gwen Chapin
1455 2nd Ave. #208
San Diego, CA 92101
239-1641
E-17262

Preneed Lot & Trust

Lot 4467 Division 10

Payment NO.	3
Payment Due Date	November-02
Payment Amount Due	24.00
Balance Due	505.73

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 3:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17262

Mt. Hope Cemetery Prepayment Plan Record

Gwen Chapin
1455 2nd Ave. #208
San Diego, CA 92101
239-1641
E-17262

Preneed Lot & Trust

Lot 4467 Division 10

Payment NO.	4
Payment Due Date	December-02
Payment Amount Due	24.00
Balance Due	481.73

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 3:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E17202

55630

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11-19-02, 20

From: Gwen Chapin Address: On Record

Twenty Four Dollars (\$ 24.00)

in part Payment of Pre-need Trust

Lot 4467 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17263

BALANCE DUE 505.73

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

6588

ISSUED BY: J. Shuchman

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	24 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	24 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-17262
55787

Date: 1-7-03, 20

From: Gwen Chapin Address: On Record

Twenty Four Dollars (\$ 24.00)

in part Payment of Pre-need Trust

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-17262

BALANCE DUE 481.73

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	24	00
Trust	77186		
Sales Tax	60101		
	78390		

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

6599

ISSUED BY

J. Schulten

TOTAL PAID \$ 24 00

E17262

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 55527

Date: 10-21-02 . 20

From: Gwen Chapin Address: On Record

Twenty Four Dollars (\$ 24.00)

In part Payment of Pre-need Trust

Lot 4467 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17262

BALANCE DUE 529.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	24 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	24 00

ISSUED BY S Shelton

6581

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E17 242
Nº 55408Date: 9/12, 20 02From: Gwen ChapinAddress: on Record
 In Twenty - Four and 00 Dollars (\$ 24.00)
part Payment of pre-need trust account, coupon #1

 Lot 4467 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E. 17262BALANCE DUE \$553.73Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6576

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Bugette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>24.00</u>
Trust	77182	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>24.00</u>

08-12-02	Opened pre-need trust. Trust includes opening/closing, liner, handling fee, recording fee, tax on liner.	DEBIT	CREDIT	BALANCE
	(Lot 4467, Division 10)	769.73		769.73
08-12-02	Receipt 55305		192.00	577.73
9-12-02	Receipt 55408 #1 Coupon		24.00	553.73
10-21-02	R- 55527 #2		24.00	529.73
11-19	R- 55630 3		24.00	505.73
1-7-02	R- 55787		24.00	481.73
2-3-03	R 55871		481.73	0

PAID

FEB 11

 MT. HOPE CEMETARY
 CITY OF SAN DIEGO

 pd. 2/3/03
 Harker self
 feb 8 125.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH REID SR.

in a DOUBLE DEPTH (T) Funeral, date, time THUR 8-15 11:00

Church/Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 32 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PAID 795.00

Additional spaces and care fund _____

Opening/Closing & Setup AUG 13 2002 375.00

Burial Container _____ 380.00

Handling Fees MT. HOPE CEMETARY 320.00

Flower vases Marker setting fee CITY OF SAN DIEGO, CA 46.93

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1991.38

Paid receipt number R-53312 1991.38

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Joann D. House
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Joann D House 583
Signature
X 6731 Charlene Ave
Address
X San Diego 92114
City
X 619 583 2286
Telephone

Work Order # E 17263

Invoice # _____

Acct. # _____

E17 263

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.

	BYRNE ¹	BYRNE ²	3	4	DOWNES ⁵	DOWNES ⁶
	LANE ⁷	LANE ⁸	82 X 9	10	11 GASAWAY	12 JOSE

Interment space for: JOSEPH REID SR.

Interment Date: THUR 8-15 Time: 11:00

Lot: 32 Grave: 9 Row: _____ Sect: 3 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature]

Date: 8-15-02

Flag on grave

E17263

76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH		1B. MIDDLE -		1C. LAST (FAMILY) REID		2. DATE OF BIRTH MONTH, DAY, YEAR 06/23/1926		3. DATE OF DEATH MONTH, DAY, YEAR 08/07/2002		4. SEX MALE			
5A. CITY OF DEATH INGLEWOOD				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ESTHER P. REID—WIFE 833 ESCUELA STREET SAN DIEGO, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RABSDALE MORTUARY-5050 FEDERAL BLVD. SAN DIEGO, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD639		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John L. Nash</i>				8B. DATE SIGNED 08/14/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10006 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED 08/15/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Thomas J. Gubert</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-313 NORTH FIGUEROA STREET— LOS ANGELES, CA 90012				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92102							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKE STREET SAN DIEGO, CA 92102				11B. DATE BURIED -		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL -					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED -		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED -		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED -		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CJ DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION -		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E17263

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH	1B. MIDDLE -	1C. LAST (FAMILY) REID	2. DATE OF BIRTH MONTH DAY YEAR 06/23/1926	3. DATE OF DEATH MONTH DAY YEAR 08/07/2002	4. SEX MALE
5A. CITY OF DEATH INGLEWOOD		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ESTHER P. REID-WIFE 833 ESCUELE STREET SAN DIEGO, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY-5050 FEDERAL BLVD. SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD639		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/14/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Thomas J. Gutierrez</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-313 NORTH FIGUEROA STREET- LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92102		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-12-02

Pre-Need Trust

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Allen 346

in a 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 2 Division/Block 11

Grave space & Care Fund _____ 795.00

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1564.73

Paid receipt number A-55308 1000.00

Balance due 564.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 17264**

Mt Hope Cemetery Agreement Confirmation

05/25/2003

Agreement Number: E-17264-F

Agreement Date: 08/12/2002

Purchaser: Allen, Anna L
714 S. Gregory

Purchaser Number: 346 /

Phone: 619-239-3637

Child Protection: N

San Diego, CA 92113
Beneficiary: Allen, Anna L

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
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 Handling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	
Property					

	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 11	2		58	5	A
BASE PRICE		1,550.00				
SALES TAX		14.73				
TOTAL CASH PRICE		1,564.73				
TOTAL DOWNPAYMENT		1,000.00 -				
TRANSFER ALLOWANCE		0.00 -				
DISCOUNT OR ALLOWANCE		0.00 -				
FINANCE CHARGE		0.00				
TOTAL OF PAYMENTS		564.73				
DEFERRED PAYMENT PRICE		1,564.73				
NUMBER OF INSTALLMENTS		1				
REGULAR PAYMENT OF		0.00				
ODD PAYMENT OF		564.73				
DATE FIRST PAYMENT DUE		09/12/2002				
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
INTERMENT ORDER

City of San Diego

Date 8-12-02

PRE-NEED
TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of BETTY WORKMAN

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 51 Grave 12 Row _____ Section 3 Division/Block 5
Grave space & Care Fund Pre-need C-9052 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees AUG 12 2002 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 874.38

Total Due 874.38

Paid receipt number R-55310 874.38

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Betty Workman
Signature
6349 Caminito Salado
Address
SAN DIEGO, CA 92111
City
1-858-565-6141
Telephone
Zip Code

Work Order # **E 17265**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOSE CARDENAS (467)
in a T.S. VAULT Funeral, date, time WED 8-14 9:00
Type of Burial Container
Church, Chapel, Graveside GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 47 Grave 8 Row _____ Section 1 Division/Block 12
Grave space & Care Fund 895.00
Additional spaces and care fund _____
Opening/Closing & Setup **PAID** 375.00
Burial Container AUG 13 7AM 250.00
Handling Fees 185.00
Flower vases - Marker setting MT HOPE CEMETARY
CITY OF SAN DIEGO, CA 45.00
Recording and filing fee 19.38
Sales taxes _____
Total Due 1769.38
Paid receipt number R-55314 1769.38
Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Work Order #

E 17266

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		WYNN ¹	²	GORDON ³	GORDON ⁴	PRICE ⁵
		7 weeks	47 X 8	9	10	11

Interment space for: JOSE CARDENAS

Interment Date: WED 8-14 Time: 9:00

Lot: 47 Grave: 8 Row: Sect: 1 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 8-14

*They on
Gover*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE	1B. MIDDLE AGUSTIN	1C. LAST (FAMILY) CARDENAS-DELGADO	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1976	3. DATE OF DEATH MONTH DAY YEAR 08/10/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA CARDENAS-MOTHER 2248 IMPERIAL AVE. SAN DIEGO, CA. 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 08/12/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/12/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2213102
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 8-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALICE HONSKA
In a ASH VAULT Funeral, date, time WED's Aug. 14th 9:00 AM
Church, Chapel, Graveside AYO : FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 5 Grave 10 Row 82 Section MAS Division/Block U

Grave space & Care Fund C-1645

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 60.00

Flower vases - Marker setting fee AUG 13 2002

Recording and filing fee 45.00

Sales taxes 4.26

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Total Due 269.26
Paid receipt number R-55316 269.26

Balance due 0

I hereby certify I am the Friend of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature Vivian Freeman
Address 2230 Main St
Lemon Grove, 91945
City (619) 465-3359 Zip Code
Telephone

Work Order # E 17267

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Block			
			10 X			

Interment space for: ALICE HONSKA &

Interment Date: 8-14-02 Time: AYD 9:00

Lot: 5 Grave: 10 Row: 82 Sect: MAB Div: U

Grave Laid out by: N.F. ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No


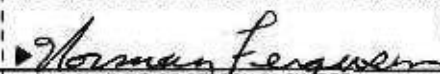

Blind Check & Verified By: DARREYL Date: 8-14-02

Flag on grave

E17267 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALICE		1B. MIDDLE CANDELERIA		1C. LAST (FAMILY) HONSKA		2. DATE OF BIRTH MONTH DAY YEAR 01/20/1913		3. DATE OF DEATH MONTH DAY YEAR 05/29/2001		4. SEX F	
5A. CITY OF DEATH LEMON GROVE				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN BRAUPARLANT - DEP. PUB. ADMIN. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 06/12/2001	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/22/2001		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2110203	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS SAN DIEGO, CA 92161-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 1751 MARLBOROUGH STREET SAN DIEGO, CA 92102				11B. DATE BURIED 8-14-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-B CHASE STREET LAKE ELIZABETH, CA 92530				12B. DATE CREMATED 6-18-01		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

GRAVE of
WILLIAM HOAG

Ashes -
Top center

Date 8-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RHODA HOAG

in a ASH VAULT Funeral, date, time TOE 9-3 AYD
Type of Burial Container
Church, Chapel, Graveside SANDS FUNERAL CHAPEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ VICTORIA B.C.

will be applied and billed to undersigned.

Lot 27 Grave 7 Row Section 7 Division/Block 5

Grave space & Care Fund Ru - med C-0113

Additional spaces and care fund

Opening/Closing & Setup **PAID** 165.00

Burial Container 55.00

Handling Fees AUG 27 2002 60.00

Flower vases - Marker setting fee MT. HOPE CEMETERY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 4.26

Sales taxes 269.26

Total Due 269.26

Paid receipt number R-55342 269.26

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E 17268**

E17268



SANDS FUNERAL CHAPELS

'A TRADITION OF TRUST SINCE 1912'

August 20, 2002

Attention: Sue
The City of San Diego
Mt. Hope Cemetery
3751 Market Street
San Diego, California, USA
92102

Dear Sue:

Re: Service arrangements for the late Rhoda Hoag

Regarding your fax message to us enclosed please find an American Express Worldwide Money Order number: 120100356 in the amount of \$269.26 US for the burial of Rhoda Hoag. We have also enclosed a copy of the Certificate of Death and Burial Permit as per your request.

There will be no service for Mrs. Hoag in California.

For our records, please advise when you have interred Mrs. Hoag with her husband. Thanking you in advance for this help.

Sincerely,
Sands Funeral Chapel

R. Greg Lonsdale
General Manager
Sands Funeral Chapels
Vancouver Island

Wj

Encl. (2)

VICTORIA CHAPEL

1803 Quadra Street
Victoria, B.C.
V8T 4B8
(250) 388-5155
FAX (250) 388-6131

COLWOOD CHAPEL

317 Goldstream Avenue
Colwood, B.C.
V9B 2W4
(250) 478-3821
FAX (250) 478-0344

DUNCAN CHAPEL

187 Trunk Road
Duncan, B.C.
V9L 2P1
(250) 746-5212
FAX (250) 746-7034

NANAIMO CHAPEL

On the Waterfront
One Newcastle Avenue
Nanaimo, B.C.
V9S 4H6
(250) 753-2032
FAX (250) 753-4014

A Division of
Memorial Gardens (B.C.) Limited



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

817268

FAX COVER LETTER

TO: CATHY JENKINS

PHONE/FAX#

FROM: Sue

DATE: 08-14-02

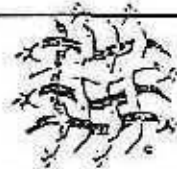
PAGES incl this page 1

FAX #
527-3403

MT HOPE CEMETERY

There is a flat 12 x 24 marker on the grave of William Hoag and there is no room to add another name. Seaman Poe Monument Company is located nearby and might be able to help. There number is 619 264-1933 Fax 619 264-1973. I am going on vacation but will start an interment order and have it in pending. Anyone else can help you.

If all pages are not received, please call (619) 527-3400.



DIVERSITY
BRINGS US ALL TOGETHER



PUBLIC GUARDIAN
AND TRUSTEE OF
BRITISH COLUMBIA

700 - 808 West Hastings Street, Vancouver, BC V6C 3L3 Tel: (604) 660-4444 Fax: (604) 775-0443 www.trustee.bc.ca

FAX

THIS FAX IS: ☐ Per Conversation
☐ Urgent
☐ As Requested
☒ Immediate Response Required
☐ Per Your Information

DATE: Aug 14/02

FROM: Cathy Jenkins,
Estate Officer

ESTATE ADMINISTRATION

TO: Sue @ Mt Hope Cemetery

FAX: 619-527-3403

FAX: (604) 775-0443

PHONE:

PHONE: (604) 775-2434

No. of PAGES (including this page):

1

MESSAGE: RE: ESTATE OF THE LATE Rhoda Hoag
Our File # 5063140

Hi Sue, Thank you for your fax dated Aug 13/02
& the information regarding Rhoda Hoag's husband
William Earl. Sands Funeral Chapel in Victoria,
BC will be contacting you regarding the shipping
arrangements, etc. We will not require a service.
Could you please let me know if William Earl
has a monument on his grave, if so could Rhoda's
name be added to it. Thank you for your
assistance. Cathy

ORIGINALS WILL BE:

☐ Mailed

☒ Retained on File

WARNING: This fax is intended for the person or organization to whom it is addressed and may contain information that is protected by law. Any other distribution, copying or disclosure is strictly prohibited. If you received this fax in error, please notify us immediately by phone and destroy the original without making a copy. Thank you for your cooperation.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rhoda	1B. MIDDLE -	1C. LAST (FAMILY) Hoag	2. DATE OF BIRTH MONTH DAY YEAR 06/07/1916	3. DATE OF DEATH MONTH DAY YEAR 07/02/2002	4. SEX F
5A. CITY OF DEATH Victoria		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Canada	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Cathy Jenkins, PA Sta. 700, 808 W. Hastings St., Vancouver, British Columbia, V6C3L3		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/29/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/29/2002 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214100
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☐ F. DISINTERMENT
☒ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E-17268

61745

Date: 6/22, 20 09

From: Public Guardian/Trustee Address: 700-808 W. Hastings St. Vancouver, BC
Ninety-four and 00/100 Dollars (\$ 94.00 V63L3)

in Full Payment of Re-set fee for Rhinestone stone.
Div 5 Sec 7 Blk/Row Lot 27 Grave 7

Invoice No. E-17268

Acct. No. _____

W.O. _____

BALANCE DUE \$

☐ Money Order☐ Charge☒ Check 26

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.



ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	94 00
Sales Tax	60101	
	78390	
TOTAL PAID	\$	94 00

E 17268

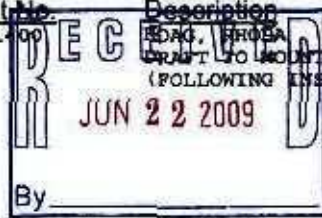
Payee: CIBC

Cheque Number: 1070203
Date: 11 JUN 2009

Client No.

Description

50631400



HOAG, RHODA
GRANT TO MOUNT HOPE CEMETERY RE INV#21 RESET MARKER WILLIAM & RHODA HOAG
(FOLLOWING INSCRIPTION OF RHODA'S NAME), 94.00 USD @ 1.127 = 105.94 CAD

Amount
105.94

MOUNT HOPE CEMETERY

JUN 22 2009

PAID

Public Guardian and Trustee of British Columbia
700 - 808 West Hastings Street
Vancouver, BC V6C 3L3

Remittance Slip - Detach Before Depositing

Trust Account

\$105.94

F

Please detach before presenting for payment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ESTELLA V. SNOWDEN (464)
in a D.D. CRYPT (B) Funeral, date, time TUES AUG. 20th 12:00
Type of Burial Graveside
Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot NB88 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container PAID 380.00

Handling Fees 320.00

Flower vases - Marker setting fee AUG 16 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 29.45

Total Due 2044.45

Paid receipt number R-55324 2044.45

Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

Beth Ann Snowden (463)
I hereby authorize the interment in lot I

hold under deed.

Signature of recorded holder of deed

S

Work Order # E 17269

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

517269

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 White	2	3	4 CRUZ	5	6
	7	8	9 X	10	11	12 MORROW
	Carmichael			White		

Interment space for: Estella V. Snowden

Interment Date: 8-20-02 Time: 12:00

Lot: 88 Grave: 9 Row: - Sect: 2 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 8/19/02

Flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Estella		1B. MIDDLE Veatrice	1C. LAST (FAMILY) Snowden	2. DATE OF BIRTH MONTH, DAY, YEAR 12/28/1930	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Don & Veatrice Snowden, Son and Daughter 1380 Plaza Vista San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions allowed by Section 10875 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/19/2002				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213518
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 08-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALICE WOODS (466)

In a Liner Funeral, date, time Mon. Aug 19 100

Church, Chapel, Graveside 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 96 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container **PAID** _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee AUG 15 2002 _____

Recording and filing fee _____ 45.00

Sales taxes MT. HOPE CEMETARY _____ 14.73
CITY OF SAN DIEGO, CA

Total Due _____ 1664.73

Paid receipt number R-55321 1664.73

Balance due 0

I hereby certify I am the X aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

ALICE LOUIS
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature (466)

Address 935-40th ST

City San Diego CA 92102

Telephone 619 264 8807

Zip Code

Work Order # E 17270

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		<u>Richardson</u> <u>112</u> 2		X		

Interment space for: Alice woods
Interment Date: 8-19-02 Time: 1:00 chapel
Lot: 96 Grave: 3 Row: Sect: 2 Div: 12
Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 8-16-02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Alice	1B. MIDDLE —	1C. LAST (FAMILY) Woods	2. DATE OF BIRTH MONTH DAY YEAR 02/12/1906	3. DATE OF DEATH MONTH DAY YEAR 08/10/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alice Louis, Niece 935 40th Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
8B. DATE SIGNED 08/16/2002		NONACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213415
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED Aug 19, 2002	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need
Lots

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Muslim Organization

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 155, 156, 157 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund 3 Lots At 550.00 1650.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
AUG 15 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1650.00
Paid receipt number R-55320 1650.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17271**



مسجد المسلمين في سان دييغو
K. Karimullah S. Shah Z. Azad
S. Imdad E. Simon

17271

November 10, 2005

Attn: Mr. Lugo
Mount Hope Cemetery
5374 Market Street
San Diego, CA 92102

Re: Muslim Section Plots/Grave Sites

Dear Mr. Lugo:

The Muslim Organization of San Diego has been purchasing grave sites in the Muslim Section for 20+ years. Mr. Iqbal Azad, the first President of this organization negotiated with the City to allocate a Muslim Section. About a year ago, Mr. Izardi, since deceased, was asked to handle burial services and site purchases. He purchased spaces 157 through 160 on our behalf and paid by check issued to Mount Hope by the Muslim Organization of San Diego. Please make a note and correct your records if necessary to reflect the fact that MOSD is the owner of record.

Thank you for your help in providing these needed burial services to the Muslim Community of greater San Diego. If you have any questions, please feel free to contact me at my work number 858-366-6026.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'S. Shah'.

Salim Shah
Director
Muslim Organization of San Diego
PO Box 3258
Rancho Santa Fe, CA 92067
858-672-2646 (Azad)
858-755-1311 (Shah)

SS/eik

MUSLIM ORGANIZATION OF SAN DIEGO
(A Non-Profit Religious Organization)
TAX ID NUMBER 95-3736973

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LARRY WEBB (463)

In a D.D. Crypt (B) Funeral, date, time AUG. 23 FRI. 11:00

Church, Chapel, Graveside NEW CREATION Mortuary MELOM 150.00

All Funeral Cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

83 Grave 6 Row — Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container PAID 380.00

Handling Fees 320.00

Flower vases - Marker setting fee AUG 19 2002

Recording and filing fee 4500

Sales taxes MT. HOPE CEMETARY 29.45

CITY OF SAN DIEGO, CA Total Due 2044.45

Paid receipt number Paid by Credit Card 2044.45

Balance due 0

I hereby certify I am the XWIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 459 hold under deed.

Signature of recorded holder of deed

Address 993 HARLAN CIR 92114

City Kearney Zip Code 92114

Telephone 619/462-8586

Invoice # —

Work Order # E 17272 Acct. # —

Fax

619-283-3968

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4	5	6 X			
White		Richards				

Interment space for:

LARRY webb

Interment Date:

8-23-02

Time:

11:00

Lot:

83

Grave:

6

Row:

—

Sect:

1

Div:

11

Grave Laid out by:

NF ROBERT

Agrees with Legal Card: ☐ Yes☐ NoAgrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

Wanner

Date:

8-23-02

Flag on grave

217272

51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LARRY	1B. MIDDLE EUGENE	1C. LAST (FAMILY) WEBB	2. DATE OF BIRTH MONTH DAY YEAR 07/31/1951	3. DATE OF DEATH MONTH DAY YEAR 08/14/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EVELYNDA WEBB - WIFE 454 993 WENDEN CIRCLE SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEM-BENDOUCH CHAPEL 3051 EL CAJON BLVD. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/15/2002	

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/15/2002 J. FLORES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213330
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Richard Alan King (458)

In a LINER Funeral, date, time AUG. WED'S 21st 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 66 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 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes

Total Due 1664.73

Paid receipt number R-55327 1664.73

Balance due 0

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Princetta K. Fort (457) Princetta King Fort
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

3601 SANTA MARGARITA

Address SAN DIEGO 92114

City (619) 264-9235 Zip Code

Telephone

Invoice #

Work Order # E 17273 Acct. #

217273

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.

	shelby	King				
	8 shelby	9 shelby	10 X	11 VERR	12	

Interment space for: Richard Alan King

Interment Date: 8-21-02 Time: _____

Lot: 66 Grave: 10 Row: - Sect: 2 Div: 12

Grave Laid out by: NF Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 8/19/02

Flag on
grave

E17273

50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RICHARD	1B. MIDDLE ALAN	1C. LAST (FAMILY) KING	2. DATE OF BIRTH MONTH, DAY, YEAR 10/15/1951	3. DATE OF DEATH MONTH, DAY, YEAR 08/15/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PRINCETTA FORT-MOTHER, 5601 SANTA MARGARITA ST., SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2800 HIGHLAND AVE., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Christelle Burn</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/19/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213512
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. King</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>—</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>—</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>—</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>—</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

* MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Haslerig, Thomas
 in a D.D. crypt. (6) Funeral, date, time Aug 21, Wed 10:00
Type of Burial Container
 Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Lot 3236 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-4721 0

Additional spaces and care fund _____

Opening/Closing & Setup (2) opening closing PAID 750.00

Burial Container AUG 18 2002 380.00

Handling Fees 320.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 90.00
CITY OF SAN DIEGO, CA

Recording and filing fee (2) recording fees 29.45

Sales taxes 1569.45

Total Due 1569.45

Paid receipt number R-55328 1569.45

Balance due 0

I hereby certify I am the Self (Father) of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

George Haslerig
 I hereby authorize the interment in lot
 hold under deed. Geo. Haslerig
 Signature

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17274

MT HOPE CEMETER

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

[illegible]

Interment space for: Thomas Hastering Weds

Interment Date: 8-21-02 Time: 10:00

Lot: 3236 Grave: Row: Sect: Div: 10

Grave Laid out by: N F ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: C. W. Warden Date: 8-20-02

E17274
61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Thomas	1B. MIDDLE L.	1C. LAST (FAMILY) Haslerig	2. DATE OF BIRTH MONTH DAY YEAR 10/26/1940	3. DATE OF DEATH MONTH DAY YEAR 08/15/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Farris Haslerig, Wife 3205 Mar Lu Drive Jamal, CA 91935	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/19/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/2002 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213513
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-19-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rhodell Fox X (456)
in a D.D. Crypt (B) Funeral, date, time Thurs. AUG. 22 2:00
Church, Chapel, Graveside 8D Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of 12-14 hours

will be applied and billed to undersigned.

Lot 77 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund —

Opening/Closing & Service AUG 20 2002 (2) opening/closing 750.00

Burial Container MT. HOPE CEMETARY 380.00

Handling Fees CITY OF SAN DIEGO, CA 320.00

Flower vases - Marker setting fee MARKER SETTING FEE 125.00

Recording and filing fee (2) recording fee 90.00

Sales taxes 29.45

Total Due 2589.45

Paid receipt number R-55332 2589.45

Balance due 0

I hereby certify I am the Friend Sister of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I Desiree Bouty Desiree Bouty
hold under deed. (456) Signature

Signature of recorded holder of deed

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17275

RE-A-104 (7-95)

This information is available in alternative formats upon request.

E17275

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: Rhodell FoxInterment Date: 8-22-02 Time: 900Lot: ~~58~~ Grave: 7 Row: Sect: 2 Div: 12Grave ⁷⁷Laid out by: 2 NF ROBERTAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☒ NoBlind Check & Verified By: AK Miller Date: 7-21-02

E17275

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RHODELL	1B. MIDDLE KILLIAN	1C. LAST (FAMILY) FOX	2. DATE OF BIRTH MONTH, DAY, YEAR 03/19/1917	3. DATE OF DEATH MONTH, DAY, YEAR 08/18/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DESSERE BOUTY—SISTER 455 4055 ARIZONA ST #3 SAN DIEGO CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/20/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/2002 ROSA NAVA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213624
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8/22/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8-20-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of

Vincent Brown 454

in a

LINER

Type of Burial Container

Funeral, date, time

FRI 11:00 AUG 23

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 169 Grave 11 Row — Section 1 Division Block 11

Grave space & Care Fund

895.00

Additional spaces and care fund

PAID

Opening/Closing & Setup

375.00

Burial Container

AUG 20 2002

190.00

Handling Fees

145.00

Flower vases — Marker setting fee

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

45.00

Recording and filing fee

14.73

Sales taxes

Total Due

1664.73

Paid receipt number

R-55331

1664.73

Balance due

0

I hereby certify I am the Wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

MURLEAN Brown

Murlean Brown 453

Signature of recorded holder of deed

Signature

1405 Larwood Rd

Address

San Diego CA 92114

City

(619) 464-1703

Zip Code

Telephone

Work Order #

E 17276

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3 Brown	4 Gordon	5 Gordon	6 -		LACY
8	9	10	11 X	12		

Interment space for:

Vincent Brown

Interment Date:

8-23-02

Time:

11:00 ChurchLot: 169Grave: 11Row: -Sect: 1Div: 11

Grave Laid out by:

NF ROBERTAgrees with Legal Card: ☐ Yes☐ NoAgrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

R. Ames

Date:

8/2/02Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VINCENT		1B. MIDDLE -	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH DAY YEAR 07/20/1928	3. DATE OF DEATH MONTH DAY YEAR 08/16/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MORLEAN BROWN—WIFE, 1405 LARWOOD RD., SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HARBORVIEW AVE, NATIONAL CITY, CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Charlotte Russ</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/20/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/20/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213565
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92106-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-20-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dolores Walker (452) 1.00

in a Liner Funeral, date, time AUG. 26 MON. (100)

Church, Chapel, Graveside CABURIAL Mortuary. Gloria

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 234-2272

will be applied and billed to undersigned. _____

Lot 125 Grave 7 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 14.73

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due 1664.73

Paid receipt number R-55340 1664.73

Balance due 0

MORTUARY TO
BRING CHECK
FRI. MORNING

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17277

MT HOPE CEMETERY

E17277

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	8 Cardenas	9	10 Howell

Interment space for: Dolores Walker

Interment Date: 8-26-02 Time: 11:00 Graveside

Lot: 125 Grave: 1 Row: Sect: 2 Div: 12

Grave Laid out by: W F ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Dauer Date: 8-26-02

Flag on grave

E17277

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Delores		1B. MIDDLE Marie	1C. LAST (FAMILY) Walker	2. DATE OF BIRTH MONTH DAY YEAR 03/08/1941	3. DATE OF DEATH MONTH DAY YEAR 08/17/2002	4. SEX F
5A. CITY OF DEATH Moreno Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Angela Lomba-Daughter (451) 3810 Wabash Ave. #302 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Angela Lomba</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/22/2002				
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 GIVES NO RIGHT OF RESIDUAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Riverside County Health Dept. Vital Records 4065 COUNTY CIRCLE DR. #109 RIVERSIDE, CA 92513-7600			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. Hope Cemetery 3751 Market St. San Diego, CA 92102		11B. DATE BURIED 8/26/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-02

1ST
BURIAL

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GREGORIO PANTAJA 450

in a DOUBLE DEPTH Funeral, date, time FRI 8-30 10:00

Church, Chapel, Graveside Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 73 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees AUG 26 2002 320.00

Flower vases - Marker MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 29.45

Sales taxes 2044.45

Total Due 1769.38

Paid receipt number R-55341 1769.38

Balance due 075.07

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17278**

E17278

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 ARMENTA	73 X 2	3	4	5 WRIGHT
		7	8	9	10	11

Interment space for: GREGORIO PANTOJA

Interment Date: FRI 8-30 Time: 10:00

Lot: 73 Grave: 2 Row: Sect: 1 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes

☐ No

*Flag on
Grave*

Agrees with Map: ☐ Yes

☐ No

Blind Check & Verified By: *[Signature]*

Date: 8-28-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GREGORIO	1B. MIDDLE -	1C. LAST (FAMILY) PANTOJA	2. DATE OF BIRTH MONTH, DAY, YEAR 05/02/1923	3. DATE OF DEATH MONTH, DAY, YEAR 08/20/2002	4. SEX M
5A. CITY OF DEATH OCEANSIDE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MANUELA PANTOJA-WIFE 1116 S. DITMAR ST. OCEANSIDE, CA. 92054	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 8003, IMPERIAL AVE. SAN DIEGO, CA. 92102 2601			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Salvador Chavez</i>				8B. DATE SIGNED 08/29/2002	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.
9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/29/2002
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2214077	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P. O. BOX 85222 SAN DIEGO, CA. 92186-5222	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 8-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HORACE YATES
in a LIVER Funeral, date, time TUES. AUG. 27th 11:00
Type of Burial Container
Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

✓ Lot 66 Grave 9 Row E - 6772 Section 2 Division/Block 11
Grave space & Care Fund 1987 0
Additional spaces and care fund —
Opening/Closing & Setup 0
Burial Container 0
Handling Fees 0
Flower vases - Marker setting fee 0
Recording and filing fee 0
Sales taxes 0
Total Due 0

Paid receipt number _____

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17279

Invoice # _____

Acct. # _____

E17279

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 Jacobs	2	3	4	5 Lee	6 Jones
	7	8 Anderson	9 X	10	11 Giddens	12 Harris

Interment space for:

Horace Yates

Interment Date:

Tues Aug 27th

Time:

(Church) 11:00 am

Lot: 166

Grave: 9

Row: _____

Sect: 2

Div: 11

Grave Laid out by:

NF ROBERT

Agrees with Legal Card: ☐ Yes☐ No

Flag on grave

Agrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

Damen

Date:

8-26-08

Rogsdale

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Horace		1B. MIDDLE -	1C. LAST (FAMILY) Yates, Jr.		2. DATE OF BIRTH MONTH, DAY, YEAR 01/02/1927	3. DATE OF DEATH MONTH, DAY, YEAR 08/21/2002	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Valorie L. Yates, Wife 960 47th Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Valorie Yates</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED 08/22/2002		
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/22/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213735 B. Campbell	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102		11B. DATE BURIED 8/27/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER, —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HORACE YATES

In a UNDER

Funeral, date, time TUES. AUG. 27th 11:00

Church, Chapel, Graveside

RAGSDALE Mortuary.

All Funeral cases must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 66 Grave 9 Row E-6772 Section 2 Division 11

Grave space & Care Fund 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fee 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of registered holder of deed

Valerie S. Yates

Address 960 47th Street

City San Diego, CA 92102 Zip Code

Telephone (619) 253-3372

Invoice #

Acct. #

Work Order # E 17279

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rozaliya Dostakhyants (P) PA# 20030246

in a D.D. Crypt (T) Funeral, date, time MON 8-26 11:00

Church, Chapel, Graveside Delivery only DEAN WHITE Mortuary.
760-736-0008

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 760-736-0008

will be applied and billed to undersigned.

Lot 11 Grave Row Section Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.00

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recc'ing and filling fee 45.00

Sales taxes 9.53

Total Due 726.54

Pay receipt number

Balance due

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17280

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-22-09

ashes ON RIGHT
O.S. ASH VAULT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SHUCHIEH SUN

in a ASH VAULT Funeral, date, time MON 8-26 1:00

Church, Chapel, Graveside; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 137 Grave 12 Row 2 Section 2 Division/Block 11

Grave space & Care Fund Pre-need 0

Additional spaces and care fund PAID

Opening/Closing & Setup 105.00

Burial Container AUG 22 2009 55.00

Handling Fees 60.00

Flower vases - Marker setting MT. HOPE CEMETERY TRION 46.93

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 316.19

Paid receipt number VISA 316.19

Balance due 0

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

BARGARA JUNG
X Barbara Jung
Signature
X PO BOX 33110
Address
X SAN DIEGO 92163
City Zip Code
X 619-228-5125
Telephone

Work Order # E 17281

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Ashes on RIGHT to be delivered c.s. vault

4	5	6	7	138	1	2	3
9	10	11	12 X 137	138	7	8	BUNKOVSK
						Li U	

Interment space for: SHUCHIEH SUN

Interment Date: MON 8-26 Time: _____

Lot: 137 Grave: 12 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No *leg on grave*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 82302

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) SHU		1B. MIDDLE CHIEH		1C. LAST (FAMILY) SUN		2. DATE OF BIRTH MONTH, DAY, YEAR 01/25/1929		3. DATE OF DEATH MONTH, DAY, YEAR 06/29/2002		4. SEX F.	
5A. CITY OF DEATH KUEISHAN				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE TAIWAN		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA JUNG - DAUGHTER 9868 SCRANTON ST. SAN DIEGO, CA 92121					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rose M. Zullo</i>				8B. DATE SIGNED 08/16/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 08/16/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2213438 R.M. ZULLO	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|---|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lequien</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JUSTIN DAVIS
in a DOUBLE DEPTH Funeral, date, time WED 8-28 10:00

Church, Chapel Graveside : GOODBODY Mortuary.

All Funeral 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 1329 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need 0-2001 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 380.00

Handling Fees AUG 26 2002 320.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 29.45

Total Due 1149.45

Paid receipt number VISA 1149.45

Balance due 0

I hereby certify I am the X wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Work Order # E 17282

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Chaffee	1327 CHAFFEE	1328	1329 X	1330 WARREN	1331 WU	

Interment space for: Justin Davis

Interment Date: Wed 8-28 Time: 10:00

Lot: 1329 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By:

J. Davis

Date: 8-26-02

*dig on
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JUSTIN		1B. MIDDLE EDWARD	1C. LAST (FAMILY) DAVIS	2. DATE OF BIRTH MONTH, DAY, YEAR 01/23/1945	3. DATE OF DEATH MONTH, DAY, YEAR 08/23/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JILL DAVIS-WIFE 2252 HANINAN DRIVE SAN DIEGO, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODEBODY MORTUARY: 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor A. Azzaro</i>		
				8B. DATE SIGNED 08/27/2002		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/27/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2213929
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-29-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman F...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Carpenter

in a ASH VAULT Funeral, date, time THURS. AUG. 29th 11:00

Church, Chapel Graveside : FAMILY Mortuary.

All Funeral Cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 525 Grave Row Section Division/Block 10

Grave space & Care Fund E-1478/D-7340

Additional spaces and care fund

Opening/Closing & Setup PAID 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 23.78

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 293.04

Paid receipt number PAID BY VISA 293.04

Balance due 0

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # E 17283

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. On the grave of ELISE DONATH
ALFRED DONATH

522 MOWAT	523 MELVIN	524 GREEN	X	526 HULING		

Interment space for: Evelyn Carpenter

Interment Date: 8-29-02 Time: 11:00

Lot: 525 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Waner Date: 8-29-02

Flag on GRAVE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EVELYN	1B. MIDDLE E.	1C. LAST (FAMILY) CARPENTER	2. DATE OF BIRTH MONTH DAY YEAR 07/19/1918	3. DATE OF DEATH MONTH DAY YEAR 08/09/2002	4. SEX F
5A. CITY OF DEATH NEWPORT BEACH		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ORANGE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT JAMES CARPENTER, Husband 100 MALAGA TUSTIN, CA. 92780	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH OMEGA SOCIETY, 2800-A S. MAIN, SANTA ANA, CA.			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1280		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 08/12/2002
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 13 2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA OCHD, P.O. BOX 234, SANTA ANA, CA.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SDCHD, P.O. BOX 85222, SAN DIEGO, CA.		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO CA.	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MACERA CREMATORIUM 1020 N. FULLER ST., SANTA ANA, CA.	12B. DATE CREMATED AUG 15 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/28/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cynthia King

in a Liner Funeral, date, time

Church Chapel, Graveside : Featheringill Mortuary Jerry

All Funeral 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 140 Grave 6 Row + Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1,664.73

Paid receipt number

Balance due

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Karen Clark
12489 Heatherston Ct #44

Address

City

SD

Zip Code

Telephone

(619) 384-2340

Cell

Home

Invoice #

Acct. #

Work Order #

E 17284

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-28-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DIEGO RENE UDAVIS 447

in a _____ Funeral, date, time FRI 8-30 1:00

Church, Chapel, Graveside GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 1130 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing & Sealing PAID 125.00

Burial Container _____

Handling Fees AUG 28 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____

Total Due 270.00

Paid receipt number R-55349 270.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature SEE BACK

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17285

formats upon request.

To DIEGO RENE
Date UDAVIS Time 1:00 AM PM

While You Were Out

M JOSE
of GUADALUPANA CELL
Phone 544-9333 895-2905
Area Code Number Extension

URGENT!	TELEPHONED	
CAME TO SEE YOU	RETURNED YOUR CALL	
WANTS TO SEE YOU	PLEASE CALL	
RUSH	WILL CALL AGAIN	

MESSAGE WANTS SERVICE ON
FRI FOR BABY. WILL
BRING check for 270.00
AT 2:00 today.

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.

19 " L
9 " W

				LASTER		
1127 TATE	1128	1129	1130 X	1131	1132 GADSDEN	N
				ROLLINS	ROLLIN	S

Interment space for: DIEGO UDAVIS

Interment Date: FRI 8-30 1:00 Time: _____

Lot: 1130 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-29-06

*Flag on
Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DIEGO	1B. MIDDLE RENE	1C. LAST (FAMILY) UDAVIS	2. DATE OF BIRTH MONTH, DAY, YEAR 08/25/2002	3. DATE OF DEATH MONTH, DAY, YEAR 08/25/2002	4. SEX M
5A. CITY OF DEATH NATIONAL CITY	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RENE UDAVIS—FATHER 5443 ROSWELL ST SAN DIEGO, CA, 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/29/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOSE CHAVEZ 2214129
	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARQUIST SAN DIEGO, CA, 92102	11B. DATE BURIED 8-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-28-02

*Pre-need
lot 2 final*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 405 FRANK CAPONE

in a LINER Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____: MERKLEY 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 94 Grave 4 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Market setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-55351 1664.73

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # **E 17286**

E17286

Mt Hope Cemetery
Contract Entry Verification
08/30/2002

Contract Number: E-17286-F

Contract Date: 08/28/2002

Purchaser: Capone, Frank
3115 Dove Street

Purchaser Number: 405 /

Phone:

Child Prot: N

San Diego, CA 92103

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
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	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		94	4	A

on the grave
of John L. Estey
12 CHAIRS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JAMES H. EDWARDS

in a ASH VAULT Funeral, date, time *Dec. 28th 2:00*

Church, Chapel, Graveside _____; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 113 Grave 1 Row _____ Section MAS Division/Block T

Grave space & Care Fund B-5403 0

Additional spaces and care fund SAT. OVERTIME FEE 210.00

Opening/Closing & Setup PAID 105.00

Burial Container _____ 55.00

Handling Fees SEP 20 2002 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 4.26

WIFE AILEEN EDWARD Total Due 479.26

480-983-7839 Paid receipt number R-55429 479.26

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17287

TRANSIT COPY
(This copy must accompany
body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
DISPOSAL - TRANSIT PERMIT

REGISTRAR'S **E17287**
FILE NO. **C-17167**

IDENTIFICATION OF DECEASED	1. NAME OF DECEASED A. FIRST James B. MIDDLE H. C. LAST Edwards		2. SEX Male	3. AGE 71	4. RACE/ETHNICITY White
	5. DATE OF DEATH August 1, 2002		6. PLACE OF DEATH A. TOWN OR CITY Scottsdale B. COUNTY Maricopa C. STATE Arizona		
	7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)				
MANNER AND PLACE OF DISPOSITION	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL Burial of Cremains		FUNERAL HOME A. NAME B. ST. ADDRESS C. CITY AND STATE 9. Apache Junction Mortuary 398 Old West Hwy Apache Junction, Az		
	10. FUNERAL DIRECTOR'S SIGNATURE Roger D. Sheets		11. DATE SIGNED 8-3-02		
	12. PLACE OF BURIAL OR OTHER DISPOSITION Mt. Hope Cemetery San Diego, California				
REGISTRAR'S AUTHORIZATION FOR DISPOSITION	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.				
	14. REGISTRAR'S SIGNATURE Jodie Cavaio Deputy		15. REG. DISTRICT 0705		16. DATE SIGNED 8-3-02
DISPOSITION OF BODY	17. BODY WAS: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> (SPECIFY) OTHER		18. CEMETERY OR CREMATORY A. NAME B. STREET ADDRESS C. CITY AND STATE		
	19. DATE OF DISPOSITION		20. CEMETERY MANAGER'S SIGNATURE		
	21. DATE RCV'D. IN STATE OFFICE		22. REGISTRAR'S SIGNATURE		
	22 A.		22 B.		

Sept 16, 2002

Please send me
receipt - The
man from Seaman Co
has been over there
looking at the headstone
on my father's grave
John C. Estey to
make a new one &
match it as close as
possible.

Jim Edwards

MR. & MRS. JAMES EDWARDS
5830 S. FEATHER BUSH DRIVE
GOLD CANYON, ARIZONA 85218

12-4-02 per Peggy
destroy marker for John Estey

MT HOPE CEMETERY

E17287

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 the grave of John L. Esley*

			X			

Interment space for: James H. Edwards

Interment Date: _____ Time: _____

Lot: 13 Grave: 1 Row: _____ Sect: MA S Div: 7

Grave Laid out by: DARKEY & ROBERT

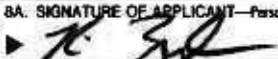
Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collier Date: 12/29/02

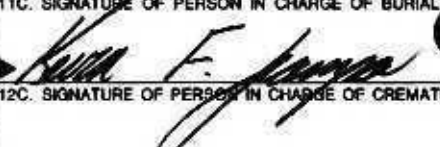
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE H.	1C. LAST (FAMILY) Edwards	2. DATE OF BIRTH MONTH DAY YEAR 02/03/1931	3. DATE OF DEATH MONTH DAY YEAR 08/01/2002	4. SEX M
5A. CITY OF DEATH Scottsdale		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Arizona		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Aileen M. Edwards, Wife 5830 S. Feather Bush Dr., Apache Junction, AZ 85218	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/03/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/03/2002 K. Zarotska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214258
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 12-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALBERTO ANTUNEY (446)
in a T.S. VAULT Funeral, date, time THUR 9-5 10:00
Church, Chapel, Graveside : GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

✓ Lot 96 Grave 9 Row _____ Section 1 Division/District 17
Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container PAID 250.00

Handling Fees 185.00

Flower vases - Marker setting fee SEP n 3 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO C. 19.38

Total Due 1769.38

Paid receipt number R-55358 1769.38

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Signature -over

X Address _____

X City _____

Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17288

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	4	5	6
	7 CRUZ	8 ANDERSON	9 96 X 9	10 ANDERSON	11 ANDERSON	12

Interment space for: ALBERTO ANTUNEY

Interment Date: THUR 9-5 Time: 10:00

Lot: 96 Grave: 9 Row: Sect: 1 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 9-2-02

*Key on
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALBERTO		1B. MIDDLE -	1C. LAST (FAMILY) ANTUNEZ		2. DATE OF BIRTH MONTH DAY YEAR 11/02/1969	3. DATE OF DEATH MONTH DAY YEAR 08/30/2002	4. SEX M	
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FERRIN ANTUNEZ—BROTHER 2675 MARKET ST. SAN DIEGO, CA. 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUDALAPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 09/05/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/05/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELVIE CHAVEZ 2214398		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA. 92185-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)		
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA								
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102			11B. DATE BURIED 9-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Maria Soriano (436)
in a Liner Funeral, date, time Fri 9-6 2:30

Church, Chapel, Graveside Community Mortuary.
MARRI 426-2006

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 122 Grave 6 Row _____ Section 1 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 Fees 145.00

Flower vases - Marker setting fee SEP n 3 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.73

R-55359 Total Due 1664.73
Paid receipt number (3) Money 1664.73
orders
Balance due 0

I hereby certify I am the Son of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

Jesus Hernandez (435)
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature [Signature]
Address 673 Raven St
San Diego CA 92102
City San Diego Zip Code 92102
Telephone 619 262 0451

S
Work Order # **E 17289**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Banuelos		
3	4	5	6 X McKnight		
7	10	11	12 Bryson		

Interment space for: Maria Soriano

Interment Date: Fri. 6th Time: 2:30

Lot: 122 Grave: 6 Row: _____ Sect: 1 Div: _____

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N Date: 9-4-02

Flag on the grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Maria	1B. MIDDLE Erlinda	1C. LAST (FAMILY) Soriano	2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1927	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2002	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Justo Hernandez - Son 873 Raven St San Diego Ca 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH COMMUNITY MORTUARY 855 Broadway Chula Vista Calif 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/04/2002	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/04/2002 D. Heldenbrand
	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214354	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego Calif 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 9-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-3-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CYNTHIA MARIE TUBMAN
in a LINER Funeral, date, time THUR 9-5 1:00

Church, Chapel, Graveside FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 199 Grave 11 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-55362

Balance due 400.00

I hereby certify I am the Husband of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

William Tubman
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17290

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Cynthia	1B. MIDDLE Marie	1C. LAST (FAMILY) Tubman	2. DATE OF BIRTH MONTH DAY YEAR 05/15/1958	3. DATE OF DEATH MONTH DAY YEAR 08/30/2002	4. SEX F
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Tubman, Husband 8965 Switzer Drive, Apt. 15, Spring Valley, CA 91977	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/04/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/04/2002 K. Zaratska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214357
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ana Cortez 229107
in a D.O. Crypt (T) Funeral, date, time SEPT. 6, Friday 10:00
Type of Burial Container

Church, Chapel, Graveside : Community Mortuary, Humphrey

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

✓ 5039 Grave — Row — Section — Division/Block 10
Grave space & Care Fund E-11244 1993 0
Additional spaces and care fund 1
Opening/Closing & Setup 0
Burial Container 0
Handling Fees 0
Flower vases — Marker setting fee 0
Recording and filing fee 0
Sales taxes 0
Total Due 0
Paid receipt number —
Balance due 0

I hereby certify I am the Daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17291

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		4/15/01		4/15/01		
King	Coleman	Aderman	X	KUBO	KUBO	
		W. P. P. P.				

Interment space for: Ana Cortez

Interment Date: 9-6-02 Time: 10:00

Lot: 5039 Grave: _____ Row: _____ Sect: _____ Div: D

Grave Laid out by: N F Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ana		1B. MIDDLE Maria		1C. LAST (FAMILY) Cortez		2. DATE OF BIRTH MONTH, DAY, YEAR 07/26/1920		3. DATE OF DEATH MONTH, DAY, YEAR 09/01/2002		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rodolfo Cortez - Son 705 Vista Santo Tomas San Diego Ca 92154					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH COMMUNITY MORTUARY 855 Broadway Chula Vista Calif 91911						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 09/04/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 09/05/2002 D. Haldenbrand		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214383	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego Calif 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92104				11B. DATE BURIED 9-6-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nestor Colin-Echeverria (44) (3 yrs)
in a Liner ~~Box~~ # 1 Funeral, date, time SEPT THURS 5th 1:00
Church, Chapel, Graveside : Funerica-Azlan Mortuary.

All Funeral 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 37 ~~602~~ Grave _____ Row _____ Section 3 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund Marker Setting Fee 80.00

Opening/Closing & Setup 195.00

Burial Container..... **PAID** 95.00

Handling Fees 50.00

Flower vases - Marker setting fee SEP 03 2002 _____

Recording and filing fee 45.00

Sales taxes 7.36

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Total Due 667.36

Paid receipt number R-55360 667.36

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

HHH

NESTOR COLIN.

2828 GREGORY ST.

Address

SD. CA.

92102

City

Zip Code

619.733.4243.

Telephone

Signature of recorded holder of deed

S

Work Order # **E 17292**

Invoice # _____

Acct. # _____

REA-104 (7-96)

ats upon request.

*Call family
When marker is
placed
12-17-02 wrong size
marker was 16 X 28
instead of 10 X 20.
also a chip*

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 Limer

				⊗	46 20 1/2	W
			X		CLAYBORNE	e
			O'BRIEN			

Interment space for: NESTOR ECHERRIA

Interment Date: THUR 9-5 Time: 1:00

Lot: 59 Grave: _____ Row: _____ Sect: 3 Div: 9

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 9-4-02

Key on
Grav

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NESTOR	1B. MIDDLE DAVID	1C. LAST (FAMILY) COLIN-BEVEVERIA	2. DATE OF BIRTH MONTH, DAY, YEAR 07/01/1999	3. DATE OF DEATH MONTH, DAY, YEAR 08/31/2002	4. SEX M.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSEFINA HERNANDEZ-GRANDMOTHER 3465 HERSEY ST. SAN DIEGO, CA., 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 7856 LA MESA BLVD., LA MESA, CA., 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 09/05/2002			
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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/05/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214399
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222, SAN DIEGO, CA., 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA., 92102	11B. DATE BURIED 9-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EZEKIELTEVEL EMMANUEL CALIMEE

in a Casket Funeral, date, time SEPT 10th 11:00^{AM}
Church, Chapel, Graveside CABURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 1798 Grave _____ Row _____ Section PAID Division/Sleeve 9
Grave space & Care Fund 100.00
Additional spaces and care fund SEP 04 2007 125.00
Opening/Closing & Setup MT. HOPE CEMETARY
Burial Container CITY OF SAN DIEGO, CA
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes _____

Total Due 270.00

Paid receipt number R-55365 270.00

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Dana Maria Julian Calimee 480
Address 626 48th Street
City San Diego, CA 92102 Zip Code
Telephone 619-501-5642

Work Order # E 17293

Invoice # _____

Acct. # _____

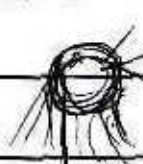
09
MAY 14 AMSD

DANA MARIA JULIAN 702-465-4245
EX-HUSBAND WANTS SEMIAN POB TO
CHANGE MARKER, AGAINST HGR WILL
CAN HE? DANA L. TALKED TO HGR
E17293 EZEKIEL CALIMEE

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.

						
	BIDALS		X			BUST

Interment space for: EZEKIEL TEVEL EMMANUEL

Interment Date: 9-10 11:00 Time: Tues Sept. 10th

Lot: 1798 Grave: --- Row: --- Sect: 1 Div: 9

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-8-00

Flag on grave

E17293

1/10/10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BERKINGSTEVEL	1B. MIDDLE EMANUEL	1C. LAST (FAMILY) CALINEE	2. DATE OF BIRTH MONTH DAY YEAR 07/15/2002	3. DATE OF DEATH MONTH DAY YEAR 09/01/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DANAHARIE JULIAN—MOTHER—40TH, STREET, SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE ED-1689	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Claudia Rina</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code		8B. DATE SIGNED 09/06/2002			

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/06/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214546
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ONETIA RAY TUDMON (W)
in a LINER Funeral, date, time FRIDAY SEPT 6th 3:30
Type of Burial Container
Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 169 Grave 12 Row — Section 2 Division Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund <u>(late overtime)</u>	<u>150.00</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee <u>Flower vase</u>	<u>148.78</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

PAID

Total Due 1963.51
Paid receipt number SEP 05 2002 R-55375 1963.51

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

I hereby certify I am the Volunteer of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

Volanda TUDMON
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

S

Work Order # **E 17294**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2 Johnson	3	4 check	5 check	6		
8	9	10	X EDWARD	13		

Interment space for: CYNTHIA TUBMAN

Interment Date: THUR 9-5 Time: 1:00

Lot: 199 Grave: 11 Row: Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKREYL Date: 9-5-02

*Day on
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ONETTA		1B. MIDDLE RAY		1C. LAST (FAMILY) TUDMAN		2. DATE OF BIRTH MONTH, DAY, YEAR 12/26/1949		3. DATE OF DEATH MONTH, DAY, YEAR 08/31/2002		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT YOLANDA TUDMAN, DAUGHTER 3241 CLAY AVENUE SAN DIEGO, CA 92113.					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.						8B. DATE SIGNED 09/06/2002					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 09/06/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen MD Mph</i>	
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 9-6-02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		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.

Pre-Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

9-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred D. Flint

in a Liner Funeral, date, time _____

Type of Burial Container

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 134 Grave 9 Row — Section 2 Division/Block 11

Grave space & Care Fund E 14455 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

TO BE PAID 16 HOURS Total Due 769.73

Prior to Service Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature 4885 COLE ST #24
Address SAN DIEGO CA 92117
City (858) 581-1825 Zip Code
Telephone _____

Work Order # E 17295

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WILLIAM WENCESLAO (H43)
in a LINER Funeral, date, time SAT 9-14 10:00

Church/Chapel/Graveside FEATHERING: 24 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

✓ Lot 151 Grave 8 Row 2 Section 2 Division/Block 13
Grave space & Care Fund 895.00
Additional spaces and care fund SATURDAY OVERTIME 600.00
Opening/Closing & Setup 375.00
Burial Container 196.00
Handling Fees 145.00

Flower vases - Marker setting fee SEP 11 2002 45.00

Recording and filing fee 14.73

Sales taxes MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
Total Due 2264.73

Paid receipt number R-55399 2264.73
2 checks #581/1020
Balance due 0

I hereby certify I am the X wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Linda A. WenceslaO (H43)
Signature
X 4181 Redwood St Apt. A1
Address
X San Diego CA 92105
City Zip Code
X 619-521-6844
Telephone

Invoice #

Work Order # E 17296

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write 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 existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Perez 1	2	CARRON 3	TOFIG 4	5
		7	8 X	9	10	11

Interment space for: WILLIAM WEICESLAD

Interment Date: SAT 9-14 Time: 10:00

Lot: 151 Grave: 8 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DF. Chack

Agrees with Legal Card: ☐ Yes

☐ No

Agrees with Map: ☐ Yes

☐ No


Find Check & Verified By: ROBERT

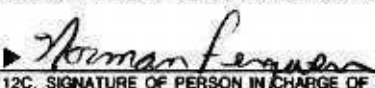
Date: 9.11.02

*They are
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) William		1B. MIDDLE Florendo		1C. LAST (FAMILY) Wenceslao		2. DATE OF BIRTH MONTH DAY YEAR 08/29/1934		3. DATE OF DEATH MONTH DAY YEAR 09/03/2002		4. SEX M	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Linda Wenceslao, Wife 4131 Redwood St. #A1, San Diego CA 92105					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 09/05/2002	
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 09/05/2002 K. Zaratska		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214409	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 35%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) </div> </div>											

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESPERANCE EVANS 417

in a LINER Funeral, date, time TUES. SEPT 10th 1:00
Church, Chapel, Graveside RAGSDALE Mortuary Bernice

All Funeral 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 121 Grave 9 Row Section 1 Division/Block 11
Grave space & Care Fund 895.00

Additional spaces and care fund PAID 375.00

Opening/Closing & Setup 190.00
Burial Container SEP 09 2002 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY
Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1664.73
Paid receipt number R-65392 1,664.73

Balance due 0

I hereby certify I am the Ex wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Laura L. Hayden 416

1951 47th St #163

Address SAN DIEGO CA 92102

City (619) 263-8984 Zip Code

Telephone

Work Order # E 17297

Invoice #

Acct. #

ind Check & Verified By: _____ Date: _____

817297
91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ESPERANCE	1B. MIDDLE -	1C. LAST (FAMILY) EVANS	2. DATE OF BIRTH MONTH, DAY, YEAR 02/20/1921	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LAURA HAYES, EX-WIFE 1951 47TH STREET #163 SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/06/2002			

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/06/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. CAMPBELL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92108-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	9F. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ESMERALDA BALANZAR (444)

in a _____ Funeral, date, time TUES 9-10

Type of Burial Container

Church, Chapel, Graveside _____ : AZTLAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 937 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 100.00

Additional spaces and care fund _____ **PAID** _____

Opening/Closing & Setup _____ 125.00

Burial Container _____ SEP 09 2002 _____

Handling Fees _____ **MT. HOPE CEMETARY** _____

Flower vases - Marker setting fee _____ **CITY OF SAN DIEGO, CA** _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 270.00

Paid receipt number R-55389 270.00

Balance due 0

I hereby certify I am the Mama of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X Mariel Garcia (443)
Signature
X 3078 OCEANVIEW BL
Address
X San Diego CA 92113
City Zip Code
X 233 3519 92
Telephone

Invoice # _____

Work Order # **E 17298**

Acct. # _____

E17298

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.

857 GALE	858 PRESFIELD	859	860 BARKS DALE	861	862	
	936	937 X	938	939	940	

Interment space for: ESMERALDA BALANZAR

Interment Date: Tues 9-10 Time: _____

Lot: 937 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: OF Church

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Find Check & Verified By: DARKEYC Date: 9-802

*Flag on
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) ESMERALDA	1B. MIDDLE -	1C. LAST (FAMILY) BALANZAR	2. DATE OF BIRTH MONTH, DAY, YEAR 07/14/2002	3. DATE OF DEATH MONTH, DAY, YEAR 09/05/2002	4. SEX F.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CARMEN AGUILAR—GRANDMOTHER 3078 OCEAN VIEW BLVD. SAN DIEGO, CA., 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 7856 LA MESA BLVD., LA MESA, CA., 92041			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		
8A. SIGNATURE OF APPLICANT—Person filing permit <i>John Q. Rodriguez</i>			8B. DATE SIGNED 09/00/2002		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 09/09/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOHN Q. RODRIGUEZ 2214624
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA., 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA., 92102	11B. DATE BURIED 9-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda F. James</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CORA CULP SWANSON

in a ASH VAULT Funeral, date, time 9/18/02 AYD

Church, Chapel, Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 38 Grave Row Section IDOF Division/Block 36

Grave space & Care Fund B-464D 0

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 60.00

Flower vases - Marker setting fee SEP 09 2002

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 269.26

Paid receipt number PAID 269.26

Balance due 0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature 5508 Luckpenny

Address Columbia Maryland

City 410-730-3816 Zip Code 21045

Telephone

Work Order # E 17299

Invoice #

Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write 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 existing marker's in the appropriate space(s) that are adjacent to the burial space.

Hand-drawn map on grid paper showing a path through a field. The path is a series of connected rectangles labeled: "HOPK", "CUMMINGS", "AUGUSTINE", "ZENTHOEFFER", and "KURTZ". Above the path, "Ballinger" is written to the left of a shaded rectangular area, and "Winston" is written to the right. The word "TREE" is written in the top left and top right corners, each with a small circle below it. The grid is 10 units wide and 5 units high.

Interment space for: Cora C. Swanson

Term Date: AYD Time: AYD

Gravestone: 58 Grave: Row: Sect: TOOF Div: 36

rave Laid out by:

agrees with Legal Card: ☐ Yes

☐ No

Flag on Grave

agrees with Map: ☐ Yes

☐ No

ind Check & Verified By: DAVID N.

Date: 9-18-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Cora		1B. MIDDLE Marie	1C. LAST (FAMILY) Culp Swanson	2. DATE OF BIRTH MONTH DAY YEAR 12/02/1910	3. DATE OF DEATH MONTH DAY YEAR 09/07/2002	4. SEX F
5A. CITY OF DEATH Virginia Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Virginia		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carol D. Franklin, Daughter 5508 Luckpenny Pl., Columbia, MD, 21045		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 09/12/2002		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10070 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 09/12/2002 K. Zaretska
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2214889				
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102		11B. DATE BURIED 9/18/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.