INTERMENT ORDER

City of San Diego

Date 5-18-02

I hereby certify I am the Bown of attacking of the above and this is your authority to make disposition of remains as above indicated. I certhat I have the right to make this authorization and I agree to hold Mt. Hope Cemetrally application of account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed.	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. Or Grave Row Section Divisional array space & Care Fund Section Divisional additional spaces and care fund Section Section Section Divisional additional spaces and care fund Section	mortuary.
ot Grave Row Section Division of the space & Care Fund	776-2674
Grave	s 0
dditional spaces and care fund pening/Closing & Setup urial Container andling Fees lower vases – Marker setting fee ales taxes Total Due Paid receipt number Balance de thereby certify I am the and this is your authority to make disposition of remains as above indicated. I certait I have the right to make this authorization and I agree to hold Mt. Hope Cemete inty liability on account of said authorization and interment. Barry B. Wind Signalure of recorded holder of deed	
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diditional spaces and care fund pening/Closing & Setup urial Container landling Fees lower vases – Marker setting fee lecording and filing fee ales taxes Total Due Paid receipt number Balance de thereby certify I am the force of remains as above indicated. I certait I have the right to make this authorization and I agree to hold Mt. Hope Cemete my liability on account of said authorization and interment. Berry B. Winder Signalure of recorded holder of deed Signalure of recorded holder of deed	+7
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Paid receipt number Balance do thereby certify I am the Support to make this authorization and I agree to hold Mt. Hope Cemetre of the path of the interment in lot I signature of recorded holder of deed Balance do Support to make this authorization and I agree to hold Mt. Hope Cemetre of the path of the interment in lot I signature of recorded holder of deed Balance do Support to make this authorization and I agree to hold Mt. Hope Cemetre of the path of the interment in lot I signature of recorded holder of deed	
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Paid receipt number Balance de thereby certify I am the force of the above at I have the right to make this authorization and I agree to hold Mt. Hope Cemetral I have the right to make this authorization and interment. Balance de the right to make this authorization and I agree to hold Mt. Hope Cemetral I have the right to make this authorization and interment. Barry B. Wind Signature of the coorded holder of deed.	-
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Paid receipt number Balance de thereby certify I am the Balance de Common of the above indicated. I certait I have the right to make this authorization and I agree to hold Mt. Hope Cemetrony liability on account of said authorization and interment. Barry B. Wind Signature of the coorded holder of deed. Barry B. Wind Signature of recorded holder of deed.	-
Balance de Control de la Control de Control	
hereby certify I am the following of the above and this is your authority to make disposition of remains as above indicated. I certain I have the right to make this authorization and I agree to hold Mt. Hope Cemetric in the property of the interment of said authorization and interment. **Burry B. Windstein Burry B. Windstein B. Wi	
nd this is your authority to make disposition of remains as above indicated. I cernat I have the right to make this authorization and I agree to hold Mt. Hope Cemetrally indicated in the I account of said authorization and interment. **BETTY B. Wind Signalized B. Wind Signalize	ue
hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetric in liability on account of said authorization and interment. Thereby authorize the interment in lot I signalure of recorded holder of deed. Address. Signalure of recorded holder of deed.	named decedent
hereby authorize the interment in lot I old under deed. BETTY B. Win Signalure of recorded holder of deed. 3119 Calling R	and represent ary harmless from
old under deed. X Betty B Wind Address 3 119 Collin R	ř.
gnature of recorded holder of deed X 3119 Col. 12 R	TERS
gnature of recorded holder of deed X 3/19 Call 12/R	tera
	CONTRACTOR OF THE PARTY OF THE
	4 57
Diephone // // D/E GV,	A ST
(619. 264-46	CA92103
Vork Order # E 17100 Invoice #	CA92103

E-17100

MT HOPE CEMETERY

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

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

60	S		1		
W2 40	1671bys	617	678	69 -00D	_
JUN 1	Jul.	a.c.(2***)	-	48 man	0
	er de la lace				
					33-

	STANGOL STANGOL	1671614F	(वारे	678	49 Herman	
	nt space for: nt Date: 5			Time:	₩c <u>&m</u> 8 /: 00	8
.ot: 6	Grav	e:	Row:	Sec	u: D	oiv: 10
irave L	aid out by:	DIANA	4/19	DAUE	-	
grees v	with Legal (Card: 🗆		O No	Jog or	rove
	with Map: [No J	100 F. 100 K	1
Blind Cl	neck & Ver	isied By: _	CINO	mer	Date:	5-28-0

E-17100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR			
5/	CITY OF DEATH	igo	*	5B. COUNTY OF DE-	ATH-OUTSIDE CALIF.,	09/29/1920 5. NAME, RELATIONSHP, FULL I OF INFORMANT	MAILING ADDRESS AND ZIP CODE
7/	CALIFORNIA	CREMETION	A FUNERAL DIRECTOR OF PE & BURIAL CHAPT SAN DIRECT, CA	RSON ACTING AS SUCH 78. C	ALIF: LICENSE NUMBER LIF APPLICABLE	3119 COLLURA E SAN DIEGO, CA BA. SIGNATURE OF APPLICANT—	r. 92105
Ξ	ACKNOWLEDGMENT OF A			sed disposition stated herem is one of as authorized pursuant to Section 7100 o		oftennet in	05/21/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC I NEXT OF REPUBLIC OFFICE OF CALL	CODE OFIED	98. DATE PERMIT 05/22/290 J. BALLERA	2	OCAL REGISTRAR ISSUING PERMIT
		VITAL RECO	GISTRAR OF DISTRICT OF DISCAPONA BOX 6: CA 92186-5222			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFE	
To the to	B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND AD	DRESS OF CALIFORNIA CE	METERY	FORMA TSIDE OF CALIFORNIA 11B. DATE BURIER	O 11C SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	CREMATION	DRESS OF CALIFORNIA CE SERVICES, INC. A, CA 92083	EMATORY PORTURE	12B. DATE CREMAT	ED 12C. SIGNATURE OF PER	ISON IN CHARGE OF CREMATION
ALL APPLICABLE	SOIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATURE OF PER	RISON IN CHARGE OF FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		14B, DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, INTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	

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

INTERMENT ORDER

City of San Diego

Date_ 5-17-03

O RONNIE SIM	Funeral, date, time TUES 5-21 11:00
Type of Burial Container	0
Church, Chage Graveside	
/	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
1901	9
Lot 190 Grave Row	Section Division/Block
Grave space & Care Fund	/00.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	PAID
Handling Fees	MAY 21,2002 45.00
Flower vases - Marker setting fee	MAY 21, 2002
Recording and filing fee	MT. HOPE CT = 45.00
Sales taxes	MT. HOPE CT - 270.00
tour to	Total Due 270.00
wermand! !	aid receipt number
bung early	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposi	ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature X Address
Signature of recorded holder of deed	City Zie Code Verephone
F 47404	Invoice #
Work Order # = 1/101	Acct. #
REA-104 (7-96) This info	ormation is available in atternative formats upon request.

REA-104 (7-96)

MT HOPE CEMETERY E 17101.

		IND CH	ECK FO	DRM	
Write in the name	of the dec				
block marked with existing marker's in the burial space.	"X". Plac the appr	e the nam opriate sp	e's, lot # ace(s) th	and grave #	of all
			100		
	-	STILL		+ + +	
		¹ ol _X	1902	1903 Screen	
	ESPINOZ	A			
Interment space fo					
Lot: 1901 Grav	e:	Row:	.me: Sec	t: Div	r9
Grave Laid out by: Agrees with Legal Agrees with Mao:	Card: 🗆	Yes (JNo	July ,	on No

Date:_

Blind Check & Verified By:_

E-17/01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	and the second of the backers.	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Ronnie	Andrew	Sims	ба72372062 6472672062 и
6A. CITY OF DEATH		SB. COUNTY OF DEATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego		San Diego	James Sims, Father
7A. TYPED NAME AND A	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC		3540 Island Ave.
Anderson-R	agsdale Mort. 5050 Federal Blv	d. —IF APPLICABLE	San Diego, CA 92102
San Diego	, CA 92102	FD-1329	BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED .
ACKNOWN.EDGMENT OF A	Section 10376 of the Hegith and Salety Code, and was authorized	pursuant to Section 7100 of the Health and Safety Code.	► 1 th a la 1 x 05/20/2002
PERMIT AUTHORIZATION OF	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	05/21/20	100 miles 100 maggars
LOCAL REGISTRAR		7.00 T. Tins	
ANY CHANGE IN DISPOSI	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUFORNIA		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNIA
	Vital Records P. O. Box 85222 San Diego, CA 92102	-	
	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
X A. BURIAL (INCLU	UDES ENTOMBMENTO	E. TEMPORARY ENVAULTMENT	I I. DISPOSITION PENDING—REMAINS LOCATION
B. CREMATION		F. DISINTERMENT	(Name and Address)
	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFORNIA	64"
D. SCIENTIFIC U		H. TRANSIT TO OUTSIDE OF CALIFORNIA	V
	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY	118 DATE BURI	ED 11C SIGNATURE OF PERSON IN CHARGE OF BURIA
BURIAL	Mt. Hope Cemetery 3751 Market	Community (Sec.	1 1/ =
BOHINE	San Diego, CA 92102	15-21-0	2 1 - Keiner F
2	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR		The state of the s
EWS	124. NAME AND ADDRESS OF CALIFORNIA CHEMATON	, see the chemi	120. SIGNATURE OF PERSON IN CHARGE OF CHEMOTION
CREMATION	5 	i	
			1
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RI	ECEIVING REMAINS 138. DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
USE	(122)	1	1
	75 CO	1	i >
	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO		
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE SH	PPED	OF PLACING WITH THE CARRIER
5	2.50		VS
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER	R DESCRIPTION SUF- 158 DATE OF	15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER
OR	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		CHARGE OF DISPOSITION OF CREMATED RE-
DISPOSITION OTHER THAN IN A CEMETERY		ű.	-IF APPLICABLE
THAT IN A VENETERY			

COPY 2 IS RETAINED BY THE PERSON IN 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-17/01

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	Pric	DE	Tax	Allowance	Addl. Desc.	
	Graves	Division 9-1 Inf	ant Grave	100,	00	0.00			
j	Opening/Closing	Infant Grave		125.	00	0.00			
1	Misc Fees	Recording Fee		45.	00	0.00			
Prop	crty								
2 - 1 20	Division	Section	Blk / Row	L	ot (Grave	Depth		William VIII
	Division 9	1		190	01	1	A		
BASE PR	ICE		270.00		NUMBE	R OF I	NSTALLMEN	TS	1
ALES T	AX		0.00		REGUL	AR PA	YMENT OF		0.00
TAL C	CASH PRICE		270.00		ODD PA	YMEN	T OF		243.00
TAL I	OWNPAYMENT		27.00 -	£	DATEF	IRST P	AYMENT DU	E 0	6/17/2002
TRANSF	ER ALLOWANCE		0.00 -	5	PAYME	NT PL	AN: MONTHL	Y	
DISCOU	NT OR ALLOWANCE	ž.	0.00 -						
					SOURC	E:	Walk-in		
INANC	E CHARGE		0.00 (@ 0.000%	AMORTI	ZE			
TOTAL O	OF PAYMENTS		243.00						
DEFERR	ED PAYMENT PRICE	В	270.00						
ACCOUN	NT CONTRIBUTIONS		AMOUNT	FRACTION	v.				
R L Pe			20.00	rioterio.,					
R S Eq			250.00						
	terest		0.00						
	x Recovery		0.00						
	te Charge		0.00						

INTERMENT ORDER

Pu	in the	ten	City of San Diego	Date_	5-17-07
You a	are hereby authorized	and instru	icted, subject to your rules	and regul	ations, to inter the rem
in a	Liner		Funeral, date, time	•	

a LINCYS	Funeral, date, time
	Mortus
I Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	
_	
ot <u>58 Grave \</u> Row_	Section 2 Division/Block 13
	295
rave space & Care Fund	
dditional spaces and care fund	3266
pening/Closing & Atu	5/5:0
Proceedings of the control of the co	<u></u>
andling February 1 7 2002	145.1
The state of the s	
MT HOPE CEMETARY	45.0
CITY OF SAN DIEGO, O.	14.7
ales taxes	V-1-V
	Total Due
Paid	receipt number R- 55000 1664.
100 mm	Balance due
nereby certify I am the Ethel S.	Sard of the above named deced
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization	on of remains as above indicated. I certify and represon and I agree to hold Mt. Hope Cemetery harmless for and interment.
hereby authorize the interment in lot I	ETHEL L. IZARd
old under deed.	ETHEL L. IZARD SIGNALIZE A90 PARKBROOK PLACE
ON THE PROPERTY OF THE PROPERT	Address 0 0 0 0 0 0
gradure of recorded holder of deed	SAN DIEGO, CA 921
	47.9-1461 Telephone
	Invoice #
Tork Order # E 17102	Invoice #

Mt Hope Cemetery Contract Entry Verification 05/18/2002

E 17/02

Contract Number: E-17102-F

Contract Date: 05/17/2002

Purchaser: Izard, Ethel L

290 Parkbrook Place

Purchaser Number: 86 /

Phone: 619-479-1461

Child Prot:N

San Diego ,CA 92114

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty Category		Description of	Contract Items	Price	Tax	Allowance	Addl. Desc.	
1 Graves	Di	vision 12-2		895.00	0.00			
1 Opening/Clos	1 Opening/Closing Single Grave			375,00	0.00		1150	
1 Burial Vaults	#5	Bell Liner		190.00	14.73			
1 Handling Fee	g Fee Bell Liner Handeling Fee		Handling Fee Bell Liner Handeling Fee	1 Handling Fee Bell Liner Handeli	ng Fee Bell Liner Handeling Fee 145.00	0.00	0.00	
I Misc Fees	Re	cording Fee		45.00	0.00			
Property								
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl	89 89	
Div	ision 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	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 Hand	leling Fee	145.00		0.00			
1	Misc Fees	Recording Fee		45.00		0.00			1
Prope	erty								
	Divisio	on Section	Blk / Row	Lot	Grave	Depth/Lvl			
	Division 1	2 2	Li si della filia il si di	58	1	A		- 6	
BASE PR	ICE	1,650.	00					WE	
SALES T	AX	14.	73						
TOTAL C	ASH PRICE	1,664.	73						
TOTAL D	OWNPAYMENT	1,664.	73 -						
TRANSFE	ER ALLOWANCE	0.	00 -						
DISCOUN	NT OR ALLOWANCE	0.	00 -						
FINANCE	CHARGE	0.	00						
TOTAL O	F PAYMENTS	0.	00						
DEFERRE	ED PAYMENT PRICE	1,664.	73						
NUMBER	OF INSTALLMENT	S	1						
REGULA	R PAYMENT OF	0.	00						
ODD PAY	MENT OF	0.	00						
DATE FIR	RST PAYMENT DUE	06/18/20	02						
PAYMEN	T PLAN	MONTHL	.Y					• 9	

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

Purchaser Number: 86 /

Phone: 619-479-1461

Child Prot: N

San Diego ,CA 92114

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,650.00		NUMBER OF I	NSTALLMENTS	1
SALES TAX	14.73		REGULAR PA	YMENT OF	0.00
TOTAL CASH PRICE	1,664.73		ODD PAYMEN	NT OF	• 0.00
TOTAL DOWNPAYMENT	1,664.73 -		DATE FIRST F	AYMENT DUE	06/18/2002
TRANSFER ALLOWANCE	0.00 -		PAYMENT PL	AN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -				
			SOURCE:	Walk-in	
FINANCE CHARGE	0.00@	0.000%	AMORTIZE		
TOTAL OF PAYMENTS	0.00				
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:					



ASNES LEFT SIDE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	W.	n - roman agains
Date	J-	11-03

You are hereby authorized and instruc	ted, subject to your rules and regulations, to in	ter the remains
of JOSE RAMI		
in a	Funeral, date, time MAY 22 1;	DO WEDS
Tunn of Busine Consenses	1255 S.D. MEMORIA	TAKE THE PROPERTY OF THE PARTY
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge o	2-3090
will be applied and billed to undersigne	ed	
V	*	2
Lot 3 2 5 Grave Ro	w Section Division/Blo	wh of
Grave space & Care Fund		300.00
Additional spaces and care fund	PAID	
Additional spaces and care fund		105.0
Opening/Closing & Setup		10210
Burial Container	MAY 2 1 ZOUZ	
Handling Fees	MT. HOPE CEMETARY	
Flower vases - Marker setting fee	CITY OF SAN DIEGO, CA	
Recording and filing fee	CITY OF STATE	45.00
A FROM TO THE STATE OF THE STAT		
Sales taxes	Annual Control of the	450.0
watured to	Total Due	
corturn to	Paid receipt number K-55005	450.00
X	Balance due	0
I hereby certify I am the	of the above na	med decedent
	osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery zation and interment.	
	. ×	
I hereby authorize the interment in lot hold under deed.	Signature	
	Address	100
Signature of recorded holder of deed	CHY	Zip Code
	Y DON'S	
	Management of	
	Invoice #	
Work Order # E 17103	Acct. #	

E-17103 MT HOPE CEMETERY

	G	RAVE BI	LIND CH	ECK FOI	RM	
ock ma	the name arked with marker's in al space.	"X". Place	e the nam	e's, lot # a	and grave	# of all
_						
t	323 PERRY	374 DAN2	3115 X	326 HARMON	327	
	1					
iterme		ED 5-	ኢ <u>ን</u> Row:		00,	 piv: <u>රි</u>
	aid out by			 □ No	dy	en Cre
grees	with Map:	☐ Yes		No .		C. C
ind C	heck & Ve	erified By:	Kenner	the Cellin	☑ Date	5/2

05/17/2002 12:21 SD MT. HOPE CEMENTERY + 96920896

NO.915

DU1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOSE RAMIRES		
Table in Miles Charles (Funeral, dele, time	HOD. A
Church, Chaper, Graveride W. TNES		
All Funeral care must arrive before 3:30 p.m.	of redries more day or an extr	a charge of \$
will be applied and bised to undersigned		
Lot 3 Q 5 Grave Mow	Section 1 0	Invision/Bleen 8
Grave space & Care Fund		300,00
Additional spaces and care fund	+++	
Opening/Closing & Saturp	····	105.00
Burial Container	at the community of the control of t	
Handling Fees	(accordance de la companione)	
Flower vizzes - Marker setting fee		
Recording and filing 169	···· ··· ··· ··· ·· ·· ··· ··· ··· ···	45.00
Sales taxes	etemen en	
of the the	Total Doe	450.01
RINK check point	receipt number	
X CALL	V -	ence due
I hereby centry I am the and this is your authority to make disposition	of remains as above indicate	a shave named decedent d. I cently and represent
that I have the right to make this authorization any liability on account of said authorization a	and Lagrag to hold Mr. Hope and interment	Cemetary harmosa from
I hereby authorize the interment in lot I	x Thea	navia
hold under sered	× 1441115	Herataline
7 Come 4. Coplana	X San Big a	CH 1921
Married o residence of the control o	\$ 1619 609	2-3090
	Tankou. 17	\$2.

E-17/03

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			INLY-MAKE I					REFILE	
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	i	IC. LAST (FAMILY) RAMIREZ		0.000	DATE OF BIRTH	3. DATE OF DEATH	
SAN DIEGO				ENTER STATE	AN DIEGO	MONT	CATRAMIREZ	MALING ADDRESS AND -DAUGHTER	ZIP CODE
	MEMORIAL C	HAPEL.	Com Service Service	1	ALIF LICENSE NUMBER OF APPLICABLE D-1575 BJ	SAN	T STREET DIEGO CA 9	2113 furan takny parad, 88. Di	TE NOUE
ACUMONLEDGMENT OF AF	PLICANT I harely a	directedge as applicant the	the proposed disposition	THE CONTRACT OF THE PARTY OF TH	ne dispositions authorized by	-	Den Me	0 00	17/200
UTHORIZATION OF	THIS PERMIT IS 188U BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GRES IN	ED IN ACCORDANCE ORMA HEALTH AND I Y FOR THE DISPOSITI	WITH PROVI- SAFETY CODE ON SPECIFIED		98. DATE PERMIT S 05/17/20 ROSA NAV		SIGNATURE OF LO	OCAL REGISTRAR ISSU	NG PERMI
W CHANGE IN DISPOSE TION REQUIRES A NEW BILWIT TO SHOW FINAL DISPOSITION.	P.O.BOX 8 SAN DIEGO	D IN CALIFORNIA			DORESS OF REGISTRAR O DISPOSITION IS TO OCCUR				1
	OF CREMATED REM		=	E. TEMPORATE EN	\		1	PENDING REMAINS Address)	
A. BURIAL (INCLU B. CREMATION	OF CHEMATED REMAINS	AINS OTHER ORESS OF CALIFO	RNIA CEMETERY	F, DISINTERMENT G, SHIP IN TO CALII H. TRANSIT TO OUT	\	116.	L DISPOSITION	PENDING REMAINS	LOCATED
B: CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CHEMATED REMAINS	ORESS OF CALEO	RNIA CEMETERY	F, DISINTERMENT G, SHIP IN TO CALI H, TRANSIT TO OUT CA 92102	PORNIA SIDE OF CALIFORNIA	1	L DISPOSITION (Name and A	PENDING REMAINS Address)	BURIAL
B: CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US BURNAL	OF CHEMATED REMARKETERY SE 11A. NAME AND ALL MARKETERY SE 2751 MARKETERY SE	ORESS OF CALIFO	RNIA CEMETERY N DIEGO RNIA CREMATOR	F, DISINTERMENT G, SHIP IN TO CALI H, TRANSIT TO OUT CA 92102	PORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATE	120	L DISPOSITION (Name and A	PENDING REMAINS Address)	BURIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CHEMATED REAL METERY SE 11A. NAME AND ALL MATERY 3751 MATERIAL SEPTIMENTS 12A. NAME AND ALL MAME AND ALL	ODRESS OF CALIFO	RNIA CEMETERY N DIEGO RNIA CREMATOR RNIA FACILITY R	F, DISINTERMENT G, SHIP IN TO CALII H, TRANSIT TO OUT CA 92102 IV	PORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATE	D 12C	SIGNATURE OF PER	SON IN CHARGE OF CORSON IN	BURIAL

VS D (REV. 6/

INTERMENT ORDER

City of San Diego

Date 5-21-02

D. D. Crupt (First)	or or nacie	THURS MAY 23 2
Type of Burial Container	Funeral, date, time	MAN STAINTS
	ery:	Grant 460-4601
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra charge of \$
will be applied and billed to undersigned.		
ol Grave IT Row_	Section	Division/Block_13_
Grave space & Care Fund		126.00
Additional spaces and care fund	n-1	
Opening/Closing & Setup	7-2	423.00
Burial Container	. 190	123 01
landling Fees		
lower vases – Marker setting fee		
secording and filing fee		<u>45.00</u>
Sales taxes	٧,	<u>9.53</u>
Sales taxes The Lourney Toop A Filed In Side	Tot	al Due 72654
Paid Paid	receipt number	
Wyen Pro		Balance due
hereby certify I am the		of the above named decedent
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of sald authorization :	and I agree to hold	
hereby authorize the interment in lot I nold under deed.	Signature	
Control of the Control of Control	Address	
ignature of recorded holder of deed	City	Zip Code
	Telephone	-
		363748
Name of the second second second	Invoice # <	700 10

O Printed on recycled paper

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ØQ.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-02

	in a D. D. Crypt (First) Funeral, gase, 11770 THURS May	
	Church Chapel Graveside Delivery : Chinad	Mortupry.
	All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	
	Will be applied and billed to undersigned.	
	Lot Section Olvislon/Olivida	13_
	Grave space & Care Fund	26.00
	Additional spaces and care fune	
		23.00
	Opporting a solidar management —	23 01
	Buria) Container	
	Hangling Fees	
	Flower vases - Marker eatting fee	11.7 00
	Recording and filing lee	45.00
	Seles taxes	9.53
	Recording and filing lee Seles taxes Fig. 1. Total Que Paid teceigt number Researce due	2654
0,	IL THE ME LA	
8	Plumber	1500 140
Ŕ	DIG OL - I for Reinneachus -	
7	I have by cessify I am the Public Hamin's strately specific party and this is your authority to make disposition of romains as above indicated. I certify an	Inshesse be
8 4	that I have the right to make this authorization and I agree to hold Mt. Hope Commercy ha	miass from
3 08	any liability on account of each authorization and interment.	-
\$ \$ \$ \$ \$. I hereby authorize the interment in tol !	<u> </u>
2222	hold under deed.	
The same and	AGAPUBLIC ADMINISTRATO)R
3 5 5		The second second
CAR CAR CAR CAR CAR CAR CAR CAR CAR CAR	Species of reported halos of dead	2) toda
LICOUAR A RUFFIN DIBGO, CA	5201-A RUFFIN ROAD TOWN DIEGO, CALIFORN	- Total Santa
UNITIC GUARI 101-A RUFFIN IN DIBGO, CA	5201-A RUFFIN ROAD TOWN DIEGO, CALIFORN	- Total Santa
PUBLIC GUARDIAN 5201-A RUFFIN ROAD SAN DIBGO, CALIFORNIA 92123-1699	S201-A RUPFIN ROAD TOWNSAN DIEGO, CALIFORN Invoice # Acct. #	TOTAL STATE

INTERMENT ORDER

City of San Diego

Date 5-21-02

funeral date time 1 HURS	1
Grent 4	60-460 Manuary
of regular work day or an extra ch	arge of 5
	
Section Divis	ion : Block _13_
	126.00
	423.00
444,,	123 01
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on and the contraction of the co	
	45.00
	9.53
Total Que	5726 611
nee'nt gumber	286 - 186 - 1 020 - 186 - 18 6
E S S S	
of remains as above indicated. I and I agree to note MI. Hope Cer	certify and represent
7387 BROADWAY	
LEMON GROVE.	CA 91945-1533
619-460-4601	De Cada
Teaming	
	Section Divis Total Que Section Divis Total Que Sceipt number Balanc GNED FUNERAL of the at and largers to note ML Hope Center interpretation and interpretation of the state of the

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

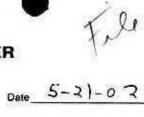
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

JOSE	EDENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY) MARTINEZ-O	RNELAS		DATE OF BIRTH	3. DATE OF DEAT	
SAN DIEG			58. COUNTY OF DEATH				- DEPUTY P	
CONRAD	LEMON GROVE	MORTUARY ION GROVE, CA 919		IF. LICENSE NUMBER FAPPLICABLE FD941	SAN D	A RUFFIN S IEGO, CA 9	2123	
ACKNOWLEDGMENT	C ADDITION bereby	acknowledge as applicant that the proposed 0376 of the Health and Safety Code, and was a	disposition stated herein is one of the	dispositions authorized by the Health and Safety Code.	QU	WHILE	Person taking permit 88.	/21/2002
PERMIT AUTHORIZATION O	SIONS OF THE CALI AND IS THE AUTHORI F IN THIS PERMIT.	UED IN ACCORDANCE WITH PROFORMIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI NO NUMBER OF SURPOSAL DUTSIDE OF CALIFORN	\$7.00	05/23/20	002	SIGNATURE OF LO	OCAL REGISTRAR ISS	UING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	OF THE SEPT	EGISTRAR OF DISTRICT OF DE	SINVICES ! IF	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			RNIA	•
IU. AUTHUMIZEU E						The property of the Control	IONER'S USE O	Sept. 10-1
B. CREMATIC	CLUDES ENTOMBMENT) N ON OF CREMATED REM	IAINS OTHER	E. TEMPORARY ENVI		1	I. DISPOSITION (Name and A	PENDING REMAINS (ddress)	LOCATED A
B. CREMATIC	CLUDES ENTOMBMENT) N ON OF CREMATED REM CEMETERY USE	IAINS OTHER DORESS OF CALIFORNIA CEME	F, DISINTERMENT G, SHIP IN TO CALIFO H, TRANSIT TO OUTS	DRNIA	D 110, 8	(Name and A		
A. BURIAL QUESTION OF THAN IN A D. SCIENTIFIC BURIAL	CLUDES ENTOMBMENT) N OF CREMATED REM CEMETERY USE 11A. NAME AND A MOUNT HOP		F, DISINTERMENT G, SHIP IN TO CALIFO H, TRANSIT TO OUTS	DRNIA BIDE OF CALIFORNIA	i	(Name and A	(ddress)	
A. BURIAL (IIII) B. CREMATIC C. DISPOSITI THAN IN J D. SCIENTIFI BURIAL	CLUDES ENTOMBMENT) N N N OF CREMATED REM CEMETERY USE 11A. NAME AND A HOUNT HOP SAN DIEGO	DORESS OF CALIFORNIA CEME	F, DISINTERMENT G, SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF CALIFORNIA 11B. DATE BURIE	2 1	OName and A	(ddress)	BURIAL
B CREMATIC C. DISPOSITI THAN IN A D. SCIENTIFIC CREMATION SCIENTIFIC USF	CLUDES ENTOMBMENT) N OF CREMATED REM CEMETERY USE 11A. NAME AND A MOUNT HOP SAN DIRECT	DDRESS OF CALIFORNIA CEME	F, DISINTERMENT G, SHIP IN TO CALIFO H, TRANSIT TO OUTS ETERY	DRNIA IDE OF CALIFORNIA I IB. DATE BURIE 5-23-02	Z	(Name and A	SON IN CHARGE OF	BURIAL
B. CREMATIC D. SCIENTIFI BURIAL CREMATION SCIENTIFIC	CLUDES ENTOMBMENT) N NO OF CREMATED REM CEMETERY USE 11A. NAME AND A 12A. NAME AND A 13A, NAME AND A	DORESS OF CALIFORNIA CEME CEMETARY CEMETARY CEMETARY DORESS OF CALIFORNIA CREM	F, DISINTERMENT G, SHIP IN TO CALLED H. TRANSIT TO OUTS ETERY MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE	DRNIA IDE OF CALIFORNIA I IB. DATE BURIE 5-23-02	Z 12C. S	(Name and A	SON IN CHARGE OF	F BURIAL CREMATION FACILITY

COPY 2



MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Thora's li's E	subject to your rules and regulations, to inte A- $I_{\perp}I_{\parallel}$	r the remains
12.000	Funeral, date, time FRI 5-24	1:30
Type of Burial Container Charet Graveside	RAGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p. will be applied and billed to undersigned.	m, of regular work day or an extra charge of	s 15 6,00
	Section 2 Division/Bloc	17 895.00
Grave space & Care Fund		0 0
Additional spaces and care fund	PAID	27 -0
Opening/Closing & Setup		3 /5.00
Burial Container	MAY 2.1.2002	190.00
Handling Fees	LODE OF LEWIS	145-00
Flower vases - Marker setting fee CTTY	OF SAN DIEGO	100
Recording and filing fee	. The second of the control of the c	45.00
Sales taxes		14-73
Sales laxes		1664.73
	Total Due	11-6 V 7
Pa	id receipt number 11 55 0 0	1001-1
X . Y	Balance due	
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	of the above nar ion of remains as above indicated. I certify tion and I agree to hold Mt. Hope Cemetery I on and interfacest.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature & Weg	all her
Bignature of recorded holder of deed	X (614) 440-0333	多る 2_ Zip Code 2_
E 4740E	Invoice #	
Work Order # = 17105	Acct. #	

E-17105

MT HOPE CEMETERY

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

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

WALKE R	3 CRANFORD	4	5	OFINEN, C	
8	9	10 OBERTSON	ух "	15	
	-				

Interment space for:_	DORRIS	WIGFALL	
Interment Date: FRi	100	Time: \1.30	
Lot: <u>"\3"</u> Grave:_	\\Row:_	Sect: 2	_ Div:_/?_
Grave Laid out by:1	DAULD	DF	
Agrees with Legal Ca	rd: 🗆 Yes	O No The	y m
Agrees with Map:		J No	
Blind Check & Verifie	ed By:_Xen	net allias_0	ate: 5/22/0°

E-17105

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1/	. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (F	AMILY)		2. DATE OF BIRTH 3. DA	TE OF DEATH	4. SEX
	Dorris	Edward	Wigf	all		12/26/1932 05/	18/2002	M
5/	L CITY OF DEATH			OF DEATH-OUTSIDE CALIF.,	B. NAME,	RELATIONSHIP, FULL MAILING		CODE
	San Diego		San	Diego		ORMANT .e Wigfall, Wife	í	
71		oress of California funeral director or Person a agsdale Mort. 5050 Federal Bl		78. CALIF. LICENSE NUMBER —IF APPLICABLE	1514	Shadow Knolls		
		o, CA 92102		FD-1329		TURE OF APPLICANT—Ferson tale	germit 68. DATE	SIGNED
	ACKNOWLEDGMENT OF A	PEICANT I hereby acknowledge as applicant that the proposed disposing Section 10376 of the Health and Safety Code, and was authorized.	ation stated begin is ned pursuant to Section	one of the dispositions authorized by n 7100 of the Health and Safety Code.	► 10	ratelliter	05/21	/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	98. DATE PERM 05/22/20 T. Tinsl	002	9C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING 22086	
1	Y CHANGE IN DISPOSE TON REQUIRES A NEW ERMIT TO SHOW FINAL	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- VITAL Records P. O. Box 85222 San Diego, CA 92168-5222		9E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		_
10	. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER	'S USE ONLY	
ACTUAL OF STREET	B. CREMATION		F. DISINTERN G. SHIP IN TO	RY ENVAULTMENT HENT D CALIFORNIA TO OUTSIDE OF CALIFORNIA	V.	I. DISPOSITION PENDE (Name and Address)		CATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER Mt. Hope Cemetery; 3751 Mark San Diego, CA 92102		118. DATE BURI		SIGNATURE OF PERSON IN	CHARGE OF BUF	RIAL
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMA		SIGNATURE OF PERSON IN	CHARGE OF CREE	MATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING RE	MAINS 138 DATE RECE	IVED 13C	SKSNATURE OF PERSON IN	CHARGE OF FAC	CILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		RE 148. DATE SHIPI	PED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAI		CHARGE
o	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICHENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE N OF CREMA MARIS DIS —IF APPLIE	TED RE-

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



INTERMENT ORDER

City of San Diego

Dale 5-21-02

	(SKULL) PA. + 2000	
in a	Funeral, date, time Thurs. May	130
Church, Chapel, Graveside	Humphrey	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	SHAD AND
will be applied and billed to undersigned		A 144
Lot 102 Grave 3 Row_	Section TOOF Division/Blo	W43
Grave space & Care Fund		45.00
Additional spaces and care fund		
Opening/Closing & Setup	\gamma_2	105.00
Burial Container Handling Fees	3-0-	
Handling Fees	\1	- 11
Flower vases - Marker setting fee	(O	11 5 07
Recording and filing fee		45.00
Sales taxes	томно лимпентономольной подот	
TILL County bee - all a Paid	Total Duereceipt numberBalance due	195.00
DIN marco toga a Dela na Paid	receipt number	× 1
Dry Brillia	Balance due	
I hereby certify I am the	of the above na	med decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery	and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
13×9+7	Telephone	
37	Invoice # 3 63808	
E 17106	Acct. # 000952	
Work Order # E I/IUU	Acct. # UU VIO	



€-17106

County of San Diego

BRIAN D. BLACKBOURNE, M.D. MCDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER

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

TEL: (658) 694-2895 FAX (658) 495-5956

CHRISTINA STANLEY. M.D. CHIFF 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

Lloyd Amborn

Operations Administrator

ambon

X Jan 123-02

INTERMENT ORDER

City of San Diego

Date 5-21-02

a DOUBLE DEPTH	Funeral, date, time Thur 5-30 11.0
Type of Burtal Container hurch, Chapel, Graveside	AZTLAN Mortuary.
I Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	
t 10 Grave \ B Row	Section Division/Block \3
rave space & Care Fund	194 00
dditional spaces and care fund	V 02 493.00
	7-0 133.01
urial Container)
endling Fees	
	Ur or
ecording and filing fee	9 < 3
ales taxes	726.5
AMEY HOBBS	Total Due
Paid	receipt number
hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
nd this is your authority to make disposition at I have the right to make this authorization	
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization thereby authorize the interment in lot I	
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization thereby authorize the interment in lot I all old under deed.	and interment.
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization hereby authorize the interment in lot I old under deed.	Signature Address
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization thereby authorize the interment in lot I ald under deed.	Signature Address Cay Zer Code
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization hereby authorize the interment in lot I	Signature Address Cay Zer Code
nd this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization thereby authorize the interment in lot I ald under deed.	Signature Address Cay Zep Code

E 17107

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE AGUSTIN HERNANDEZ		IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR 04/01/1971 02/08/2002			YEAR	SEX		
5/	SAN DIE	190		58. COUNTY OF DEAT	N DIEGO	B. NAME, RELATION OF INFORMANT	NSHIP, FULL I	MAILING ADDRES	S AND ZIP COO	DE
7,8	FUNERAL	A AZTLAN	A-FUNERAL DIRECTOR OR PERSON , LA MESA, CA 919	ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER F APPLICABLE	5201-A RI SAN DIEGO BA. SIGNATURE O	, CA 92	2123	8B. DATE SIG	NED.
	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dis-			A lan	cy (mes	05/10/20	002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DESHT OF DISPOSAL QUITIDE OF CALFORNIA.	e 7 00	NANCY LOP 05/29/	EZ		CAL REGISTRA		M.
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION:	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DEAT D IN CALIFORNIA IROS P.O. BOX 852: CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU	OF DISTRICT OF	DISPOSITION-	0.000		
14	A. BURIAL (INCLU	JOES ENTOMBMENT)	[E. TEMPORARY ENV	AULTMENT		DISPOSITION (Name and /	PENDING REA	AAINS LOCAT	-
	D. SCIENTIFIC US	SE 11A. NAME AND AL	DORESS OF CALIFORNIA CEMETE			D 11C. SIGNA		ISON IN CHARG	E OF BURIAL	S S
	C. DISPOSITION O	EMETERY SE 11A NAME AND AI MT. HOPE (G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	SIDE OF CALIFORNIA	D 11C. SIGNA		ISON IN CHARG	E OF BURIAL	5
ABLE ITEMS	C. DISPOSITION OF THAN IN A CE	SE TIA NAME AND ALL MT. HOPE (SAN DIEGO)	DRESS OF CALIFORNIA CEMETERY, 3751 MAI	G SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY RKET ST.	SIDE OF CALIFORNIA	- Kum	THRE OF PER	SON IN CHARG	1	_
ALL APPLICABLE MEMS	C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	11A. NAME AND AI MT. HOPE (SAN DIEGO) 12A. NAME AND AI	DORESS OF CALIFORNIA CEMETE DOMETICALY, 3751 MAI , CA 92102	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY RKET ST.	11B. DATE BURIES	ED 12C. SIGNA	TURE OF PER	SON IN CHARGE	OF CREMATI	ION
COMPLETE ALL APPLICABLE ITEMS	C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	TAL NAME AND ALL SAN DIEGO. 12A. NAME AND ALL SAN DIEGO. 12A. NAME AND ALL SAN DIEGO.	DRESS OF CALIFORNIA CEMETE EMETERY, 3751 MAI , CA 92102 DRESS OF CALIFORNIA CREMAT	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ERY RKET ST. TORY Y RECEIVING REMAINS	11B. DATE BURIER 5-30-02 12B. DATE CREMAT	ED 12C SIGNA VED 19C SIGNA	TURE OF PER	SON IN CHARGO	OF CREMATI	ION Y

COPY 2

MT. HOPE CEMETERY INTERMENT ORDER

F.De

City of San Diego

	C.	_ 22	322	00	1
Date)			~ ~	٠

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
MARY HO	0 W N (7)
of truth	V 1 2 3 11 13 1 5
ina LINER	Funeral, date, time FRI 5 - 29 11.0
Church, Chaper, Graveside	RAGSDALE Mortuary.
	m. of regular work day or an extra charge of \$
will be a plied and billed to undersigned.	
72 6	2 12
Lot 1 5 Grave 5 Row_	Section Division/Brock \
	895,00
Grave space & Care Fund	PARTIES CONT. I DANS DE PERSON DE PERSON PRESENTANTA DE L'ARRESTA PARTIE DE L'ARRESTA DE L'ARRES
Additional spaces and care fund P	11D 375 00
Opening/Closing & Setup	3/5.00
Burial Container	2 27002 190.00
Handling Fees Flower vases - Marker setting HOPE	CEMETARY
Flower vases - Marker setting Yee CITY OF S	AN DIEGO, CA YE COD
Recording and filing fee	45:00
Sales taxes	14.73
	Total Due 1664. 23
1920	D Frank 11/1/73
C Pa	aid receipt number 166 10 106 10 106 10 10
X	Balance due
I hereby certify I am the	uguer of the above named decedent
	ion of remains as above indicated. I certify and represent tion(and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	
	X Doublan A. Brasler
I hereby authorize the interment in lot I hold under deed.	Signature O
	X 312 Carayy ST
Signature of recorded holder of deed	x 50 ca 92114
	City (619) 469-3059 210 Code
	Telephone
	4.000
Work Octor # E 17108	Invoice #
Wark Order # E 17108	Acct. #

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

			ESQUEDA		•	
a	3	4	73 X 5	. 6		
williams	٩	JO SHIELDS	SAIELDS	; /2		
nterment spa	ace to	r: MAR	1 BRO1	~ N		

Interment space for: MARY BI	ROWN
Interment Date: FRi 3-24	_ Time:
Lot: 73 Grave: 5 Row:	0.11101-00101
Grave Laid out by: DARKEY A	Y
Agrees with Legal Card: TYes	□ No Fly on
Agrees with Map: Yes	J No

Blind Check & Verified By 10001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	namure periturence P			TE OF DEATH 4. SEX
	Mary		В.	Brown				21/2002 F
5/	CITY OF DEATH				ATH-OUTSIDE CALIF.,	8. NAME, RE	ELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
	San Dieg	ço.		San Dieg	0	Bevols	n Kinsler, Dau	ohter /
7/	AT 1 / FE	70.55		PERSON ACTING AS SUCH 78.	ALIF. LICENSE NUMBER		sta Horizon,	
	Anderson	-Ragsdale	Mortaary 5050	Federal		San Di	ego, CA 92113	_
	Blvd.; S	an Diego,			FD-1329	BA. SIGNATI	JRE OF APPLICANT, Person taking	permit 88. DATE SIGNE
	ACKNOWLEDGMENT OF A			reposed disposition stated herein is one of and was sufficienced nursused to Section 7100 o		> In	ule horder	05/22/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFE TY FOR THE DISPOSITION 9 ID NIGHT OF REPUSAL OUTSET OF	PECIFIED \$7 00	05/22/20 T. Tinsle	02	SIGNATURE OF LOCAL RE	GISTRAR ISSUMG PERMI 2208661
1	TY CHANGE IN DISPOSI- ION REQUIRES A NEW FRAIT TO SHOW FINAL	Vital Reco	EGISTRAR OF DISTRICT OF THE CAUPOINIA P. O. Box CA 92186-522	85222	ADDRESS OF REGISTRAP F DISPOSITION IS TO OCC		ER DISTRICT IN CALIFORNIA	
10	. AUTHORIZED DISP			- W			FOR CORONER	S USE ONLY
Andrew States of the Control of the	B. CREMATION		IAINS OTHER	E. TEMPORARY EN	3.6023557/6368		DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED
	BURIAL	Mt. Hope (DORESS OF CALIFORNIA Cemetery 3751 , CA 92102	The state of the s	5-24-02		BIGNATURE OF PERSON IN	CHARGE OF BURIA
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
LL APPLIC	SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13G. I	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPF		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ne, or other description suf- ca <u>district</u> of disposition	15B. DATE OF DISPOSITIO		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.





INTERMENT ORDER

City of San Diego

Date 5-23-02

NE N TO SOUTH FOR SOUTH SERVICE	
WA are I	blect to your rules and regulations, to inter the remains
141 / 141	Funeral, date, time May 30th THURS
Type of Burial Container	C A 8/18/10/4392747
Church Chape Graveside	. C-4 DOGO FI C Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Love 9 Grave 9 Row	Section 2 Division/Block 12
Grave space & Care Fund	895.60
Additional spaces and care fund	ALD ==
Opening/Closing & Setup.	SHEW
	(2.9.2002 190.00
73.773	144.00
	OPE CEMETARY
Flower vases - Marker setting feeGTTY OF	111 00
Recording and filing fee	Is ten!
Sales taxes	
as founded	Total Due
Sales taxes	receipt number R - 55039 1664. 7
will but	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address
Signature of recorded holder of deed	City Zip Code
	Telaphone
The second of th	Invoice #
Work Order # E 17109	Acct. #

E- 17100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

38

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

IA. NAME OF DECEDE MARGARITA	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL JOHES	n		3. DATE OF DEATH 4. SEX MONTH DAY YEAR 05/22/2002 FE
SA. CITY OF DEATH		-	58. COUNTY OF I	DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MA OF INFORMANT	The state of the s
SAW DIEG			SAN DI	KGO	RICHARD JOWES-HU	SBAND (104)
CALIFORN	IA BURIAL C	HAPKL 2200 HI	PERSON ACTING AS SUCH 78	CALIF. LICENSE NUMBER —IF APPLICABLE	2039 DATRY MART SAN YSIDRO, CA 9	
NATIONAL	CITY, CALI	FORMIA 91950	F.	FD-1689	BA. SIGNATURE OF APPLICANT-IN	son taking permit, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	Process III	(76 of the Health and Salety Code, as	aposed disposition stated herein is one of was nethorized persent to Section 710	of the dispositions authorized by 10 of the Hesith and Safety Code.	· Cavacus K	Ws 05/28/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA MEALTH AND BAFET Y FOR THE DISPOSITION SP	\$7.00	C. RUSS	902 9C. SIGNATURE OF LOC 902 2208977	AL REGISTRAR ISSUING PERMIT
	9D. ADDRESS OF RE IF DEATH OCCURRE VITAL RECO	GISTRAR-OF DISTRICT O	85222		OF DISTRICT OF DISPOSITION— UR BY ANOTHER DISTRICT IN CAUPOR	***
8: CREMATION		1 1	G. SHIP IN TO CO	T.	1 DISPOSITION F	PENDING-REMAINS LOCATE
BURIAL	MT. HOPE	ORESS OF CALIFORNIA (CEMETERY 3751 , CALIFORNIA	MARKET ST.	118. DATE BURBE	1 /	ON IN CHARGE OF BURIA
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERE	IN CHANGE OF CREMATION
SCIENTIFIC	ISA, NAME AND AD	ORESS OF CALIFORNIA	FACILITY RECEIVING REMAIN	IS 138. DATE RECEI	VED 13C. SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
TRANSIT		dress in receiving sta Remated remains are	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPP	ED 14C ADDRESS AND SIGNA OF PLACING WITH TH	Ture of Person in Charge E Carrier
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			OR OTHER DESCRIPTION S A DISTRICT OF DISPOSITION	UF- 15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSE	

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

INTERMENT ORDER

Silie Hypling	City of San Diego	Date	5-23-	-o २
EENT		23		
You are hereby authorized and instruction WilmA 0.	ted, subject to your rule CARTER	es and regulati	ons, to inter th	e remains
in a ASH VAULT	Funeral, date, tir	me FRI	5 - 3	1:00
Church, Chapel, Graveside Wit	Ness :			Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra	charge of \$_	
we be applied and billed to undersigned	ed			
Lot 50 Grave 8 Ro	w Section	\	ivision /Block	5
Grave space & Care Fund	fre-Ne	r D-13	68_	0
Additional spaces and care fund				F . A
Opening/Closing & Setup	/1D	***************************************	10	5,00
Burial Container				5.00
Handling Fees MAY 2	3.7002	serra monorora	<u>6</u>	0.00
Flower vases - Marker setting fac	CEMETARY	***************************************	······································	-
Recording and filling feCITY OF SA	N DIEGO, Or		J	9 00
Sales taxes				1.26
*		Total Due	<u>a</u>	07/26
	Paid receipt number .	MIC	ત્	<u>07. 26</u>
I hereby certify I am the	SN	7070	ance due	decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authority	rization and I agree to I	above indicate	d. I certify and	represent
I hereby authorize the interment in lot hold under deed.	× /3	302 D	ARRY	0
Signature of recorded holder of deed.	X EL City 6/	CATO 9-390	w, CA 5232	9242/ zp Code
Work Order # E 17110	Invoice #			

This information is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

GRAV	/F BI	IND	CHECK	FORM
CU IN		-1111	ULLUK	LOUIVI

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 7	7		
			3		
7			ell		
	BARTLEN	SO A	ったっ		
		earter	43		
	ce for: Wilh				
	Grave: <u>8</u> ut by: <u>Xen</u>			<u>\</u> Di	iv:
Agrees with L	egal Card:	Yes [No No	Day or	nel
	nap: 🗆 Yes		A		
Blind Check	& Verified By:	Robert		Date	220

E-17110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

64

•

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL	.n			3. DATE OF DEATH	4. SEX
WILMA		DEAN	C	ARTER	O	761/1936	97187200Y	" 7
SA. CITY OF DEATH	EBGO		58. COUNTY OF ENTER STATE	SAN DIEGO	OF INFOR	LATIONSHIP, FULL MAI MANT CARTER—608	ILING ADDRESS AND	ZIP CODE
METTURE	SOCIETY	A-FUNERAL DIRECTOR OR PERSO CAJON, CA 92921	N ACTING AS SUCH 76	. CALIF LICENSE NUMBER —IF APPLICABLE	EL CA	DARRYL CT. POH, CA 92		
ACKNOWLEDGMENT OF A	not presert I hereby a	cknowledge as applicant that the proposed d	spontion stated berein is one	of the dispositions softwared by	BA. SKSNATU	PEOF APPLICANT—Per		ATE SIGNED 20/200:
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	376 of the Health and Salety Code, and has and JED IN ACCORDANGE WITH PROVI ORNIA, HEALTH AND SAFETY CON- ITY FOR THE DISPOSITION SPECIFIES O MINIST OF REPOSAL GRITSIDE OF CALFORNIA	9A. AMOUNT OF F		02 2	SIGNATURE OF LOC.	1	
		EGISTRAR OF DISTRICT OF DEA D. IN CALIFORNIA 22185-3222	TH— 98	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			NA:	
B. CREMATION	OF CREMATED REM		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C. H. TRANSIT TO	т	Į		NER'S USE ON Ending—Remains Ireas)	
BURIAL	MOUNT MOP	DRESS OF CALIFORNIA CEMET CENETIETY, 3351 M		5-31-0		IGNATURE OF PERSO	ON IN CHARGE OF	BURIA
CREMATION	12A, NAME AND AL	odress of California Crema	TORY	12B. DATE CREMA	TED 12G. S	IGNATURE OF PERSO	N IN CHARGE OF C	REMATION
SOMENTIFIC	13A. NAME AND AI	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAI	NS 13B DATE RECE	IVED 19C. S	IGNATURE OF PERSI	on in Charge of	PACILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B. DATE SHIPS		DDRESS AND SIGNA' F PLACING WITH TH		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DIST</u>		UF- 15B DATE OF DISPOSITIO		IGNATURE OF PERSO HARGE OF DISPOSIT	ION OF CE	SE NUMBER EMATED RE DISPOSER PPLICABLE

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



INTERMENT ORDER

City of San Diego

Date 5-24-02

Under	Funeral, date, time Weds, Way 29#
urch, Chapen Graveside	CABURIAL Mortuary.
Funeral cars must arrive before 3:30 p.m.	
Se applied and billed to undersigned.	
64 Grave a Bow	Section Division/Bleek) 2
	995 00
ive space & Care Fund	CONTRACTOR OF THE CASE AND
fillional spaces and care ProA. [D.	272 0
ening/Closing & Setup	3/5,00
ial Container MAY 2.8.2002	190.00
ndling Fees	145.00
wer vases - Ma &TT*® GAN DIE G	
cording and filing fee	15 M
[1:4] (114.73
es taxes	V./.U 72
in to bin	receipt number R-55026 1664. 7
nly to bring	receipt number 11 3 3 0 & 0 1001. 7
wites 11	Balance due
reby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
t I have the right to make this authorization	and I agree to hold Mt. Hope Cemetery harmless from
liability on account of said authorization	and interment.
ereby authorize the interment in lot I	VENELYN GLOUDING
d under deed.	X228 MISSLEDIST DI
sture of recorded holder of deed	* Sand DIEGO CH-9211V
and an ecological total of dead	City Zip Code

GRAVE BLIND CHECK FORM

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

Interment space for: 50	7	Berry & &	GREDM	10	B wo No
Interment space for: 50	7 7 4 Ne	8	GREON		B vo N
Interment Space for: 50	7 4 Ne			10	N
Interment space for: 50	4 Ne	<u> </u>	Bell		
Interment Date: WE 0	< -2	9	Time:	00	_
Lot: 64 Grave:		Row:			iv: \2
Agrees with Legal Card: [⊃ № 2	thy	on in

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

46

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE		C. LAST (FAMI	LY)			2. DATE O		MONDE	F DEATH	4. SEX
SA. CITY OF DEATH			5	BELL B. COUNTY OF ENTER STATE SAN D		UTSIDE CALIF.	OF IN	FORMANT	RLL, JI		-	P CODE
CALIFORNIA (CREMATION &	BURIAL CHAP AN DIEGO, CA	KI.	NG AS SUCH 7		PLICABLE	226 SAN	SYCHA DIEGO	R RD.	2114	121	
ACKNOWLEDGMENT OF A	non areasy hereby	acknowledge as applicant that the 1376 of the Health and Salety Code	n proposed disposition		of the dispo	sitions authorized by	0	ATURE OF A	pplicant—in	rsen taking peri		6/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE W FORMIA HEALTH AND SAF TY FOR THE DISPOSITION 10 RIGHT OF DISPOSAL OUTSIDE D	SPECIFIED	\$7.00	FEE PAID	J. BENTA	To the second	ili	URE OF LOC 2208786		rar issum	G PERMIT
The second of th	VITAL READ	EGISTRAR OF DISTRICT	85222	9		S OF REGISTRAP				NIA	39	
10. AUTHORIZED DISP	The same of the sa		24.95	-				1	FOR CORC	NER'S	JSE ONLY	
B. CREMATION	Mary Committee of the C	AINS OTHER		. TEMPORARY . DISINTERMEN I. SHIP IN TO C I. TRANSIT TO	T ALIFORNI				SPOSITION F lame and Ad		REMAINS LO	CATED AT
BURIAL	MT. HOPE C SAN DIEGO,	DORESS OF CALIFORNI EMETERY, 375 CA 92102	A CEMETERY	ST.	1	18. DATE BURIE		SIGNATUR	E OF PERS	ON IN CHI	ARGE OF BI	JRIAL .
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DORESS OF CALIFORNI	IA CREMATORY	2	1	28. DATE GREMA	TEO 120	SIGNATU	E OF PERS	ON CHA	NOSE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORN	IA FACILITY RE	CEIVING REMA	NS	38: DATE RECE	IVED 130	C. SIGNATU	RE OF PERS	ON IN CH	ARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A				48. DATE SHIPF	ED 140		S AND SIGNA ING WITH TH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHOREI ENTIFY FINAL PLACE ANI				DISPOSITION			RE OF PERS OF DISPOSI			NATED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

1/2 of Athes buried 1/2 of			e <u>5-24</u>	
of Jinnie H. T	Isurua	lome.	×	
in a Ash Vault	Funeral, d	ate, time TU	S 6-1	1 HUM
Church, Chapel, Gravesida With No No Chair R 5 All Funeral cars must arrive before 3:30	265 D.m. of regular	work day or an	extra charge of	Mortu
will be applied and billed to undersigne	W 36	Ř.	56	
Lot 5093 Grave Ro	w S	ection	Division/Sie	H- 17
Grave space & Care Fund	E-159	6		O
Additional spaces and care fund				
Opening/Closing & Setup	P	AID		05.0
Surial Container		n massas		53.0
Handling Fees	MAY	Z 4 ZUUZ		60,0
Flower vases - Marker setting fee	MT. HOP	E CEMETAR	14	_
Recording and filing fee	CITY OF S	AN DIEGO,	C/-	45.
Sales taxes				4.
		Total Du	9	269.
9	Paid receipt nu	mber R-5	5018	269.
			Balance due	D
I hereby certify I am the Mach	er-		of the above nar	med dece
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	ization and I agr	ee to hold Mt. h		
hereby authorize the interment in lot I hold under deed.	Sign	Lagra V	uruda.	0
	Addy	2.0. V.	ta Ce.	gin,
\$55,000 TAXES \$000,000, 20 0000		Care 1/5	ia ce	// / / / Zip
Signature of recorded holder of deed	Total	(619) 4	20-6514	10014
Signature of recorded holder of deed	Total	(6/9) #	20-65/4	150799

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

300				
1 tournaire	50FX	GOUVER	Nowa	TUMUMPAY Y
for: Jimm	ie Hu	To urd	omes	≤
TUE 6-1	Ti	ime:		10:30
	for: <u>)imm</u> TUE 6 - 1 Grave:	for: Jimmje Hu TUE 6-11 Ti	for: Jimmie Hots und	Grave: Row: Sect: Di

Agrees with Legal Card: Yes

Agrees with Map: Yes

Blind Check & Verified By:

J No

$\mathcal{E} = 17/12$ APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

46



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 05/08/2002 M
SA, CITY OF DEATH	•	HAGO	58. COUNTY OF DEAT ENTER STATE S	LOUTSIDE CALIF	B. NAME, RELATIONSHP, FULL MARING ADDRESS AND ZIP CODE OF INFORMANT LEWIS TRUTHSOME - Wife
	ORESS OF CALIFORN		ERSON ACTING AS SUCH 78. CA		
Chu	La Vista C		701	682	BA. SIGNATURE OF APPLICANT—Person taking perint, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PLICANT I hereby a Section 10	cknowledge as applicant that the prop 376 of the Health and Safety Code, and	used disposition stated herem is one of the was authorized pursuant to Section 7100 of th	e Health and Safety Code.	2 /6//// 05/09/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I FORMA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE ID NIGHT OF DISPOSAL DISTRICT OF CAL	CIFIED 87 00	05/10/2 D.Heldenb	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D IN CALFORNIA FGB P.O.Box 85 Calif 92186-52	222		R OF DISTRICT OF DISPOSITION— CUB IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION	OP CREMATED REM.	1920 AND 1873 AND 1874 AND 2013 AND 201	E. TEMPORARY ENVA	ORNIA .	I. DISPOSITION PENDING—REMAINS LOCATED A
BURIAL	Mount Hope	DDRESS OF CALIFORNIA CO Cemetery i t San Diego Ca		118. DATE BURN	1/ - 1
CREMATION	Cremation	DDRESS OF CALIFORNIA C Services Inc me Way Vista C		128. DATE CREMA	
SOMENTIFIC	13A, NAME AND AL	DRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138, DATE RECE	13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIP	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER — SE 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

5-24-07 Date

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
ROSARio D	BURNS TR. 165
ina T.S. VAULT	Funeral, date, time SAT, 6 1 100
Church, Chase, Graveside	: RAGSDALE Monuary.
All Funeral cars must arrive before 3:30 p. will be applied and billed to undersigned.	m. of regular work day or en extra charge of \$
Lot QQ3_Grave_\\Row_	Section 2 Division/Block 12
Grave space & Care Fund	845.00
	uday soultine 600.00
Opening/Closing & Setup	3/5.00
Burial Container	PAID 250,00
Handling Fees	78 3003 T8 2.00
Flower vases - Marker setting fee	
Recording and filing fee	IOPE CEMETAR) 45.00
Sales taxes	OF SAN DIEGO
Pa	Total Due
X	Balance due
	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery hamiless from and interment
I hereby authorize the interment in lot I hold under deed.	X 7159 WOODSHAWN DR
Signature of recorded holder of deed	X SANG DICSO CA 921/9 City 6194703399
Work Order # E 17113	Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

3	9		The second second second second			
		10	, x ,,	12		
Interment S	Date: SAT	6-1	1	OURWS		
Lot: 23 Grave Laid	Grave:_ out by: ≟	PARK	Row:_			
Agrees with			<u> </u>	J No T	y hul	in

Date: 5.31-02

Blind Check & Verified By: 76BERT / CHECK

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECEDE	NT-FIRST (GIVEN) 1 18	MIDDLE	1C. LAST (FAMILY)	THE PARTY OF STREET STREET, ST	2 D	ATE OF BIRTH 3.	DATE OF DEATH	4. SEX
Rosario	AT THE TOTAL	Dupree	Burns, Jr.				72172002	M
SA. CITY OF DEATH			58. COUNTY OF DEAT	TH-OUTSIDE CALIF.,	6. NAME, RELA	TIONSHIP, FULL MAILIN		CODE -
Long Beach			Los Angele	8	OF NFORM	D. Burns, S	r.: Father	
A. TYPED NAME AND AD	DORESS OF CALIFORNIA-F	UNERAL DIRECTOR OR PERSON A	CTING AS SUCH 78. CA	LIF. LICENSE NUMBER		dshawn Dr.		
	gedale Mort. o, CA 92102	5050 Federal Blv	d.	APPLICABLE	San Dieg	OF APPLICANT - Puson		SIGNED
ACKNOWLEDGMENT OF M	PPLICANT I heroby actioned	edge as opplicant that the proposed dispos the Health and Safety Code, and was authors	alicen stated herein is one of the	e dispositions authorized by	Ham	wo K. Her	Q 05/31	1/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED I SIONS OF THE CALIFORN AND IS THE AUTHORITY FO IN THIS PERMIT.	N ACCORDANCE WITH PROVI- A HEALTH AND SAFETY CODE IR THE DISPOSITION SPECIFIED IT OF DISPOSIL OUTSIDE OF CALFRINAL		AID BB. DATE PERMIT	/ 2002 	IGNATURE OF LOCAL	REGISTRAR ISSUING	PERMIT
TION REQUIRES A NEW THE TO SHOW FRALE	Long Beach De	ran of district of Death CAUFORNA pt. of Vital Rec e.; Long Beach, C	ords Vit	DIRESS OF REGISTRAR DISPOSITION IS TO OCCI AL RECORDS Diego, CA	P. O. B	DISTRICT IN CAUFORNIA		
O. AUTHORIZED DISPO	OSITION(S) CHECK APPLIC	CABLE ITEMS	10000			FOR CORONE	R'S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	×	E		SIDE OF CALIFORNIA		(Name and Address NATURE OF PERSON		
BURIAL		ss of California Cemeter etery 3751 Marke A 92102		6-1-02		MI F	Laws	
CREMATION	12A. NAME AND ADDRE	SS OF CALIFORNIA CREMATO	AY	128, DATE CREMAT	TED 12C. SIG	NATURE OF PERSON	N CHARGE OF CREA	MATION
SCIENTIFIC USE	13A. NAME AND ADDRE	ess of California Facility	RECEIVING REMAINS	138, DATE RECEI	VED 19C. SIG	NATURE OF PERSON	IN CHARGE OF FAC	CILITY
		SS IN RECEIVING STATE OR MATER REMAINS ARE TO BE		14B, DATE SHIPP		PLACING WITH THE C		CHARGE
TRANSIT	-202	-			>			

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

Chapt's Dixon

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_5-24-02

You are hereby authorized and instructed, subje-	ct to your rules and regulations, to in	ter the remains
or Willie Dixon	3	
	neral, date, time hom , 6 -	3 2.00
Church, Chaper Graveside	: Myshale	Mortuary.
All Funeral cars must arrive before 3.90 p.m. of	regular work day or an extra charge	015 150.00
will be applied and billed to undersigned	3. 	
Lot 168 Grave 6 Row	Section Division/B	12
Grave space & Care Fund	52	8
Additional spaces and care fund		
Opening/Closing & Setup		375.01
Burial Container	AIU	
Handling Fees	A 3 U 2003	
Flower vases - Marker setting lee		
Recording and filing fee MT. HC	OPE CEMETARY	45,00
Sales taxes CITY OF	SAN DIEGO, CA	<u> </u>
*	Total Due	420,00
Paid rec	eipt number <u>R - 5.5</u> 04 6	420,00
	Balance due	0
I hereby certify I am the Brother		amed decedent
and this is your authority to make disposition of that I have the right to make this authorization ar	nd I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said authorization and	interment 2	
hereby authorize the Interment in lot I	Signature	
hold under deed.	4243 Marc wad	e Dr.
Signature of recorded holder of deed	San Diego	92154
W. #1720 # / #007/ena	619 690-353	7
ALCOLOGICAS	Telephone	
318 4004 A	Invoice #	
Work Order # E 17114	Acct. #	

MT HOPE CEMETERY E-17/14

GRAVE	- BI	IND	CHEC	K FORM
CH WIVE		1110	UIILUI	CICITIVI

				DD, 9		770
3	Buckler	A Budela	nd G X	Gaine		-
9	10	, in	12			
	ent space fo	0-27			200	3
2000	White and the second	1000	Mr. Sharran	Sect:		Div: _ [.
ii.c.v.c.v	and out by				下(d Date	

E-17114

14085 Fenton Lane

Sylmar, California 92342

FOR CORONER'S USE ONLY

12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

(Name and Address)

I. DISPOSITION PENDING REMAINS LOCATED AT

SA. SIGNATURE OF APPLICANT—Person Island partiel.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88. DATE SIGNED

06/03/2002

2209256

4. SEX

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 2 DATE OF BIRTH 3 DATE OF DEATH 11/04/1935 05/24/2002 Willie. James Dixon 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME. RELATIONSHIP. FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT Vickie W. Dixon, Daughter

Tueson Arizona 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE HUMBER Anderson-Ragsdale Mortuary, 5050 Federal Blvd. -IF APPLICABLE Sen Diego, California 92102 FD-1329

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

thorized gurmant to Section 7100 of the Houlth and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

\$7.00

06/03/2002 Tinsley 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 YA. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION

C. DISPOSITION OF CREMATED REMAINS OTHER

THAN IN A CEMETERY D. SCIENTIFIC USE

ACKNOWN EDGMENT OF APPLICANT

PERMIT

AUTHORIZATION OF

LOCAL REGISTRAR

ANY CHANGE IN DISPOSI

TION REQUIRES A NEW

PERMIT TO SHOW FINAL DISPOSITION.

> SCIENTIFIC USE

> > TRANSIT

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

E. TEMPORARY ENVAULTMENT

F. DISINTERMENT

G. SHIP IN TO CALIFORNIA

H. TRANSIT TO OUTSIDE OF CALIFORNIA

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 118. DATE BURIED Mount Hope Cemetery, 3751 Market Street BURIAL

12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

San Diego, California 92102

SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED

NOTE: THIS PERMET GRES NO NURSE OF DESPOSAL OFFICER OF CALFORNIA

IF DEATH OCCURRED IN CALIFORNIA

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

DATE OF DISPOSITION

14B. DATE SHIPPED

12B. DATE CREMATED

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

OF PLACING WITH THE CARRIER

13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

15D. LICENSE NUMBER OF CREMATED RE-MAINS DISPOSED -F APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-67

- Jums 30	emen 19 1100
a Type of Build Container	Funeral, date, time WED 5 27 11,00
hurch Chapel Graveside	: Regadale Mortuary.
Funeral cars must arrive before 3:30 p ill be applied and billed to undersigned. ot 133 Grave Row	Section Division/Bleek
rave space & Care Fund	Pu-red F-17065 1500
dditional spaces and care fund	(341.30 Ñ
pening/Closing & Setup)375,00
urial Container	500. 16 < \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
andling Fees	J145.00
ower vases – Marker setting fee	611
ecording and filing fee	V / 45.00
Y . \	aid receipt number R-55019 1130 173
	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
nereby authorize the interment in lot I old under deed.	X JUI EAST HTH ST
Qualitine of recorded holder of deed	X ELATIONAL CITY 91950 VICTORIAL CITY 91950 VICTORIAL CITY 91950 Invoice # 363775
fork Order # E 17115	Acct. # 109 23 7
	ormation is available in alternative formats upon request.

E-17115 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LIGE BLACK INK ONLY MAKE NO EDACIDES WHITEOUTS OF OTHER ALTERATIONS

IA. NAME OF DECEDE	EDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMI		IC. LAST (FAMILY)			TE OF DEATH 4. SE
Juanita Genoa		Freeman		03	0372771925 0372372002 F		
SA. CITY OF DEATH				ATH-OUTSIDE CALIF.,		ATIONSHIP, FULL MAILING	DORESS AND ZIP CODE
Chula Vista			San Dies	0	John I	. Freeman, Jr	., Husband
A. TYPED NAME AND AL	ODRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PER	ISON ACTING AS SUCH 78.	CALIF. LICENSE NUMBER	241 E.	Fourth St.	
Anderson-Ra	gsdale Mor	t. 5050 Federal	Blvd.	—IF APPLICABLE	Nation	al City, CA 9	1950
San Diego	, CA 92102			7D-1329	BA SIGNATU	RE OF APPLICANT—Person taking	permit 88. DATE SIGNI
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 16	acknowledge as applicant that the proposi 1378 of the Health and Safety Code, and wa	ed disposition stated herein is one o is authorized pursuant to Section 7100	the dispositions authorized by of the Health and Sefety Code	>1an	uti hirstur	05/28/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PR FORINA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI ID NIGHT OF NISPOSAL DIFFSEE OF CALFE	FIED \$7 OO	05/28/20 1.71118	TISSUED 9C.	SIGNATURE OF LOCAL RE-	gistrar issu j ing peri
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Dept. of V	EGISTRAR OF DISTRICT OF DED IN CAUPONNA Ital Records P. Diego, CA 9218	0. Box	ADDRESS OF REGISTRAL BE DISPOSITION IS TO OCC			
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS			T.	FOR CORONER	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E. TEMPORARY E F. DISINTERIMENT G. SHIP IN TO CAI H. TRANSIT TO O	CONTROL VOLUM		L DISPOSITION PENDIN (Name and Address)	G-REMAINS LO
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEN Cemetery 3751 Ma , CA 92102		11B, DATE BURN		GNATURE OF PERSON IN	CHARGE OF BU
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED 12C. SI	GNATURE OF PERSON IN	HARGE OF CREMATIO
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAIN	138, DATE RECE	EVED 13C. S	GNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATI CREMATED REMAINS ARE TO		14B. DATE SHIP		DDRESS AND SIGNATURE F PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		VREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA !		F- 158, DATE OF DISPOSITIO		GNATURE OF PERSON IN HARGE OF DISPOSITION	15D. UCENSE NUMBER OF CREMATED RE MARKS 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

GRAVE BLIND CHECK FORM

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

891110	- 4	5	133 X 6	
£80:	70		/2	
		12 == 1	(5,0)	

nterment D	ate: WEP	, ^U 5-2	9 Tir	φ, μ', ο	0
\33	Grave:_	1.	Row:	Sect: 2	D: \\

Grave Laid out by:

Agrees with Legal Card: Yes No No

Agrees with Map: Yes

V-24

Date: 5-28

Blind Check & Verified By:

WY LAINTERMENT ORDER City of San Discourse

	Robinson
In a UNER	Funeral, date, time
Church, Chapel, Graveside	, Mortuary
All Funeral cars must arrive befor	e 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	signed
Lot 3416 Grave	Row Section Division/Block
Grave space & Care Fund	D-51977 8
Additional spaces and care fund.	
Opening/Closing & Setup	3750
Burial Container	PAID 190.0
Handling Fees	145.0
Flower vases - Marker setting lee	MAY 2.7 2002
Recording and filing fee	MT. HOPE CEMETARY 45 D
Sales taxes	CITY OF SAN DIEGO, CA 19.7
hereby certify I am theand this is your authority to make	som Mala / Illa
Work Order # E 1711	6 Acct. #

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-28-02

You are hereby authorized and instru		les and regulation	ns, to inter t	he remains
or WILFREDO	BOCALBO	05	,	10.00
in a LIVER	Funeral, date, ti	THE STATE OF THE S	5-31	لاستا
Church, Chapel, Graveside		LEVIS CO	LONIAL	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work	day or an extra	charge of \$	
will be applied and billed to undersign	ned	2 T 14 PROPERTY OF THE STATE OF		
Lot 97 Grave 9 A	low Section	Div	rision/ Block	13
Grave space & Care Fund			<u> 8</u>	95.00
Additional spaces and care fund	DAID		5	
Opening/Closing & Setup			స్త	15.00
Burial Container	AY 2 8 2002		<u>†</u> ,	10.00
Handling Fees			1	45.00
Flower vases – Marker setting T. F.	OPE CEMETARY			<u> </u>
Recording and filling fee	F SAN DIEGO, C,			5.00
Sales laxes			1	4.13
		Total Due	16	64.13
	Paid receipt number	R- 55	127	664.73
		Bala	nce due	-0
I hereby certify I am the Assault and this is your authority to make distinct I have the right to make this authority liability on account of said authority.	orization and I agree to	above indicated	emetery har	represent
I hereby authorize the interment in lo hold under deed.	Signature Address	3843 N) 27 ARI	ANE DA
Signature of recorded holder of deed	City	of Gre	9 Z <u>e</u> ze 1	Zip Code
Work Order # E 17117	Invoice &			

This information is available in alternative formats upon request.

REA-104 (7-96)

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

0.	TRONCOSO	ESTRADA	SORDHU 3	FLETCHER	LANIER	6
	BERNARD	8		cive Ne	11	chanel 13

		13
Interment space for: WILFRED	O BOCALBOS	T.
Interment Date: FRi 5-3	Time:\0 \. 0 0	
Lot: 97 Grave: 9 Row:		
Grave Laid out by CF	& DAVE	_
Agrees with Legal Card: Yes	O No Xly me	/
Agrees with Map: Yes	J No	
Blind Check & Verified By:	W/ Date:5-29-0	2

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58



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

17	. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	# # # # # # # # # # # # # # # # # # #	- 10	2. DATE OF BIRTH 3.	DATE OF DEATH	4. SEX
35	WILFREDO	ARROLA	BOCALBOS		39	MONTH, DAY, YEAR MO	5/25/2002	H
5/	. CITY OF DEATH	1 2000	SE. COUNTY OF DEATH	-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILIN		-
98.0	SAN DINGO		ENTER STATE	AN DIEGO	OF INF	A GARRIEL - S	TSTER	
71		DRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON A		F. LICENSE NUMBER		MT ARIANE DR		
	EL CAMIERO	MEMORIAL - BERBOUGE CHAPEL	-	APPLICABLE	1 1000000000000000000000000000000000000	DIEGO, CA 921		(*)
	3051 EL CA	JOH BLVD, SAN DIEGO, CA 9210	4 70-	480	SA. SIGNA	TURE OF APPLICANT—Person I	along permit, 88. DAT	E SIGNED
_	ACKNOWLEDGMENT OF M	Section 10376 of the Health and Salimy Code, and less author	and pursuant to Section 7100 of the	Health and Salety Code		uletti vale ti	WATER THE PERSON NAMED IN	7/2002
	UTHORIZATION OF	THES PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THE PERMIT GIVES NO MIGHT OF REPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	05/29/20 P Valen	002	2208994	REGISTRAR ISSUM	IG PERMIT
A		SD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CAUPOINIA VITAL RECORDSPO BOX 852	I IF D			CT OF DISPOSITION— THEIR DISTRICT IN CALIFORNIA		
77	AIMHORIZED DISPI	SAN DIEGO. CA 92186-5222 DISTION(S) CHECK APPLICABLE ITEMS	E	367		END CODONS	R'S USE ONL	
	B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	W	I. DISPOSITION PEN (Name and Addres		OGATED AT
-	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY, 3751 HARI SAN DIEGO, CA 92102		118. DATE BURE 5-31-	-	SIGNATURE OF PERSON	IN CHARGE OF B	
BLE FEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON		
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PERSON	IN CHARGE OF FA	ACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C.	ADDRESS AND SIGNATUR OF PLACING WITH THE C		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		168, DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	OF CREA	NATED RE-

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

Proposition of the proposition o

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5 - 28 - 02

ina T.S. VAULT Fu	neral, date, tir	me		
Church, Chapel, Graveside	F	× 8/4%		Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work	day or an ex	tra charge of \$	
will be applied and billed to undersigned.		-		
Lot 123 Grave 3 Row	Section	_3_	Division/ Black	12
Grave space & Care Fund				0
Additional spaces and care fund				
Opening/Closing & Setup		шиностопно		375.00
Burial Container	AID	(250.00
Handling Fees				185.67
Flower vases - Marker setting fee	2.3.700	a		
Recording and filing fee				45.05
Sales taxes CITY OF	SAM DIES	AH		19.38
11 2	a down	Total Due		874.39
Paid red	eipt number_	12-55		218-61
25-34-2-0			alance due 4	e 65,78
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	nd I agree to I	above indica	he above name ted. I certify an e Cemetery ha	d represent
I hereby authorize the interment in lot I hold under deed.	Septembre 275	edalup 5 MA	e 8 Sa exe t	erest.
Signature of recorded holder of deed	5AN City 23/ Telephone	DI€6.	92	IOZ Ze Code
Work Order # E 17118	Invoice #			

OFFICIAL RECEIPT	
	WHITE TO CUSTOME! CANARY CEMETER PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55366

From Guadalupe R. Ga	YCI a Address:	on re	Date:	9/4	, 20	02
Fifty Four 64 In-part Payment of 1	re need	trust.	Account	Dollars (\$	54.666 uponst	4/5
Lot 12-3 Grave	3	Row	Section3		Division Block	12
Acct. No	NOT YALID FOR PURPOS "PAID" IN THIS SPACE.	ESTATEDUMLESS STA	20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers Hendling Fee Recording & Misc. Fees	87007 77184 — 100 77184 — 100 77181 — 100 77185 — 100 77185 — 100 77183 — 80101 78390 —	54	64
2/32	ISSUED BY	writte (TOTAL PAID	\$	54	64

nound

From Guadalupe R.	Gurcia Addre	188:	record	Dollars (5	46 ,20 OI
	Pre-neec	1 trust 1	account	Dollars (\$-	
Lot 123 Gra)	Row	Section	3	Division 12
Invoice No	NOT VALID FOR P "PAID" IN THIS SE	URPOSE STATED UNLESS PACE,	20% Sale 80% Sale of Lots Opening Closing Burtal Contains Handling Recording	100 77154 — 7154 — 100 77161 — 100 17162 — 100 1Fee 77185 — 100	5 4 GY
Pre-Need Lot		Paulotte	Misc. Fer Pro-Note Trust Sales Ta TOTAL PA	83033 80101 78390 —	54 64

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA

55615

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Guadalupa I	. Coliw Waddres	s: mu	Date: 11-	-14 -	, 20	02
fifty-Four a	nd leu c	ACCOUN		_ Dollars (\$ 54.6	4)
tot 123	Grave 3	Row_	Section	3	Division 12	a
Invoice No	STAMPED "PAID	PURPOSES STATED UN * IN THIS SPACE.	CREDIT 20% Sales of Lots Opening/ Closing Burial Containers	100 77184 - 100 77181 - 100 77182 -		
SE WANT TO THE TAXABLE TO SEE	n Acct 1) 1 44	Handling Fe Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 - 63033 77186 - 60101	34	64
AC-212 (Rev. 10-02) # &	152 ISSUED BY	melle	C. TOTAL PAID	78390 -	54,	64

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Gustalup	, •	Address:	<u>l mo</u>	Date: 12-7-		, 20 (\$ 5 4 . 6 4	3 8 00
Lot 123	Payment of Grave	6	Row	Section3		Division 1	1२
Acct. No	9 5.26	NOT VALID FOR P STAMPED *PAID* I	URPOSES STATED UN N THIS SPACE,	CREDIT 20% Sales Cal 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 e 77184 100 77184 100 77181 100 77182 100 77185 100		
Pre-Need Lot ☐ At Need	• •			Misc. Fees Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	54	64
L AC-212 (Rev. 10-02) This information is available in alternati	J d I S we formats upon reques	St.		TOTAL PAID	\$	_ sy	6

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Guada Lupe RGo Fifty-Four 64	CYCK(Address	on rea	Date:	Dollars	(\$ 54.6	20 <u>02</u> 4
in Dart Payment of F Lot 133 Grave	re-ne	eed Lots	a Cc_ Section_	3	Division	12
Invoice No	STAMPED "PAID	PURPOSES STATED UNTIL THIS SPACE.	CREDIT 20% Sale 80% Sale 60 Lots Opening/ Closing Burial Container Handling Recording Misc. Fee Pre-Need Trust Sales Tax	s 100 77184 100 77181 100 5 77182 100 Fee 77185 6 100 5 77183 63033 77186	51	t. (qL
Pre-need Trust Cash Check AC-212 (Rev. 10-02)	ISSUED BY	whethe (TOTAL PAI	78390	54	164

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

155 •	Da	te: 1-60 · 1	, 20 0>
From: 6. Garcia	Address: 2755 Mar	Ket st. 2	5015P 08
Fifty Four dollars +		Dollars (\$	54.64,
in Part Payment of	freneed trust		
Lot 183 Grave	3 Row	Section 3	Block _ D
	IOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007	T
Acct. No.	PAID	20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	
w.o		Opening/ 100 Closing 77181 — Burial 100	
BALANCE DUE 245 .98	FEB 0 7 2003	Containers 77182 — 100	
-	MT. HOPE CEMETARY	Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —	
Pre-Need Lot ☐ At Need ☐ On Acct ☐	CITY OF SAN DIEGO, CH	Pre-Need 63033 Trust 77186 —	54 64
Pre-need Trust Cash U Check	SSUED BY Kam Hetel	Sales Tax 60101 78390 —	ed ut
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.		TOTAL PAID \$ _	54 67

OFF	ICIA	LR	ECEIP
Fron	n: L	u	De

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

55941

	Day	. teb. 21	~Q
-rom: lupe Garcia		ucil ot	9105
tyty trus doll	are 2001/100	Dollars (\$ 54.64
n Payment of Grave	BICICLE TIUS	Section 3	Division Division
nvoice No. E 17118	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	3
V.O. 1	PAID	20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening/ 100	
ALANCE DUE 191 34	FEB 2 0 2003	Closing 77161 – Burial 100 Containers 77182 –	
(b)	MT. HOPE CEMETARY	Handling Fee 77185 - Recording & 100 Misc. Fees 77183 -	
Pre-Need Lot At Need On Acct	CITY OF SAN DIEGC	Pre-Need 63033 Trust 77186 - Sales Tax 60101	54 US
Pre-need Trust Cash Checky	ISSUED BY CON HOTEL	78390 —	cd 1.d

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CA	ALIFORNIA 56061
CANARY	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CEI (619) 527-340	METERY
	Da	Alread ac
From: G. Garcia	Address: 2755 Ma	Dollars (\$ 54.44
in part Payment	Grave 3 Row	Section 3 Division /2
Invoice No. F 17/18	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007
Acct. No	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181
BALANCE DUE 136.70	MAR 2 5 2003	Burial 100 Containers 77182 100 Handling Fee 77185
/	Acct MT. HOPE CEMETARY	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 54 64
Pre-need Trust X Cash C	heckX must be must be	Sales Tax 60101 78390

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

56204

From Rupe Garcia	Dat Address: 2755 Ma		m 9, 102
Sitty four dollars the	Address: STOS TITLE		ars (\$ 5464)
in Payment of 1	3	Section 3	Division /
	T VALID FOR PURPOSES STATED UNLESS AMPED "PAID" IN THIS SPACE. PAID	of Lots 7718	84 00 84 00
BALANCE DUE 82 00	MAY 0 6 2003	Burial 16 Containers 7718	00 85 00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check ISS	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA		54 64 01
AC-212 (Rev. 10-02) This information is available in alternative formals upon popular.	oco an transfer and the second	TOTAL PAID	s54 47-

CALL THE CENT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

			Date Onulls	20	. 20	
From: G. Garle	Address:	2755 U	racket of	SC	921	102
Swenty Sevan +	44/100		• · · · · · · · · · · · · · · · · · · ·	Dollars (27.46	2
in full Payment of	i pre nu	d true	H .			E .
	ave 3	Row	Section 3		Division 6	<u></u>
Invoice No. <u>E 17118</u>	NOT VALID FOR PU STAMPED *PAID* IN	RPOSES STATED UN	ILESS CREDIT	67007		11
Acct. No		AID	20% Sales Care 80% Sales of Lots	77184 - 100 77184 -		
W.O		0.0.000	Opening/ Closing	100 77181 -		
BALANCE DUE	JUL	2 3 2003	Burial Containers	100 77182 -		-
3		E CEMETARY	Handling Fee Recording &	77185 - 100		
Pre-Need Lot 🗆 At Need 🗀 On A	col CITY OF S	AN DIEGO,	Misc. Fees Pre-Need Trust	77183 - 63033 77186 -	27	42
Pre-need Trust Cash Che	ISSUED BY CO	in total	Sales Tax	60101 78390 -		l to
AC-212 (Rev. 10-02) This information is available in alternative tornats upon	55		TOTAL PAID	s _	21	40

						E-	17118
GARCIA, GUADALUPE R. 2755 Market Street, San Die	200.	CA.	9210	2 (61	9) 231-	-7530	
Emiliary Commission of Property State of the Commission of the Com	-P~)		BIT	_ (01	CREDI		BALANCE
5-28-02 Opened Pre-need Trust Account,				II			
Trust includes: O/C, B/C T.S. Vault, H/F,			874	.38			874.38
Lot 123. Grave 3, Sec 3, Division 12							
25% Down Payment.					218	.60	655.78
6-11-02 R-55095 Ng coupon #1	90				2	1.32	628.46
7-14-03 R-55211 July 1 # 2	1	2			27	132	601.14
8-12 R-55303 #3		1			27.	32	573.87
9-4-02 R-55366 # 4.5					54	1-64	519.18
10-90 R-55501 # 1047	7.4	*	Sign.		5	4.64	464.54
11-14-01 1-55615 # 8-9	908				50	4.64	409 90
12-9-02 R- 55712 10 a 11					5 Y	164	3\$\$,26
12-27-02 R-55750 129 13		P	A	D	54	1.64	300.62
2-703 R 55902 14 115					5	444	245 98
2210 R5594 NG 417	14 18	JUL	23	2003	5	444	19134
3-2503 R 560Cel, 18+19			-	METAD	v 5	464	13670
5 B RS10 204 30121				METAR DIEGO		4 494	8206
670-98 R-56346 22,	Oil	0.			5		27,42
7-24 63 505 03 24					2	742	10
CARCTA CHARATIME D. T. 17110							
GARCIA, GUADALUPE R. E-17118					124 114		- 10 12 14

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_5-28-03

ina T.S. VAULT	Funeral, date, time SAT 6-	1 11:00
Church, Chapel, Graveside	MAYER	Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge o	of \$
will be applied and billed to undersigned.	-	
Lot 4752 Grave Row_	Section Division/Bloom	10
Grave space & Care Fund	Pre-need E-53	0-
received apares and care land minimize	TURDAY OVERTIME	600.0
Opening/Closing & Setup.	=-7489	-0
Burial Container	PAID	
Handling Fees		
Flower vases - Marker setting fee	MAY 2.9 2002	
Recording and filing fee	- TARP ACTICTACY	
Sales taxes	TY OF SAN DIEGO, CA	0
LARTUARY TO	7 Aotal Due	600.00
- Mr aleck	aid receipt number 755031	600.0
<i>*</i>	Balance due	2
	ition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery	
Signature of recorded holder of deed	City Telephone Invoice M	Zip Code
Work Order # E 17119	SOURCE OF STREET	

85 29 2002

1 ----

13:02

SD MT. HOPE CEMENTERY + MAYER

NO.841

MT NOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5 - 28 - 07

T. S. VA	WORTMAN ULT Funeral dele	s time SAT	-1 11:00
hurch, Chape Graveside		MAYER	Mortuary.
			7 SOC USS 1000
a Funeral cars must errive be		ork day or an extra cha	rge or s
iii be applied and billed to ur	geraidues	*** **** *******	
a 4752 grave_			10
on 775 Grave	Sec	flor Owisio	NO -
irave space & Care Fund	Ire-Vie	J E-53	-0-
idditional spaces and care fu	O SATURDAY	OVERTIME	600.00
pening/Closing & Selup	F - 1487	SET MODERAL CONTROL OF THE PARTY OF THE PART	0
		PROSESSES TO COMPANY	0
Nosi Container			- (-)
ending Fees			
ower vases - Marker selling] (80		<u> </u>
ecording and liling tee	micon complete attendences	ur - jane megazo	
eles laxes		with the state of the state of	710 0
INTUARY TO	*0	Total Que	600.00
ains elect	Paid receipt num!	her	
· ·	2	Balance	4.0
4	James Di	A-1-1	
hereby certify I am the nd this is your authority to n	nake disposition of remains	as above indicated, I i	ve named decedent cortify and represent
yet I have the right to make the			elery harmies from
	x (Marin	an V
hereby authorize the intermi old under deed	ant in lat I	SOFO	Dalana L
A STATE OF THE STA	- Carrier	0.034	HUMANN
prairie di recorpsi houler d' desc	Xa	Sold day	0, (4 9)
	V ** 7	014/281-	7055
	Tambono	ine .	
20.00	Invoice		
F 17	119		
fork Order # 💆 🐠)			te the second
EA-104 (7-08)	This information is ava-	lable in ellernative for	mats upon (aquas).

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	*			
47.5%	4754	4753 EDGAR	竹袋。	4751-	4750 MORA, 6	4749 KARAOGLA
		WORTMAN				

Interment space for: LY Di	A WORT	MAN	
Interment Date: SAT 6-	Time;	11,00	
Lot: 4757 Grave:	Row: \$	Sect:	Div: <u>\ 0</u>
Grave Laid out by: DEVID	DF	<u> </u>	
Agrees with Legal Card:	Yes 🗆 N	· No	g m
Agrees with Map: Yes	□ No	- 0	
Blind Check & Verified By:	Kennet Car	Live Date	5/30/6

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	T 1B. MIDDLE	or a remarks	IC LAST GAMILY			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Lydia -		Wortman			MONTH, DAY, YEAR 05/10/2917	05/26/2002				
SA CITY OF DEATH San Diego		ENTER STATE CON DIAME		OF IN	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GEORGE T. HORNBY, SON-IN-LAW					
3	Mayer Mortu	ary	n Diego, CA		l _	CALIF, LICENSE NUMBER IF APPLICABLE	1645 San	Morasouth Da	rive 92109	•
	NON-HOMEOGRAPHIC OF HE	DISCOUNT hereby a		the proposed dispon		the dispositions authorized by of the Health and Safety Code.	>La	care I Sr	erja 05/	29/2000
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT GIVES N	JED IN ACCORDANCE OFINIA HEALTH AND SI TY FOR THE DISPOSITIO MIGHT OF DISPOSAL OWISIDE	AFETY CODE IN SPECIFIED OF CALFORNIA	9A. AMOUNT OF FEE	05/30/2 B.E. May	002 yez	9C. SIGNATURE OF LOG 2209066 ▶	CAL REGISTRAR ISSU	ING PERMIT
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. Box	The state of the s		C-062 (W-25753)	ADDRESS OF REGISTRA F DISPOSITION IS TO OC		OTHER DISTRICT IN CALIFOR	ONER'S USE ON	_
Contraction of the Contraction o	B. CREMATION	OF CREMATED REM			E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OL		4	Security State Section (1997)	PENDING REMAINS	missoyo is the
BURIAL HOPE COMES 3751 Mariost S			Cometery			6-1-0	1	SIGNATURE OF PERS	SON IN CHARGE OF	BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ON				128. DATE CREM	ATED 120	SIGNATURE OF PERS	ON IN CHARGE OF C	REMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECE	EIVED 130	. SIGNATURE OF PERS	SON IN CHARGE OF	FACILITY	
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIP	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER				
ŏ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AT			168. DATE OF DISPOSITIO		CHARGE OF DISPOSE	TION OF CRI	E HUMBER EMATED RE- DISPOSER PPLICABLE

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





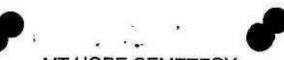
→ MT. HOPÉ CÉMETERY

INTERMENT ORDER

City of San Diego

Date 5 28 02

You are hereby authorized and instructed, su	bject to your rules		s, se inter the	remains
+17 4 1 1 1		Ca: "	10 31	1/60
in a 1-5. Vau CT	Funeral, date, time	FRIN	vay31	1.00
Church, Chapel, Graveside		Raasa	alle,	Mortuary.
All Funeral cars must arrive before 300 p.m.	of regular work day	y or an extra c	harge of \$ \	50.00
will be applied and billed to undersigned.				MILES COOL
		W 77	1	
Lot BB Grave LO Row	Section	/ pivi	sion/ Bloc k	12
Grave space & Care Fund)/	80	15.00
Additional spaces and care fund			1	
Opening/Closing & Setup		wannaaa	3	75.00
Durial Container			2	50.00
Handling Fees			<u> 18</u>	35.00
Flower vases - Marker setting fee	ound tric	on vast	= 4	693
			11	6.00
				1938
Sales laxes MAY 2 9 2002	····	otal Due	10	16 31
MT HODE CENETARY			10	16 31
MT. HOPE CEMETARY Paid CITY OF SAN DIEGO, CA	receipt number \	50000	10	2
OH OF SAN DIEGO, CF)	Balan	ce due	8
I hereby certify I am the Huskano	/	of the a	bove named	decedent
and this is your authority to make disposition that I have the right to make this authorization	n and I agree to hol	ove indicated. Id Mt. Hoge Co	certify and i	represent less from
any liability on account of said authorization	and intermedit.	0	رىجىر 🚶 ـ	2 (198
I hereby authorize the interment in lot I	Jours	27	Dell	ali
hold under deed.	Signature	140it	4 81	_
4	Address	DE	1 01	11 0010
Signature of recorded holder of deed	City			4 921 0
	(G(S)	239 50	63	
	Invoice #			
Work Order # E 17120	Acct. #			
TOIR Older # ab ab to U	MUCH. IF		-	



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	1		1-	1	1
1	a	3	н	5	G	DAKENPO
7	8	9	lo _X	(1	12	
		or: <u>Kut</u> 5/31/		Leve (Villiam VOO	15
Lot: 89	Gr	ave:10	. Row: _			Div: 12
Grave La	aid out by	. DAV	ID	d).F.	
		l Card: 🗖		□ No	F	aqion
Agrees w	vith Map:	☐ Yes	~ _	J No		lajon Grav
3lind Ch	eck & V	erified By:	A DA	Men	Dat	te:5:30

A BERTA L- DAVER PIA TLLE

E-17120

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

100	NAME OF DECEDE	NT-FIRST (GIVEN)	19. MIDDLE	1C. LAST (FAMIL	מי		DATE OF BIRTH	3. DATE O	F DEATH 4. SE
	Ruthie		Ree	William		10.000	0/31/1932		
5A.	San Dieg	0		SB. COUNTY OF E		OF INFO	ELATIONSHIP, FULL M. RMANT S. E. Willia	ALLOS - NAC	
7A.	TYPED NAME AND A	DORESS OF CALIFORN	A FUNERAL DIRECTOR OF	PERSON ACTING AS SUCH 78	CALIF. LICENSE NUMBER —IF APPLICABLE	444	Hoitt Stree	et	(19)
	Blvd., S	an Diego, (A 92102		FD-1329 &	A. SIGNATI	URE OF APPLICANT-	erson baking perm	BB. DATE SIGN
	ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, a	repased disposition stated herein is one oid was authorized pursuant to Section 710	O of the Health and Safety Code.	101	rute 14	slay	05/30/20
	PERMIT THORIZATION OF CAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORMIA HEALTH AND SAFE BY FOR THE DISPOSITION S O RIGHT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	05/30/200	2	SIGNATURE OF LO	CAL REGISTI	2209101
ANY		Vital Red	rds, P.O. Box	k 85222	ADDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR	F DISTRIC		thea.	•
10	AUTHORIZED DISP	San Diego,	CA 92186-522	22 1			FOR COR	ONER'S L	SE ONLY
	B. CREMATION			F. DISINTERMENT		100	☐ (Name and A	ddress)	
		3E		G. SHIP IN TO CA	LIFORNIA DUTSIDE OF CALIFORNIA			779.7037	nos os susua
	C. DISPOSITION	Mt. Hope	DDRESS OF CALIFORNIA	G. SHIP IN TO CA	ULIFORNIA DUTSIDE OF CALIFORNIA , 118. DATE BURIED	116. 1	SIGNATURE OF PERS	779.7037	RGE OF BURIA
See Hears	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	Mt. Hope	ODRESS OF CALIFORNIA Cemetery, 37:	G. SHIP IN TO CA H. TRANSIT TO C CEMETERY 11 Market Street	JUTSIDE OF CALIFORNIA	1.		SON IN CHA	my
TE ALTENABLE HEMS	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND AI Mt. Hope San Diego	DDRESS OF CALIFORNIA Cemetery, 37: CA 92102 DDRESS OF CALIFORNIA	G. SHIP IN TO CA H. TRANSIT TO C CEMETERY 11 Market Street	ULIFORNIA 11B. DATE BURNED 5-31-02 12B. DATE CREMATE	12G. 1	SIGNATURE OF PERS	SON IN CHAR	IGE OF CREMATIO
WALETE ALL APPLICABLE ITEMS	C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	Mt. Hope San Diego 12A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	DDRESS OF CALIFORNIA CEMETERY, 37: CA 92102 DDRESS OF CALIFORNIA DDRESS OF CALIFORNIA	G. SHIP IN TO CA H. TRANSIT TO C CEMETERY 51 Market Street CREMATORY FACILITY RECEIVING REMAIN	ULIFORNIA 11B. DATE BURNED 5-31-02 12B. DATE CREMATE	D 12G.	SIGNATURE OF PERS	SON IN CHAP	RGE OF FACILITY

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

INTERMENT ORDER

City of San Diego

or CHARLOTT!	 	INGER eral, date, time/MO	n. June	3ml 1:0
Type of Bursal Contain Church, Chapel, Graveside	" Witness	GUAR	DIAN ME	Mortua Mortua
All Funeral cars must arrive b	FAMILY TO W	egular work day or ar	extra charge o	1 \$ 150.0
will be applied and billed to u	ndersigned.			
0		×		11
Lot 99 Grave O	Row	Section\	Division/810	ock 11
Grave space & Care Fund	S.	u-ned F	_2780	
Additional spaces and care for	and		7 c-10 (cc-11) (cc-1-1)	
Opening/Closing & Setup	n /	ID.		375.1
Burial Container				190.0

Flower vases - Marker setting I	fee	X26/18 FJ
Charles and the Control of Contro	MT. HOPE CEMETARY	400
Recording and filing fee	OFFICE CALL DIEGO OF	12.00
THE PROPERTY OF THE PARTY OF TH	CITY OF SAN DIEGO, CA	10 77
Sales taxes		11-12
	*	7/974
	_Total Due	(6)110
		7/0 42
	Paid receipt number and by 19	1, 167. 10
	CO	rd CX
	Balanca	110

2-28-03

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.

Signature	
Address	
Cey	Zip Cox
Telephone	
	Address

Work Order # E 17121

Invoice #

This information is available in alternative formats upon request.

D.I.P.

MT HOPE CEMETERY €- 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.

704. No	BARNWELL	TORRES	MANKINS	V.H.Y	Stewar
	CRUEA 7	14 X &	, 9	one h g	y
		 		-	-

		3 3 3			
Interment spa	ce for: El	ARLOTTA	BALLI	NGER	
Interment Dat	e:		Time:		170
Lot: 94	Grave:8	Row:	Sect:_\	Div:	11
Grave Laid ou	ıt by:	Ken	-	()	-
Agrees with L	egal Card:	☐ Yes	□ No	thy.	1
Agrees with M	lap: 🗖 Ye	es Q	No		
Blind Chook	O Varitiad E	· / U/	2011101	Datala	30

E-17121

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

24568

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

	ENT-FIRST (GIVEN)	1B. MIDOLE	IO. LAGI	(FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	
Charlotta			Ballinger	09/05/1914 05/28/2002			7	
A. CITY OF DEATH OXNAMO				Y OF DEATH—OUTSIDE CALIF., STATE VENTURA	OF INF	ORMANT	WAILING ADDRESS AND	
		TUNERAL DIRECTOR OF		78. CALIF. LICENSE NUMBER —IF APPLICABLE	73	8 Camino Dura lousend Oaks,	rogo	•
ACKNOWLEDGMENT OF A	personal I hereby a	choosings as applicant that the	proposed disposition stated heres	FD-1628 is one of the dispositions authorized by	8A. SIGNA	THRE OF APPLICANT	Person taking person, 88. D	ATE SIGNED /30/2002
neares 1	THIS PERMIT IS ISSU	JED IN ACCORDANCE WIT	H PROVI- QA AMOUNT	ction 7100 of the Health and Salety Code. OF FEE PAID . 98. DATE PERIM	IT ISSUED	C SIGNATURE OF LO	THE RESERVE OF THE PERSON NAMED IN	OR PROPERTY.
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S IS BENT OF DISPOSAL OUTSIDE OF	TY CODE	.00 05/39/200	i de la companya de l	Frank	Levin H.D.	Ding.
MY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CALIFORNIA		P.O. Box 85222 S	OUR IN AND	ICT OF DISPOSITION— THER DISTRICT IN CALIFO	HEYDRIN III	
DISPOSITION.					am bred	.,		
A. BURIAL (MCLL								
B. CREMATION C. DISPOSITION THAN IN A CC D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND A	DORESS OF CALIFORNIA	H. TRANSF	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BURB	ED 110.	SIGNATURE OF PER	RSON IN CHARGE OF	BURIA
B. CREMATION C. DISPOSITION THAN IN A CC D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND AI Hount Hope 92012	DORESS OF CALIFORNIA	G. SHIP IN H. TRANSI CEMETERY arket Street, S	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118. DATE BURB	ED 11G	SIGNATURE OF PER	⁽⁵⁾ विकास	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETERY SE 11A. NAME AND AL MOUNT. Hope 92012 12A. NAME AND AL	DORESS OF GALIFORNIA Cometery 3751 Ma	G. SHIP IN H. TRANSI CEMETERY arket Street, S CREMATORY	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118. DATE BURB Diego 6-3-02 128. DATE CREMA	ED 110	SIGNATURE OF PER	RSON IN CHARGE OF	CREMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE 11A. NAME AND AU MOUNT Hope 92012 12A. NAME AND AU 13A. NAME AND AU 14A. NAME AND AU	CONSTRUCT 3751 MA	G. SHIP IN H. TRANSI CEMETERY PERKET STREET, S CREMATORY FACILITY RECEIVING I	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 118. DATE BURS 128. DATE CREMA 128. DATE RECE	ATED 12C	SIGNATURE OF PER SIGNATURE OF PER SIGNATURE OF PER	RSON IN CHARGE OF	FACILITY

INTERMENT ORDER

City of San Diego

Date 5-28-07

- 1 BB 12 - 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d, subject to your rules and regulations, to inter the remains
or SHERMAN TH	HORNS BERRY
ina Liner	Funeral, date, time FRI 5-3 \ \.00
Church, Chape, Graveside	: OAK PARK HILL Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	925 934-6500
Lot 373 Grave Row	Section Division/Block
Grave space & Care Fund	Pre- need C-4616 _ 0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container PAID	170.00
Handling Fees	143.00
Flower vases - Marker setting lee	
Recording and WIR HOPE CEMETA	RY 45.00
Sales taxes. CITY OF SAN DIFGO	14.73
	Total Due
F	aid receipt number VISA 769.73
~	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorization of the cook 850 466-3	ation of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	X Address St.
Signature of recorded holder of dead	Telephone Zip Code
	Invoice #
Work Order # E 17122	Acct, #
REA-104 (7-98) This inf	ormation is available in alternative formats upon request.

619 5273403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rule	[2] 1일 : [2] [2] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
OF SHERMAN THORNSBER	701 7 1 1 1 1 D
Funeral, date, tim	AK PARK HILL Morruen
	TRAD
All Funeral cars muscentive before 3:30 p.m. of regular work of	ay or an exita charge of \$
will be applied and billed to undersigned.	123 131 6300
Lot 373 Grave Row Section	A STATE OF THE PARTY OF THE PAR
Grave space & Gare Fund Me - NU	d c-4616o
Additional spaces and care fund	2.25
Opening/Closing & Setup	375.00
Surial Container PAID	140 00
Handling Fees MAY 29 7007	142:00
Recording and WIT MOPE GEMETARY Sales taxes CITY OF SAN DIFGO. C	
	169.73 115 A 769.73
~ ^ ·	Balance due
thereby certify I am the and the same of t	of the above named docadent ove indicated. I certify and represent old Mt Hope Cemetery harmless from
heroby authorize the Interment in lot I hold under deed.	c Donart Or
Significated forcessed helicary of sures Total T	8 4863044
Invaice #_	
Work Order # E 17122 Acct. #	
REA-104 (7-96) This information is available	in alternative formets upon request.

MT HOPE CEMETERY E- 17/22

GRAVE BLIND CHECK FORM

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

		9	4	14		
×			wens t		<u> </u>	
3728 TRY	3729 FRY	5730	373 <u>1</u>	3732	3733 HORNS	3734 BRRY
	-	1		-	-	-
V						

Interment space for:	SHERMAN	THORNSB	ERRY -
Interment Date: FRi	5-3	Time: \'\'	00
Lot: 373 Grave:_	Row:	Sect:	Div: _\0
Grave Laid out by:	DAVID		.
Agrees with Legal Car	d: 🗆 Yes	O No	May on
Agrees with Map:	Yes	No .	V • •
Blind Check & Verifie	d By:	men	Date: 5-300

CITY OF SU-HT HOPE CEMETERY #64 3751 HARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4381322156665644

85/29/82

08:12:58

KEYED

INVOICE#

US

XXXXXXXXXXXXX15915

AUTH# 836847 AUS: NO AVS REF# 12202001

NO AVS REQSTED

HAIL/PHONE

\$ 769.73

TAIL

5 769.73

AGREE TO PAY ABOVE TOTAL AHOUNT ORDING TO CARD ISSUER AGREEMENT THERESTANT AGREEMENT IF CREDIT VOUCHER)

PHONE ORDER

THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHANT BOTTOM COPY-CUSTOMER

E-17127 Literment of

Sherman thornbarry

PO1

619 5273403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-07

	d, subject to your rules and regulations, to inter the remains
ina LiNer	Funeral, date, time FRI 5-31 1,00
Church, Chaper, Graveside	OAK PARK HILL Monuery.
An Funeral cars must entre before 3:30 p	p.m. of regular work day or an exita thange of S
will be applied and billed to undersigned.	428 934-6500
Lot 373 \ Grave Row.	Section Division/Block _ \ 0
Grave space & Care Fund	Mr. need C-4616 -0
Additional spaces and care fund	
Opening/Clesing & Setup	375:00
Burial ContainerPAID	190.00
	1116 011
Flower vases - Market Seiting lee	1\(\frac{3.00}{-}\)
나는 그리고 한다면 내용하다 그리고 하는데 나는 그 가게 하는데 나를 내려가 되었다. 항상하는데 나를 하나 없는데 되었다.	45.00
Sales taxes CITY OF SAN DIFGO	14-73
	769.73
	aid receipt number V15 A 769.73
E	
× O	Balance due
nersby certify I am the	of the above named decedent from of remains as above indicated. I certify and represent also and I agree to hold Mr Hope Cametery harmless from on and interment.
heroby authorize the interment in lot I lold under deed.	VIGILLE DONATE DE
grifure of recorder relider of arrid	X + 600-4 CH 9 100-9 X 619 858 486 3044 Die Code Teregrane
	Invoice #
Vark Orabi # E 1.7122	Acct. #
EA 104 (7-98) This infor	rmation is available in atternative formats upon request

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	NAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE C		4. SEX
	SHERMAN	AMDERSON	THORNSBERR	T	1	0/15/1920	637247	2002	M
54	. CITY OF DEATH	Control 16	5B. COUNTY OF DEATH		6. NAME, F	RELATIONSHIP, FULL MA	AILING ADDR	ess and zif	CODE
_	WALLEUT CR		CONTRA COS	And the second s	PATR	CIA COOK -	DAUGE	TER	
7.4	OAK PARK	DORESS OF CALIFORNA—FUNERAL DIRECTOR OR PERSON A HILLS CHAPEL, 3111 W. MAIN 87	t. ¦≔	APPLICABLE	POWA	, CA 92064		U)	
_	MALRUT CR	EEK, CA 94596	Control of the Property of the Parkets	1073	BA. SIGNA	TUBE OF APPLICANT P	ersyn talong parm		
	ACKNOWLEDGMENT OF A	PPLICABIT I hereby acknewledge as applicant that the proposed dispos Section 10376 of the Health and Sefety Code, and was authorize			> 1/	or any a	11/1	05/28	3/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT CHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	95/28/20		C. SIGNATURE OF LO	CAL REBIST	5288 5288	
T	ON REGULES A NEW SEMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA 825 MAIN ST. MARTINEZ. CA 94553	383	ISPOSITION IS TO OCC	S ST.	CT OF DISPOSITION— HER DISTRICT IN CALIFOR P.O. BOX		100100000	
	B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA		L DISPOSITION I		REMAINS LO	CAT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA GEMETER' HT. HOPE CEMETERY SAN DIEGO, CA	Y	118. DATE BURIE	i	SIGNATURE OF PERS	SON IN CHA	RGE OF BU	FIA
GRE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C.	SIGNATURE OF PERS	ON TO CHAI	IGE OF CRE	MATION
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C.	SIGNATURE OF PERS	SON IN CHA	IRGE OF FA	CILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR OR REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNA OF PLACING WITH TI			CHARGE .
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM. MAINS DI —IF APPL	ATED RE- SPOSER

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

INTERMENT ORDER

2 of great them	City of San Diego	Date 5 -	28-02
You are hereby authorized and instructed of Pearl Yvonne Go	rearo y	es and regulations, to in	ter the remains
Church Chapel, Graveside	1,	Elegion	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		ONE AS THE STATE STATE OF THE S	-
Lot 134 Grave Bow		The all Division and the	10
	THE R. P. LEWIS CO., LANSING, MICH.	Division/84	ectr_
Grave space & Care Fund	D- 45	00	_6_
Additional spaces and care fund			
Opening/Closing & Setup			0
Burial Container			D
Handling Fees			8
Flower vases - Marker setting fee			
Recording and filing fee			0
Sales taxes			MOUNTS AND ADDRESS OF THE PARTY
	Paid receipt number _	Total Due	10
I hereby certify I am the X Caro and this is your authority to make dispos that I have the right to make this authoriz	ation and I agree to h	bove indicated. I certif	amed decedent
any liability on account of said authorizate SHAUM CORRESTY 865- I hereby authorize the injerment in lot I hold under deed. (19)444—ITLA	(-	OS Gales (-5 NC 36)71696	27/03 27/03 05
Work Order # E 17123	Invoice #		

<u> </u>	GRAVE	BLIND CH	ECK FOR	E-17123
lock marked	with "X". Pare in the a	lace the nam	ie's, lot # ai	grave is for in to nd grave # of a tare adjacent to
		12 X		
nterment sp	-	Pearl	Urumn Time:	e Dreogeo
Lot: 134 Grave Laid o	Grave:	Row:	Sect:	Div:
Agrees with		☐ Yes	O No	
	Мар: 🛛 Ү	П	No	

\mathcal{E} -17123 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	THE COURT OF STREET, STREET, ST. W.	2. DATE OF BIRTH 3. DAT	E OF DEATH 4. SEX
PEARL	YVORNE	GREGORY		08/10/1913 05/	26/2002 F
SA. CITY OF DEATH		5B. COUNTY OF DEATH	OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT	DORESS AND ZIP CODE
LA MESA			M DIEGO	MARILYN GREGORY-DAU	GHTER-TN-LAW
7A. TYPED NAME AND AD EL CAJON M	ORESS OF CALIFORMA—FUNERAL DIRECTOR OR PERS ORTUARY		IF. LICENSE NUMBER APPLICABLE	5916 N.W. PLACE AUSTIN, TX 78731	4
684 S MOLL	ISON AVE/EL CAJON, CA 9202	0 PD-1	1022	BA. SIGNATURE OF APPLICANT—Person taking	permit BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PLECANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Safety Code, and was a	disposition stated herein is one of the authorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code	· Jackie Bonis	05/30/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. MOTE: THIS PERMIT SINS NO BESHT OF DEPOSAL OUTSIDE OF CALFORN	0E ED	98. DATE PERMIT 05/30/2 JACKTEKO2	002 2209122	SISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	D. ADDRESS OF REGISTRAR OF DISTRICT OF DE FORTH OCCURRED IN CAUPONIA SAN DIEGO, CA 92186-52	# 0		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	E 11A. NAME AND ADDRESS OF CALIFORNIA CEME	F, DISINTERMENT G, SHIP IN TO CALIFO H, TRANSIT TO OUTS		(Name and Address) D 11C. SIGNATURE OF PERSON IN	CHARGE OF BURN
BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DI	EGO, CA 92102	5-31-0	Z Kury F.	ham
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMAT	ED 12C, SIGNATURE OF PERSON OF	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B, DATE RECEI	VED 19C, SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO N/A		14B, DATE SHIPPI	ED 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT.		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —# APPLICABLE

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

INTERMENT ORDER

Bre-	meed
trus	7

REA-104 (7-96)

City of San Diego

5-29-02

or Noor or	we of	
in a Oph weutt	Funeral, date, time	
Church, Chapel, Graveside	: Goodoody	Mortuary.
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra charge of	s
will be applied and billed to undersigned.		-
Lot 176 Grave Row	Section Division/Bloc	. 10_
Grave space & Care Fund	In- nel C-8552	-0
Additional spaces and care fund	<u>-</u>	
Opening/Closing & Setup	ĮD	105.00
Burial Container		\$5.00
Handling Fees MAY 2.5	3 30.43	60.00
Flower vases - Marker selling POPE C	EMETAR\	11 2 22
	DIEGC	45.00
Sales taxes		4.26
Grave of	Total Due.,	269.26
9 mousere I in	aid receipt number R - 55037	269.26
	Balance due	-0
I hereby certify I am the	of the above namition of remains as above indicated, I certify a	
	ation and I agree to hold Mt. Hope Cemetery h	
•	KennetH Lowe	/
	Signature	***
	ADDRESS SEC ATTACK	10
hold under deed.	Address SEC ATTACK	Zip Code
hold under deed.		Z up Code
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed F 17124	Cuty	Σφ Code

• pyrinted on recycled paper

This information is available in alternative formats upon request.

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

кціль

MT. HOSE CENETERY

INTERMENT ORDER

City of San Diego

Date 5-29-07

You are hereby authorized and instruction IDA McC	AULEY	rules and regu 2	lations, to inte	er the remains
ina LINER		1 v HT emir.	2 6 - L	11:0
Type of Burial Container		CHAPEL	-3	Ar.E
Church, Chapel, Graveside DELil				Hioridary.
All Funeral cars must arrive before 3:3	0 p.m. of regular wo	rk day or an e	ktra charge of	\$
will be applied and billed to undersigned	ed			
1/ 11		~		
Lot 1 Grave 7 Ro	w Section	on_ <	Division/Blee	* 1
Grave space & Care Fund				795.00
Additional spaces and care fund		CONTRACTOR OF THE PARTY OF THE		***
				375.00
Opening/Closing & Setup				190 00
Burial Container	PAID			110,00
Handling Fees		**************	(1.20	145.60
Flower vases – Marker setting fee	JUN 0 6 2002)		
Recording and filling fee				45.00
Sales laxes M7	. HOPE CEMET	ARY		11.73
	OF SAN DIEGO	O, Čr Total Due		1564.73
LORTUKRY TO	Piero-koren orango	0-5		1364.7
RINK effects	Paid receipt number	er		A
X		E	Balance due	
hereby certify I am the				med decedent
and this is your authority to make disp that I have the right to make this autho	rization and I agree I	to hold Mt. Ho		
any liability on account of said authori	zation and interment			
I hereby authorize the interment in lot	, ×	Soe		-
hold under deed.	X Signature	10	hed	
	Address	om	Vancous III	
Signature of recorded holder of dead	City	441		Zip Code
	Telephone		-	
	1	-100		
E 4749E	Invoice	*		
Work Order # E 17125	Acct. #			

469-2721

INTERMENT ORDER

City of San Diago

Date 5-29-07

	Funeral, date, time THUR 6 - 6
Church, Chapel, Graveside DELIVI	CAY ONLY CHAPEL of PEACHDONNERS.
All Funeral cars must errive before 3:30	p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
	_
on 77 Grave 7 Row	Section 2 Division/Albeit 1
Stave space & Care Fund	795.01
100 FE LEDONO STATE AND LEDONO AND	375.00
	190.00
	145.00
entition of the transfer of th	
H. T. Y. J. H.	45.00
	<u>11.73</u>
	Total Oue 1564.7
CORTURA	
RINK effects	Paid receipt number
\sim X \circ	and held
and this is your authority to make dispos	strion of remains as above indicated. I certify and represent
hat I have the right to make this authoriza my dability on account of said authorizal	tion and I agree to hold MI. Hope Cemetery harmless from
	XX/ IX/ near
hereby authorize the interment in lot I	Egovita Shan a Penne
200.11 Section 200.100 (200.100)	10 Sharp 124 C
granter at exceeded raider of season	Famous VIII a para la tocar
	Tempore 1997
	Invoice #
Vork Order . E 17125	ACSI 1

GRAVE BLIND CHECK FORM

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

MARTIN !	ર	DAMES 3 NECHULEN	18 X	Book	coley	
7	8	٦	10	"	/4	100

Lot: 73 Grave: 4 Row: Sect: 2 Div: 1

Grave Laid out by: Xon L David

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Died Charle & Variety Der MA DIMONA Der 6-3-02

Blind Check & Verified By: \(\frac{\(\sqrt{\text{Blind}} \) \) Date: \(\frac{\(\sqrt{\text{-3-0}}}{3-0} \)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE REACK INK ONLY-MAKE NO ERASURES WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	189	2. DATE OF		3. DATE OF DEATH	4. SEX
Ida		Faye	McCauley		11/27	1923	05/28/2002	F
SA. CITY OF DEATH			58. COUNTY OF DEATH	OUTSIDE CALIF.,		-	AILING ADDRESS AND Z	P CODE
Pomona			Los Angele	5	Taye Moore	Daugh	ter	-
		A-FUNERAL DIRECTOR OR PERSON		The second secon	907 Sharp I	OF REAL PROPERTY AND	(T)(T)(T)	F.
	Peace Fun		F 1044-5-5	1764	PORODA, CA	91768		151 - 2
1240 S. (Pomona, CA 91766	1	1/34	BA. SIGNATURE OF AF	PLICANT-P	erson falong permit, 88. DAT	1 기의 () 전투 등 내용기 되었
ACKNOWLEDGMENT OF A	PPEKANT Section 10	scientwiedge as applicant that the proposed dispo 1376 of the Health and Salety Code, and was author	ortion stated herein is one of the 1996 pursuant to Section 7100 of th	dispositions authorized by e Health and Sefety Code.	· Cons	7	C 06/0	05/200
PERMIT		JED IN ACCORDANCE WITH PROVI-	9A. AMOUNT OF FEE P.	AID BB. DATE PERMIT	ISSUED 9C. SIGNATI	URE OF LO	CAL REGISTRAR ISSUM	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPECIFIED	8	06/05/	2902	d	al culturally	1
LOCAL REGISTRAR	NOTE: THE PERSON CHES IN	O MIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA.					s My manual	4
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	90. ADDRESS OF RE 313 N. Fig	EGISTRAR OF DISTRICT OF DEATH ED IN CALIFOR <u>NIA</u>		DRESS OF REGISTRAR			RHILA	14
PERMIT TO SHOW FINAL DISPOSITION.			\$100 miles (100 miles)	. Box 85222				4
		s, CA 90012	San	Diego, CA				
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				OR COR	ONER'S USE ONL	Y 4
A BURIAL (MCL)	JOES ENTOMBMENT)	i 🗆	E. TEMPORARY ENVA	ULTMENT			PENDING-REMAINS L	OCATED A
B. CREMATION			F. DISINTERMENT		(N	ame and A	ddress)	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	PINEA	4			
D. SCIENTIFIC US			H. TRANSIT TO OUTS	IDE OF CALIFORNIA				
T	11A NAME AND A	DORESS OF CALIFORNIA CEMETER	Y	, 118. DATE BURIER	11C. SIGNATUR	E OF PER	SON IN CHARGE OF B	IRIAL
BURIAL	Mt. Hope C			1	1/	7.32	- 1	
Din are	3731 Marks	t St. San Diego, (A 92102	6-6-00	- Kuna	1	lanes	
20041701	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATO	DRY	128 DATE CREMAT	D 12C SIGNATUR	E OF PERS	CONTIN CHARGE OF CR	EMATION
CREMATION	44			1	i	//	/ /	
	N/A				1	V		600
* 1		8.1						
	134 NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	ED, 13C. SKINATUR	E OF PER	SON IN CHARGE OF F	ACILITY
SCIENTIFIC	18A HAME AND AS	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	198, DATE RECEN	ED 13C. SIGNATUR	E OF PER	SON IN CHARGE OF F	ACILITY
USE	Least Res	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	188. DATE RECEIV	ED 19C. SKINATUR	E OF PER	son in Charge of F	ACALITY
USE	N/A 14A NAME AND A	DDRESS IN RECEIVING STATE OR	COUNTRY WHERE	138, DATE RECEN	D 14C. ADDRESS	AND SIGN	ATURE OF PERSON IN	
USE	N/A 14A NAME AND A		COUNTRY WHERE	1	D 14C. ADDRESS	AND SIGN		
USE	N/A 14A. NAME AND AI REMAINS OR	DDRESS IN RECEIVING STATE OR	COUNTRY WHERE	1	D 14C. ADDRESS	AND SIGN	ATURE OF PERSON IN	
TRANSIT	N/A 14A NAME AND AI REMAINS OR N/A	DDRESS IN RECEIVING STATE OR	COUNTRY WHERE SHIPPED	14B, DATE SHIPPE	D 14C. ADDRESS OF PLACE	AND SIGN NG WITH T	ATURE OF PERSON IN HE CARRIER SON IN 150, LICENSE	CHARGE
TRANSIT SCATTERING AT SEA	N/A 14A. NAME AND AI REMAINS OR N/A 15A. ADDRESS, NEA	DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	148. DATE SHIPPE	D 14C. ADDRESS OF PLACE	AND SIGN NG WITH T	ATURE OF PERSON IN ME CARRIER SON IN 150, LICENSE JTION 0 OF CRE	CHARGE
TRANSIT SCATTERING AT SEA	N/A 14A. NAME AND AI REMAINS OR N/A 15A. ADDRESS, NEA FICIENT TO DO	DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B, DATE SHIPPE	D 14C. ADDRESS OF PLACE	AND SIGN NG WITH T	ATURE OF PERSON IN HE CARRIER SON IN 150, LICENSE MION CF CRES	CHARGE NUMBER ASTED RE

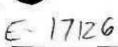
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

INTERMENT ORDER

City of San Diego

. Date 5-30-62

n a Liner	Funeral, date, time WedS June 5th 11
Church Chapel, Graveside	Titman Riverside Montuary
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge of \$
will be opplied and billed to undersigned	
_ot	Section Division/Black 12
Grave space & Care Fund	<u>995.00</u>
Additional spaces and care fund	PAID
Opening/Closing & Setup	375.00
Bunal Container	MAY 3.0.2002 190.00
landling Fees	MT. HOPE CEMETARY 14 5. 00
Handling Fees	CITY OF SAN DIEGO, CA
Annual Control Control	45,00
Sales taxes	1473
	Total Due
Pai	id receipt number kild by Use 1664.73
co 11	Balance due
hereby certify I am the Daug M	of the above named decedent ion of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from
any hability on account of said authorization	1 Com South (162
	Bignature Collaboration Collab
hereby authorize the interment in lot I	
hereby authorize the interment in lot I hold under deed.	2340 W Valaintave
nold under deed.	23 40 W ValainHave
old under deed.	23 40 W ValainHave XIII Dis 4739 or 1909-674-08 4.



GRAVE BLIND CHECK FORM

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

	MOS		t	2	3	Н
0.7	-	K	7 X	8	9 VELP	(0 11)
VA SE	1		Battle	Landra		

Interment WE Interment	space for: \(\) Solution Solution	lary Je 5-02	ine A	Inder	Son_
Lot: 63	Grave:_	7 Row:_		THE WAY	The state of the s
	ith Legal Car		O No	flue	Some
Agrees wi	ith Map: 🗖	Yes _	J No		106
Blind Che	ck & Verified	By DAR	rey	Date	6-3-06

909-682-7863

L

(33

Man. Jar. P. Arderon 6-5-62. 11:00

DARREYL 6-3-02

E-17126



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IA. NAME OF DECEDE	PAT-FREST (BEVEN)	IR, MIDOLE	IC. LAST FAMILY		2. DATE OF HINTH 3. DATE OF DEATH 4. 9
Mary	- 528 108 2 2	Jane	Ander	son	06/27/1942 05/29/2002 F
SA. CITY OF DEATH	Wildomer		SB. COUNTY OF DEATH	-ourses caur	A NAME RELATIONSHIP FULL MAKING ADDRESS AND EF COD OF MYORMANT Theims Smith, Daughter
A. TYPED MANE AND A	DURESS OF CALIFORNIA	A-FUNERAL DIRECTOR OR PER	RSON ACTING AS BUCH, 78. CA	IF LICENSE HUMBER	2340 W. Valdine Avenue
		tuary, 2874 10	th Street	F APPLICABLE	Anaheim, CA 92801
Riverside,	CA 92507	CONTROL OF STATE OF S	; y	757	SA SIGNATURE OF APPLICANT - From being parent, SS. DATE SHOW
ACMINIMATION OF A	The second second second	THE RESERVE OF THE PARTY OF THE	ed departies dated between a over of the a nether and processed to Section 7160 of the	A London Comment of Street, or other Party of the Party o	The state of the s
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	IN THE PERMIT THE	mand of hoursals, defined of house	\$7.00	06/05/2	MIT IBRUED DC. SIGNATURE OF LOCAL REGISTRAP ISSUING PER
DESPOSMON.	Riverside (O Health Dept, reide, CA 92513	PO Box San	Diego CO I	AR OF DISTRICT OF DISPOSITION— CCUM NA AMOTHEM DISTRICT IN CAMPONNIA Health Dept, PO Box 85222 92186-5222
90. AUTHORIZED DIMP	CORTICIN(S) CHECK M	PPLICABLE ITEMS	THE CASE OF THE CONTRACT OF TH		FOR CORONER'S USE ONLY
A BURNAL MICH	LIDES ENTOLEMENT)		E TEMPORARY ENV	ULTMENT	I. DISPOSITION PENDING REMAINS LOCATE
B. CREMATION			F. DIBBITERMENT		(Neme and Address)
D. SCIENTIFIC U		WINTO DINER	G. SHIP IN TO CALIFO		u.
Name .		emetery, 751 M. CA 92102		118. DATE BUR	RED THE SIGNATURE OF PERSON IN CHARGE OF BURNAL
1	12A HAME AND AL	DIRECT OF CALIFORNIA OR	EMATORY	IZE DATE CREM	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATE
CREMATION		100 H 468 - 40 C4			
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALFORNA FA	CILITY RECEIVING REMAINS	138. DATE RECI	SEIVED 150. BIGNATURE OF PERSON IN CHARGE OF FACILITY
TRAMET	HEMANS OR	DORESS IN RECEIVING STAT CREMATED REMAINS ARE T	E OR COUNTRY WHERE O BE BAPPED	146. DATE SHE	PPED 14C ADDRESS AND MONATURE OF PERSON IN CHAR OF PLACING WITH THE CAMBER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICKERY TO IDE	NEST POINT ON SHORELINE NITEY FRIAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	188 DATE OF DISPOSITIO	ON CHARGE OF DISPOSITION 150. LICENSE NUMBER OF DISPOSITION OF CITCHATED IN MAINS DISPOSE IF APPLICABLE
COPY 1 OF TH		AND FORWARDING TH	E PERMIT WITHIN 10 DAY	S OF DISPOSITI	TION, THE PERSON IN CHARGE OF DISPOSITION IS

COPY

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

VE & CHEV. BIGT

E-17126

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

16	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE MATY Jame		A MARK AND STATE S	IC. LAST (FAMILY) Anderson			AR MONTH	E OF DEATH	4. SEX	
5A	SA. CITY OF DEATH Vildoner		DEATH SB. COUNTY OF DEATH—OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MARING				L MAILING A	6	P CODE	
		verside l	ornia—funeral director of iortuary, 2874	R PERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER 2 IF APPLICABLE D757	340 I	I. Valdine Im, CA 928 TURE OF APPLICANT	Avenu 301 - I-resentator	permt 88. DAT	e signed
	ACKNOWLEDGMENT OF A			proposed disposition stated herein is one of the and was authorized pursuant to Section Π 00 of	e dispositions authorized by the Health and Salety Code.	Spa	phine De	كمرس	3 04/04	ZOOZ
	PERMIT THORIZATION OF DCAL REGISTRAR	SIONS OF THE C AND IS THE AUTH IN THIS PERMIT.	ISSUED IN ACCORDANCE WIT ALIFORNIA HEALTH AND BAFE ORITY FOR THE DISPOSITION S IES NO BIGHT OF DISPOSAL QUITSDE OF	SPECIFIED \$7.00				LOCAL REG		G PERMIT
T	ON REQUIRES A NEW BUILT TO SHOW FINAL	Riverside	F REGISTRAR OF DISTRICT URRED IN CAUPONIA CO Health Dep Verside, CA 925	t, PO Box San	DIESS OF REGISTRAR OF DIESPOSITION IS TO OCCUP DIESPO CO HE DIESPO, CA 9	alth	Dept, PO	LIFORNIA	222	
	A. BURIAL (INCLU			E. TEMPORARY ENV					REMAINS LO	ACCRECATE A
	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	EMETERY SE 11A. NAME AND Mt. Hope	D ADDRESS OF CALIFORNIA Cemetery, 751	CEMETERY	ORNIA SIDE OF CALIFORNIA 118. DATE BURIED	1	SIGNATURE OF P	PERSON IN C	CHARGE OF BI	9
	C. DISPOSITION OF THAN IN A CE	EMETERY SE 11A NAME AND Mt. Rope San Dieg	REMAINS OTHER	G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY HATKET ST	ORNIA SIDE OF CALIFORNIA			PERSON IN C	kann	
	C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND Mt. Hope San Dieg	D ADDRESS OF CALIFORNIA CEMETERY, 751 D, GA 92102 D ADDRESS OF CALIFORNIA	G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY HATKET ST	ORNIA SIDE OF CALIFORNIA 118. DATE BURIED	D 12C.	SIGNATURE OF P	PERSON IN C	HARGE OF CR	EMATION
COMPLETE ALL APPLICABLE MEMS	C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND Mt. Rope San Dies 12A. NAME AND 13A. NAME AND	REMAINS OTHER D ADDRESS OF CALIFORNIA C CAMPETER OF CALIFORNIA D ADDRESS OF CALIFORNIA D ADDRESS OF CALIFORNIA	G. SHIP IN TO CALIF H. TRANSIT TO OUT CEMETERY METECT ST CREMATORY FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 118. DATE BURIED 4 -5 - 0 Z 128. DATE CREMATE	ED 13C.	SIGNATURE OF P	PERSON IN C	CHARGE OF FA	EMATION

COPY 2

MT: HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-30-07

in a LINCR Type of Budal Container		1,30
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
ot 40 6 Grave Row_		0
Grave space & Care Fund	Ru- med c-5285 -	
Additional spaces and care fund		-
Opening/Closing & Setup	PAID 37	5.00
Burial Container	- m	0.00
Handling Fees	1044	5.00
Flower vases – Marker setting fee	NAT LIGOR CENETARY	
Recording and filing fee	HTY OF SAN DIEGO	5.00
Sales taxes	141	.73
ORTUARY to	Total Due	9.75
RING CHECK P	Paid receipt number R-55088 76	7-1-
	Balance due	0
I hereby certify I am the	of the above named	
and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorizati	sition of remains as above indicated. I certify and r ation and I agree to hold MI. Hope Cemetery harmi ion and interment.	epresent less from
hereby authorize the interment in lot I	Signature	
noid under dead.	Activos	
Signature of recorded holder of deed	T _{CRN}	Zo Code
	Telephone	
	0.8	
The second of the second	Invoice #	
Work Order # E 17127	Invoice #	

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.

	-	-				_
40 578 	40 s 9	6:88nc	Y sol	HOWZ DAVIDSON	NO63 ROAERO	4064 SWeeter

Interment space for:_	FLORA G	: BBONS	
Interment Date: FRI	6-7	Time:\\`. \;	30
Lot: 106 Grave:	Row:	Sect:	Div:
Grave Laid out by:	Ken & David		w ***
Agrees with Legal Ca	rd: 🗆 Yes	□ No, i	Dy a
Agrees with Map:	A2207	No	G,000
Blind Check & Verifie	ed By: DAKK	EYL	Date:6-4-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 3. DATE OF DEATH 2. DATE OF BIRTH 03/27/1911 Gibbons Flora 6A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE Plorida Wendy Kelton, Daughter Pensacola 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 1101 JoJo Road -IF APPLICABLE Featheringill Mortuary Pensacola, Florida 32514 6322 El Cajon Blvd., San Diego, CA 92115 FD 1083 BA. SIGNATURE OF APPLICANT—Person taking person, 8B. DATE SIGNED 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 pursuent to Section 7100 of the Health and Safety Code. 72007 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED

9A. AMOUNT OF FEE PAID '9B. DATE PERMIT ISSUED '9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED PERMIT **AUTHORIZATION OF** IN THIS PERMIT. \$ 7.00 K. Zaretzka NOTE: THE PERMIT SHEED NO MIGHT OF HEMPORIE THROUGH OF CALFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222, San Diego, CA 92186-5222 PO BOX 85222, Sw Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92180-5222 San Diego County 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING NEMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B DATE BURIED Mt. Hope Cemetery, 3751 Market St., BURKAL 7-07 San Diego, CA 92102 TEMS 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSONON CHARGE OF CREMA CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 16C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

INTERMENT ORDER

City of San Diego

Date 6-3-07

or NOBORU	subject to your rules and regulations, to inter the remains
ina t.S. VAULT	Funeral, date, time FR: 6-7 10:0
Church, Chape, Graveside	: COMMUNITY Mortuary.
All Funeral pars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	**************************************
Lot 5 7 11 Grave Row	Section Division/Block 0
Grave space & Care Fund	Ru- med D-6278 -0
Additional spaces and care fund	
Opening/Closing & SelupAD	375.00
	250.00
Handling Fees JUN 0.3.200	<u>\85.00</u>
Flower vases - Markey setting to CEME	TARY
	45.00
Sales taxes	19.38
	Total Due 874.30
. P	aid receipt number N 550 11 0 1250
XD	Balance due
I hereby certify I am the and this is your authority to make dispose that I have the right to make this authorization (liability on account of said authorization).	of the above named decedent from of remains as above indicated. I certify and represent ation and Lagree to hold Mt. Hope Cemetery harmless from
	× Pla 2 A
I hereby authorize the interment in lot I hold under deed.	Significant ST
Signature of recorded holder of deed	XOTHULA VISTA, CA 91911
	(619) 422-4903 24 Code
Fig. 192 <u>1</u> 176 <u>1</u> 1811	Invoice #
Work Order # E 17128	Acct. W

REA-104 (7-96)

This information is available in alternative formats upon request.

-17128

GRAVE BLIND CHECK FORM

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

		2			
00427 2504	\$210	X Rail	HAYNSh))	
Interment space f		 ,0RU]т			D
Lot: <u>Ś</u> Gra Grave Laid out by	ve:	Row:		- 0.0	Div: 10
Glave Laid out o	-72		T N-	-	50 (2004) te: 6-4
Agrees with Lega	l Card:	Yes L	J NO X		011

Blind Check & Verified By:

E- 17128

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

105



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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	ALL MARKS SQUARE FAIRNAS	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Noboru	ì	-	Yanamoto		09/04/1899 05/31/2002 M
SA CITY OF DEATH Chula V	ista		58. COUNTY OF DEAT ENTER STATE SA	n Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Shizue Yamamoto - Wife
	DORESS OF CALIFORNIA	FUNERAL DIRECTOR OR PER	ISON ACTING AS SUCH 7B. CA	LIF LICENSE NUMBER F APPLICABLE	379 L St Chula Vista Ca 91911
Cibas ACKNOWLEDGMENT OF A	PEICANT Section 103	assowledge as applicant that the propose	ed disposition stated herein is one of the s authorized pursuent to Section 7100 of the	1682 dispositions authorized by in Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Opinion taking pergen 8B. DATE SIGNED 05/31/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PR DRIMA HEALTH AND SAFETY C Y FOR THE DISPOSITION SPECI MIGHT OF DISPOSAL OUTSIDE OF CALIFO	ODE FIED	06/03/20 D.Heldenb	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRED	GISTRAR OF DISTRICT OF D IN CALIFORNIA TAS P.O.BOX 85: Calif 92186-52:	222		R OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION	SE .		E TEMPORARY ENVA	DRNIA SIDE OF CALIFORNIA	
BURIAL	Mount Hope	oress of California Cea Cemetery : San Diego Ca		6-7-00	1 / - /
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CRE	EMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	PED 14G. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, c ntify final place and ca <u>i</u>		158, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —# APPLICABLE

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



INTERMENT ORDER

ad 15	TIMENT ONDER	
Pre-reed Trust You are hereby authorized and instructed	City of San Diego	-02
T' 10+	410	
· · · ·	d, subject to your rules and regulations, to in	ter the remains
of Edwin Ba	enta	
in a Bell Cinen	Funeral, date, time	3,
Church, Chapel, Graveside	Humphra	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		0.000
Lot (04 Grave 10 Row	Section Division/84	xxx 12
Manufacture of the same of the		895.00
Additional spaces and care fund		
Opening/Closing & Setup	(**************************************	375.00
Burial Container		190,00
Handling Fees	PAID	145,00
7.71		
	JUN 11.5 20092	45.00
Recording and filing fee	MT. HOPE CEMETAR	14.72
Sales taxes	CITY OF SAN DIEGO	1/1/1/1
1X 283-187"	Total Due	1009.
1x 283-1879 Lie Berruert 283-5731	Paid receipt number R- 55076	1004
2.55.5	Balance due	-8
I hereby certify I am the		amed decedent
and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery ion and interment.	harmless from
I hereby authorize the interment in lot I hold under deed.	Signosture	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice #	
Work Order # E 17129	Acct. #	
	ormation is available in alternative formats	upon request.

O Presided as recycled paper

	TO CUSTOMER	TTY OF SAN DIEGO, CALIFORNIA	Nº 55076
	AUGIOH	(619) 527-3400	
rom Co. of S.D.HH	SA Debusment	7.0.80 122028 S.	June 5 ,20 02
Sixtuen Hundred	SkriveFour	and 93	Dollars (\$ 1,004.73
Pull Payment of Pull	Prie-need lot	? trust account ;	for Edwin Bunta.
-111	- 10	Row Section	1 Division 72
voice No.	NOT VALID FOR PURPO "PAID" IN THIS SPACE	SESTATED UNLESS STAMPED CREDIT 20% S. 80% S.	ales Care 77184
o. E-17129		of Lett Openin Closin	100 77181
ALANCE DUE		Burtel Contai	
	Acct D	Record Misc. Pre-Ne	ding 4 100 77163 7169 73 900 83033 7169 173
a black of the black of the and			9022
re-need Trust 🗖 Cash 🛭 Ch	3502 ISSUED BY LOUIS	Trust . Sales	A MANAGE TO THE PARTY OF THE PA

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

							157	
Qty	Category	Description	of Contract	Items Pric	e Tax	Allowance	Addl. Desc	15 15
1	Graves	Division 12-1		895.0	0.00		3	8.3
1	Opening/Closing	Single Grave		375.0	0.00		~	3
1	Burial Vaults	#5 Bell Liner		190.0	0 14.73			
1	Handling Fee Bell Liner Handeling Fee	145.0	0.00					
1	Misc Fees	Recording Fee		45.0	0.00			
Proper	ty		2000	55-5-5-5-6-1-1-1-1				
	Divisio	n Section	Blk/	Row Lo	t Grave	Depth/Lvl		
	Division 1	2 1	8	6	4 10	A		

INTERMENT ORDER

City of San Diego

	ACTION OF THE PROPERTY OF THE STATE OF THE	Date 6 - 3	3-03
		(177)	
You are hereby authorized and instruct	ed, subject to your rule	s and regulations, to	inter the remains
ina DOUBLE DEPTH	StBluna!	na FR! 6-	00:11 7
Church, Chaper, Graveside		S.D. MFMOR	AL Mortuary.
All Funeral cars most arrive before 3:30	p.m. of regular work of	day or an extra charge	of S
will be applied and billed to undersigne		-	
Col_10 Grave_10 Ros	w Section	Division/E	
Grave space & Care Fund			2005,00
Additional spaces and care fund		V-11-1-15-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Opening/Closing & Setup	at 375		750.00
Burial Container	PAIL	providence of the state of the state of	300.00
Handling Fees	™ 0 € 300)	320.00
Flower vases - Marker setting fee	10N 0	s D	" —
້ ລຸ	- AL DOL		90.00
Recording and filing fee	CITY OF SAN DIE	MX	39.45
Sales taxes	9 00.1		28 64 45
MORTORA		Total Due	311 15
BRING CHELD	Paid receipt number _	R-55087	4161.1
X ./		Balance du	e _
I hereby certify I am the TOUS and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	nzation and I agree to h	bove indicated. I cert	
I hereby authorize the interment in lot I hold under deed.	Signature X 14.8	KENYATT	D, DR. M
Signature of recorded holder of deed	- X SANC	DIEGO, CA -266-16	- 92114 2ip Code
Work Order # E 17130	Invoice #_		
SAMPLE CONTROL OF THE		zona za zapolijenie zaproje lejen orazona	•

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.

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7 8	9 19	N X	"	13	BLAIR	
			LE KiR			
1.7.022		200	Row:	200		v:\\
Grave Laid	out by:¿	DAVIS) K.C	1,		 -
Agrees with	Legal Ca	ard: 🗖	Yes 🗆	No.	lag !	en .
Agrees with	Мар:	Yes	L No		0	
Blind Check	& Verifi	ed By:_{	JeDan	len	. Date:	6-6-0X

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE MABLE	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE MABLE		IC. LAST (FAMILY)	ICK	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 05/31/2002* F
SAN DIEGO	100	7 100	5B. COUNTY OF DEA	ATH-OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIN CODE ODIS KIRKPATRICK-HUSBAND
SAN DIEGO	MEMORIAL C	A-FUNERAL DIRECTOR OR PE HAPEL SAN DIEGO CA 92		ALIF: LICENSE NUMBER —IF APPLICABLE D-1575	168 KENYATTA DR SAN DIEGO CA 92114 BA. SIGNATUBE OF APPLICANT—Person taking permit. 68. DATE SIGNED
ACHINOMILEDGMENT OF AP	sources I hereby a	ocknowledge as applicant that the proper G75 of the Health and Safety Code, and w	ed disposition stated herein is one of	the dispositions authorized by	► Vroon Hara 06/04/2002
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PI FORMA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC ID RIGHT OF DISPOSAL OUTSIDE OF CALF	FIED	98. DATE PERM 06/04/2 ROSA N	TISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O.BOX 8	EGISTRAR OF DISTRICT OF	DEATH- ' RE. A	DORESS OF REGISTRAF	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REM EMETERY	AINS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU		L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	MT HOPE	CEMETERY RKET ST SAN DIE		118. DATE BURNE	1 1/ 1- 1
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON A CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	ISB, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, CHITIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE

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



pre need o

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-3-02

na HSH P201	F0	uneral, date, tim	0	
Type of Bunal Container Church, Chapel, Graveside			\$	Mortuary.
All Funeral cars must arrive bet	fore 3:30 p.m. of	f regular work d	ay or an extra cha	arge of \$
will be applied and billed to und	Jersigned.			
/	D.			
ot Grave _2(Row	Section _	Division	on/Block //
Grave space & Care Fund				300,0
Additional spaces and care fun Opening/Closing & Selup	F	AID		
Intelligent of the topics are appreciately a series				
Burial Container	JU	N O 3 ZOUZ		
Flower vases – Marker setting	tee MT.H	OPE CEMET		
Recording and filing fee		F SAN DIEG	O, C#	
(A)				-
Sales taxes	Poid	in Fu	fotal Due	300.0
	1000		TOTAL DUE	300.0
	Paid re	ceipt number 🗸	1-2700	000
			Balance	due
hereby certify I am the	Sharing State of State of			ve named decedent
and this is your authority to ma that I have the right to make this	s authorization a	and I agree to he	oove indicated. I d old Mt. Hope Cerr	etery harmless from
any liability on account of said	authorization an	id interment.	m.	,
hereby authorize the intermen	nt in fot f	dellu	or allet as	rder,
hold under deed.		551	7 ENCIL	IN DR
Signature of recorded holder of deed		がルト	DIEGO C	1 92110
ufficuencia or recorded signed of nann		Cay -	1-1-1	Zip Cydda
		Telephone		
	341/04	The same different		
Nork Order # E 171	31	Invoice #_		

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-4-02

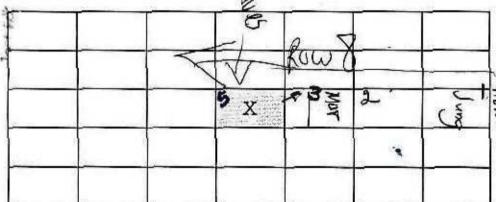
1,000	QUOI	
na LINER	Funeral, date, time FRI JUI	ne 7th 8
Church, Chapel Graveside	Leur's Colone	aC Mortuary
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charg	e of \$
will be applied and billed to under	signed.	
/	, # 1	
or Grave 5	Row # Section Charge Division/	CHINES
Grave space & Care Fund	6 92	0
nave space a Care Fund		- B
Additional spaces and care fund	PAID	375.0
spermily crossing a setup	1680-84334-00-01133-11-11-11-12-13-14-4-01-01-0-0-01-0-0-0-0-0-0-0-0-0-0-0	100.00
Burial Container	JUN 0 4 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
en de la companya de		14.72
Sales taxes	4272.000	7(-97
03-3900	Potal Due	0/-9 73
Fax 283-3968	Paid receipt number	-1001-
1167 (#1764)	Balance de	e
and this is your authority to make	disposition of remains as above indicated. I cer	
that I have the right to make this a any liability on account of said aut	authorization and I agree to hold Mt. Hope Cemete thorization and interment.	ery harmless from
LIEN BUIL	N40 8 6	\bigcirc
hereby authorize the interment in hold under deed.		1 10
iold under deed.	X 4820 MANSlepe	7
Signature of recorded holder of deed	- X Oceanside a	4 42051
- DI 4 (C.)	1 760 967	7709 Zip Code
CDL 84829614		
9-5-02	Tataphone	
	Telephone Invoice #	W. 1.1
	NAME OF THE PARTY	

MT HOPE CEMETERY

€-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.



	space for:/			
Interment	Date: (e-	1-02	_ Time:_	8:00 chapel
Lot:	Grave:	6 Row:	8 s	Gect: Chinese Div:
	id out by:/			
Agrees w	ith Legal Card	: 🗆 Yes	☐ No)
Agrees w	ith Map: 🗖 \	رes ر	I No	
Blind Che	eck & Verified	ву:	Jun	m Date 640

E 17132

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

86

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MONTH DAY, YEAR 06/01/2002 MAN RCO 08/12/1915 CUOI 6A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALF. NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT LIKH MCO - CRANDDANGHTER LA MESA AM DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 4220 MARBLENRAD RAY DR -IF APPLICABLE RI. CANTINO MEHORYAL - BENBOUGH CHAPRI. OCKAMSIDE, CA 92057 FD-480 BA. SIGNATURE OF APPLICANT-Person taking parint, 88. DATE SIGNED 3051 EL CAJON BLVD. SAN DIEGO. CA 92104 I levely acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 06/05/2002 Vancetu Vale-to the and Safety Code, and was authorized persuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A, AMOUNT OF FEE PAID 9B, SATE PERMIT ISSUED 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 06/05/2002 2209430 \$7.00 **AUTHORIZATION OF** IN THIS DEDLIN MOTE: THIS PERMIT CINES NO MIGHT OF DISPOSAL OUTSINE OF CALLFORNIA. P Valentine > LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. AM DIEGO, CA 92185-52222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATE (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE , 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURNED MT HOPE CEMETERY, 3751 HARRET ST, BURIAL SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON APCHARGE O 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 128. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED' 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B, DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-4-02

2 2 2 2 2 2 1	CHNEID	FV	B	7 17
Type of Bujoer Container	_ Funeral, date, ti		N 1 6	4 C H2 ()
hurch, Chapel, Graveside		IVG /	LICPE	A Mortuary.
Il Funeral cars must arrive before 3:30 p.	m. of regular work	day or an	extra charge of	of \$
III be applied and billed to undersigned.				
u \		2		فر
ot Grave Row	Section	_3_	Division/Blo	
irave space & Care Fund				1595.0
dditional spaces and care fund				
pening/Closing & Setup	SERVICE STREET			375.00
urial Container			. Harrison Mercel	380.00
				770 00
oundling Fees	OPE CEMETAL	41 ····		45,00
ecording and filing fee				29.45
aies taxes				2744 1
		Total Du	85061	27 11 1
Pa	id receipt number		- 100	211711
V 615	tein		Balance due	
hereby certify I am the OOO	ion of remains as	above inc	of the above na	amed decedent
nd this is your authority to make disposit at I have the right to make this authorization my liability on account of said authorization	ion and I agree to	hold ML	lope Cemetery	harmless from
189	1 X CHA	Morn	na JyX	研究
hereby authorize the interment in lot I	Signature	1	mid 1	Catalogic
du under 1788d.	X 08/	3	ne beau	MARI
gnature of recorded holder of deed	XEII	COLL	XTY HD	91042
	X 410	142	021909	29,000
	Selephone		MICHELP B.	
Vork Order # E 17133	Invoice #	K.		
F 1/133	Acct. #			

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E- 17133

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL	Y)			DATE OF DEATH	4. SEX
	JAMES		HENRY	SCHNEI	DER, III	11/2		729/2002	M
5A	CITY OF DEATH			SE COUNTY OF I	DEATH—OUTSIDE CALIF.,	8. NAME, RELATIO	NSHIP, FULL MAILIN	G ADDRESS AND Z	P CODE
	LA JOLLA		- 1751-4751-71-70	ENIER SINIE	SAN DIEGO	CECELIA	I. SCHNEID	ER-COWLES	AUNT
A	EL CAMINO		C BEACH CHAPEL		CALIF LICENSE NUMBER —IF APPLICABLE FD815		VERAS PL. D CA 92026 APPLICANT—Person t		(5)
	ACKNOWLEDGMENT OF M	t hereby a	cknowledge as applicant that the proposed		of the dispositions authorized by	· Million	Willed		6/2002
	PERMIT ITHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	375 of the Health and Safety Code, and was, IED IN ACCORDANCE WITH PRO- CRNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI II DIGHT OF DISPOSAL OUTSIDE OF CALIFOR	9A. AMOUNT OF F	98. DATE PERMI 06/06/20	02 2209		REGISTRAR ISSUIN	IG PERMIT
AN	_	VITAL REC	EGISTRAR OF DISTRICT OF DE D IN CALIFORNIA ORDSP.O.BOX	ATH 9E	ADDRESS OF REGISTRAF				19
	B. CREMATION	SE	1.71	4—PROPRIES NO. 1997	ALIFORNIA DUTSIDE OF CALIFORNIA		DISPOSITION PENE (Name and Addres	s)	
	BURIAL	MT. HOPE	CENETERY 3751 1 CENETERY 3751 1 C CA 92102		6-7-0	11	TUME OF PERSON	IN CHARGE OF B	URIAL
מרב וובשם	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREM	MATORY	128. DATE CREMA	TED 12C. SIGNA	TURE OF PERSON		EMATION
T WILLIAM	SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FACI	LITY RECEIVING REMAIN	IS 138. DATE RECE	IVED 13C. SIGNA	TURE OF PERSON	IN CHARGE OF F	ACILITY
OMPLETE	TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIP		SS AND SIGNATUR ACING WITH THE C		35747476695
State of the state	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OF INTIFY FINAL PLACE AND CA <u>DI</u>		15B. DATE OF DISPOSITIO		TURE OF PERSON BE OF DISPOSITION	I OF CREA	NATED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-07

ine +.S. Vault	Funeral, date, time SAT 6-15 11.00
Church Chape Graveside	CA BURIAL Mortuary.
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	Makada orga M alambara ayak salah da 1900 olah bar orga 1901 da 1904 olah bar orga 1904
K. 225 Grave 10 Row	
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	Curday overtime 600.00
Opening/Closing & Setup	₹ 375.00
Burial Container	250 00
Handling Fees	00 281
Flower vases - Marker setting fee	
Recording and filing fee	JUN 13 2007 UE 00
Sales (>xes	MT. HOPE CEMETARY 19. 30
5-947-64-97 3-755-95-94-000 3-75-95-95-95-95-95-95-95-95-95-95-95-95-95	CITY OF SANDLEGO, CA 2369, 3
- 1	Paid receipt numbery USA 23 CA. 28
	Balance due
	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from the same and interment.
I hereby authorize the interment in lot hold under deed.	January 2936 Lincola fre
Signature of recorded holder of deed	Jan (1/9) 265-8792 20000
Work Order # E 17134	Invoice #

ANITA CRANDELL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-4-07

no T.S. Vault	Funeral, date, time SAT 6-15
Church Chape 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	9
Lot <u>225</u> Grave 10 Row_	Section 2 Division/Block 12
Grave space & Care Fund	895.0
Additional spaces and care fund Latu	day overtime 600.0
Opening/Closing & Setup	175 00
Burial Container	250.00
Handling Fees	188.00
Flower vases - Marker setting fee	
Recording and filling fee	45,00
Sales taxes	19.30
	Total Due 2567,
Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent not remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature 2936 Lincoly Are
Signature of recorded holder of deed	South O1 848 24 12 Telephone 2 65-8792 Zip Cook
Work Order # E 17134_	Invoice #
Nork Order # E 1/134	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.

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Glli'	Ragne	3	4	5	6	
7	. 8	٩	X 10	Buter	(2	
					3).	1
	ace for:f				00	
int: <u>22</u> 5	Grave:	0	Row:	Sect: _	2 Di	v:_/2
Grave Laid o	out by:				*	
Agrees with	Legal Card:	☐ Ye	s C	J No	thy Co.	on
Agrees with	Мар: 🛮 Ү	es		Jo	61	W
Blind Check	& Verified	Ву:			_ Date: _	

NORDSTROM, INC. PO BOX 870 Seattle, WA 98111

E-17130

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

AI BUSINESS NAME	MT. HOPE CEMETERY	Phone #(619) 527-3400
Per Sole Proprietors, please furni		
ADDRESS37	51 MARKET STREET	
CITY, STATE, ZIP	SANTBLEGO, CA 92102	
B. PLEASE CHECK Sole Proprietor Par	tnership, Trusts, Estates, and Corporation similar entities	Dis Other (Churches, Government Agencies, Nonprofit/Exempt Organizations, etc.)
(for INDIVIDUALS and	ity Number	Federal Identification Number fitties other than individuals or sole proprietors) 95–6000776W
D. TYPE OF WORK PER Services De Rent Other	REPRIMED scription: BURIAL OF RICHARD	KHANI
	ny, I Certify vn on this form is my correct taxpayer Iden be assued to me), AND	ntification Number (or I am waiting
(b) the IRS has	to backup withholding because: (a) I am enoutied me that I am no lenger subject to b	exempt from backup withholding, or back withholding. Date: 6-13-02
em es and	m must be signed by vander Shider	Title: Manager
F. MINORITY/WOME!	OWNED BUSINESS (please check on	e)
01 - Non-Minority		☐ 06 - Non-Minority Women Owned •
Minority Owned	201	Minority Women Owned
02 - Native Americ	an'	☐ 07 - Narive American
☐ 03 - African Ameri	cań	□ 08 - African American
□ 04 - Asian	i	□ 09 - Asian
O 05 - Hispanic		☐ 10 - Hispanic
The fall "minority-own the following: Native A	Minonry-Owned Concern and business that is at least 51% owned or at least medican, African American, Asian, and Hispanic; whose mana- or more of such individuals.	ferment and durity business operations are controlled by one
The term 'women-own this context means store	Women-Owned Business Cone of bysiness is a business that is at least 51% owned by a woma sing the power to make policy decisions. "Operate" in this con-	cits on or women who also convol and operate it. "Convol" in

Nordstrom

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

	Fax Transmission Cover Sheet
Date:	June 13, 2002
Mt. 1	Hope /Sue
From:	Crandall
Subs	titute W-9/ Khani
Total pages sent	2 including this cover sheet.
Massage: Pleas	Fill out and ceturn via fax slong with itemized invoice.

€- 17134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

31

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

TA. NAME OF DEC	CEDENT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)	20 10 10 10 10 10 10 10 10 10 10 10 10 10		ATE OF DEATH 4. SEX
RICHARD		ABDULLAH	KHANI		05/21/1964 05/	29/2002 MALE
SA. CITY OF DEAT	TH.		58. COUNTY OF DEAT		6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
SAN DIEGO			SAN SHECK	100	ILA KHANI-WIFE	
CATTROUGH	P ASSESSAGE CAMES OF	MENTAL CHAPET	RSON ACTING AS SUCH 7B. CA	LIF LICENSE NUMBER	4219 WEST OVERLOOK	
5880 EL C	AJON BLVD.,	SAN DIEGO, CA 92	2115	1357	SAN DIEGO, CA 92115	
ACCOUNTS CHARACTER	or apprisons hereby	acknowledge as applicant that the propose	Charles and the second	The Participant of the Participa	BA SIGNATURE OF APPLICANT—Person tak	05/31/200
ACKHOWALEDGMENT	Section 1	1376 of the Health and Safety Code, and was UED IN ACCORDANCE WITH PR		THE PERSON NAMED IN COLUMN 2 I	A LUBB Sales	
PERMIT AUTHORIZATION O	SIONS OF THE CALL AND IS THE AUTHORI OF IN THIS PERMIT.	FORMA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI ID BIGHT OF DISPOSAL DISTREE OF CRUST	FIED e7 OO	J. BENYA	1	EGISTHAN ISSUING PEHMIT
ANY CHANGE IN DISK TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	9D. ADDRESS OF R	EGISTRAR OF DISTRICT OF E	DEATH 9E. AD		R OF DISTRICT OF DISPOSITION— CUR IN AMOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED C	DISPOSITION(S) CHECK A	PPLICABLE ITEMS		- 39	FOR CORONER	'S USE ONLY
B. CREMATIC	ON OF CREMATED REM A CEMETERY	IAINS OTHER	E, TEMPORARY ENV. F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	I. DISPOSITION PENDI (Name and Address	
BURIAL	MT. HOPE C	CA 92102	iker st.	118. DATE BURIE	-1 1/ -	Charge of Bur
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	EMATORY	128. DATE CREMA	NTED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT : OR DISPOSITION OTT THAN IN A CEMET	FICHENT TO ID	arest point on shoreline, o Entify final place and ca <u>c</u>		15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

VS 9 (REV. 6/91)

MT. HOPE CEMETERY

INTERMENT ORDER

Rue- need

REA-104 (7-96)

City of San Diego

Date 6-5-02

978 /					
You are hereby authorized and instructed, sut	ject to your rule	s and regu	lations, to ini	ler the rem	ains_
O SANDRA OSB	ORNE	EDM	ONDS	ON	128
in aF	uneral, date, tin	16			_
				Mortu	Jary.
All Funeral cars must arrive before 3:30 p.m.	of regular work o	lav or an e	xtra charge c	15	S
will be applied and billed to undersigned.	**************************************				
Lot 23 Grave \O: Row_	Section	ર	Division/Blo	13	(
Grave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			075.	00
Additional spaces and care fund					
Opening/Closing & Setup	PAID				
Handling Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************			
Handling Fees	N 2 3 2004		***************************************		
Recording and filing fee	OPE CEM	ETERY	N. C.		
	ecelpt number _	Total Due R - S5	075 Balance due	895 224 671	00.
I hereby certify I am the CYO E and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to h	old Mt. Ho	pe Cemetery	harmless	from
I hereby authorize the interment in lot I hold under deed,	Segratary Accions	78 Q	cean	View	Blud.
Signature of recorded holder of deed	Effy 6 1	9)2	ego,(44-7	937	2113 p Code
Work Order # E 17135	Invoice #_ Acct. #				

This information is available in alternative formats upon request.

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 SI

SUE SHACKELTON

Qty Category	Description of	f Contract Item	s Prio	ce	Tax	Allowance	Addl. Desc.
1 Graves	Division 12-2	67 THE SE	895.0	00	0.00		
Property .		200					
Division	Section	Blk / Row	L	ot	Grave	Depth/Lvl	
Division 12	2	S	2	23	10	A	
BASE PRICE		895.00		NUMBI	ER OF	NSTALLMENTS	1
SALES TAX		0.00		REGUL	AR PA	YMENT OF	0.00
TOTAL CASH PRICE		895.00		ODD P	AYMEN	NT OF	671.00
TOTAL DOWNPAYMENT		224.00 -		DATE	FIRST P	AYMENT DUE	07/14/2002
TRANSFER ALLOWANCE		0.00 -		PAYME	ENT PL	AN: MONTHLY	17 AC 17 PORT TO THE WORK OF THE TO
DISCOUNT OR ALLOWANCE		0.00 -					
				SOURC	CE:	Walk-in	
FINANCE CHARGE		0.00@	0.000%	AMORT	ZE		
TOTAL OF PAYMENTS		671.00					
DEFERRED PAYMENT PRICE		895.00					
ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION				8
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					
4. March 1974 1975 1975 1975 1975 1975 1975 1975 1975		WE A DISTUR					
CONTRACT ENTERED BY:		- U					

Mt Hope Cemetery Agreement Confirmation & 17135 06/14/2002

Agreement Number: E-17135-L

Agreement Date:

06/05/2002

Purchaser:

Edmondson, Sandra O.

3978 Ocean View Blvd.

San Diego ,CA 92113

Purchaser Number: 158 /

Phone: 619-264-7931

Child Protection: N

Beneficiary: 3

Counselors:

SUE SHACKELTON

Qty Category	Description o	f Contract Items	Price	3	Tax	Allowance	
1 Graves Property	Division 12-2	- 2%	895.00		0.00		-1120
Division		Blk / Row	Lot 23	Grave 10	Depth/Lvl A		
BASE PRICE	895.0	00	23	10			
SALES TAX	0.0						
TOTAL CASH PRICE	895.0	00					8
TOTAL DOWNPAYMENT	224.0	00-	21				
TRANSFER ALLOWANCE	0.0	xo -					
DISCOUNT OR ALLOWANCE	0.0	ю-					
FINANCE CHARGE	0.0	00					3:
TOTAL OF PAYMENTS	671.0	00					25.
DEFERRED PAYMENT PRICE	E 895.0	00					
NUMBER OF INSTALLMENT	S	ī					
REGULAR PAYMENT OF	0.0	00					
ODD PAYMENT OF	671.	00					
DATE FIRST PAYMENT DUE	07/14/200	02					
PAYMENT PLAN	MONTHL	Y					

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

Mt Hope Cemetery

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	IFORNIA	Νº	55175
CANARY	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CEM (619) 527-3400	ETERY		20
CO. 1-	Date	:7-3	5	,20
From Sice Mand Son	Address: Dice Co	ord	12	
Twenty Eight	. 1	Dollars (280	0
In_PayT_ Payment of_	reneed lotacco	ount		
Lot 23 Grave		ection 2	Divisio Block	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 -		-0
Acct. No.		80% Sales 100 of Lots 77184 - Opening/ 100		28,00
w.o. <u>6-17135</u>		Closing 77181 - Buriel 100		
BALANCE DUE_ \$ 643.00	<u> </u>	Containers 77182 -		
		Handling Fee 77185 - Recording & 100 Misc. Fees 77183 -		
Pre-Need Lot At Need On Acct	The Contract of the Contract o	Pre-Need 63033 Trust 9022		
Pre-need Trust Cash Check	R Partier De Cautors	Sales Tax 60101 78390		0 D DD
AC-212 (Rev. 5-94)	SSUED BY Production	TOTAL PAID \$		28. DD

OFFICIAL RECEIPT	
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR
- Sandm	Edmondson .

CITY OF SAN DIEGO, CALIFORNIA

Nº 55283

From: Sandra Edmonds	Date OnAddress: ON recor	2 M - 3/8-5	3	_, 20 <u>02</u>
Twenty-Eight In Part Payment of Pre Edmond Son Cou	00		Dollars (\$ 28 Sandra	0. 0.
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Can 80% Sales Can 80% Sales Can Gost Opening/ Closing Burial Containers Handling Fee	67007 77184 100 77184 100 77181 100 77182 100 77182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 9	DI	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 63033 8022 60101 76390	28. co

WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY (619) 527-3400

2002 Date: From: Sandra Edmonsson Address: on Record Dollars (\$ 28,00 Dre-need or account Payment of Edmondson Coupon#3 Division / 2 Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED CREDIT 67007 77184 Invoice No. "PAID" IN THIS SPACE 20% Sales Care 28 00 80% Sales 100 of Lots 77184 Acct No. Opening/ Closing E-17135 77181 W.O. Burial 100 77182 Containers 100 BALANCE DUE Handling Fee 77185 100 Recording & Misc. Fees 77183 Pre-Need Lot At Need On Acct Q Pre-Need 63033 19022 Truet Pre-need Trust Cash Sales Tax Check 80101 78390 28 00 TOTAL PAID AC-212 (Rev. 5-94)

OFF	ICIAL RECEIPT
	(Si)

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Nº 55461

0 1-61	/ 7070 Dat	e: /0 - /	.20 02
From Sandry Edw Juenty - Fight in Durt Payment of	pue need lot	an New BW Dollars (\$	28.00
Lot 33 Grav		Section_2	Division 12
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 —	28,00
BALANCE DUE \$ 559.00		Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100	
Pre-Need Lot At Need On Act	W 1977 C	Misc. Fees 77183 — Pre-Need 7718 63003 Trust 7718 60101 Sales Tax 60101 78390 —	
AC-212 (Rov. 8-94) #13	3 ISSUED BY FAMILIES.	TOTAL PAID \$	28,00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55570

MOUNT HOPE CEMETERY (619) 527-3400

11 11 11 11

From lestra Edmondon	Address: On Recor	ite: 11-4-09	, 20
In patt Payment of	The need dot.	Dollars	a <u>a 8.00</u>
Lot 33 Grave	\0Row	Section_ 3	Division 7
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPE "PAID" IN THIS SPACE.	D CREDIT 67007 20% Sales Care 77194 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlat 100 Containers 77182	28 00
Pre-Need Lot At Need On Acct Pre-need Truet Cash Check AC-212 (Rev. 5-94)	ISSUED BY Jahrelle	Handling Fee 77185 Recording & 100 Misc. Fees 77185 Pre-Need 77185 Trust 77 86 Sales Tax 60101 78390 TOTAL PAID \$	

	OFFICIAL RECEIPT	TO CUSTOMER	CITY OF SAI	N DIEGO, CA	LIFORNIA		5570	8 (
	CANARY	CEMETERY AUDITOR	nn	OPE CEN 9) 527-3400 Dai	o te: De	.c9 ⁴¹	O, 20	SG:
	Twenty Eight in Part Payment of Lot d3 Gra	Prene.	635		Section	Dollars (Division	o ユ
•	Invoice No		OR PURPOSES STA AID" IN THIS SPACE.		CREDIT 20% Sales Car 80% Sales Car 80% Sales of Lots Opening/ Closing Burlai Containers Handling Fee Recording &	77184 - 100 77181 - 100 77182 - 100 77185 - 100	38	00
	Pre-Need Lot X At Need □ On Acc Pre-need Trust □ Cash □ Chec AC-212 (Rev. 10-02) 0 2 4 8		Porlett	ēC.	Misc. Fees Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	ጋጽ	00

This information is available in alternative formets upon request.

CITY OF SAN DIEGO, CALIFORNIA

55752

	From: Sandra Edmondso	Address D	n record	: <u>1</u> 2	130	, 200	مد (
-	in Dart Payment of			ourt 1	Dollars (\$	28.00)
•	Lot 23 Grave	· 10	883 - 38 S 25 M	Section	۷ .	Division 12	
·.	Invoice No	STAMPED "PAID" IN TH	DSES STATED UNLESS	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 63033 77186 — 60101	28.	00
	AC-212 (Rev. 10-02) This information is available in alternative formats upon reques		yeur	TOTAL PAID	s _	28	00

OFFICIAL RECEIPT WHITE			5590)7
PINK	(619) 527-3400 Date	Feb. 10 un View Hud	20 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30,000
in _ part _ Payment of _ Lot 33 _ Grave . Invoice No E 17 35 _ Acct. No W.O	Pre-need to 10 Row_ NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	Section	-	2
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X	FEB 10 2003 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ISSUED BY CLW HCZEL	Burial 100 Containers 77182 - Handling Fee 77185 - Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 - Sales Tax 60101 78390 - TOTAL PAID \$ -	28	යා

This information is available in alternative formats upon request.

OFFICIAL RECEIPT		CITY OF SAN DIEGO	, CALIFORNIA	56094	
CANARY	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE ((619) 527-	CEMETERY	S CONTRACTOR AS	
From: Sandra O.	Edmond Modress	3.441	Date: C	prif 3	_,20_03
20	or pre-need	0	Section		9.00 on 12
Invoice No	STAMPED PAID	PURPOSES STATED UNL	ESS CREDIT 20% Sales Ca 80% Sales	100	28 00
W.O € -17L BALANCE DUE \$ 391.0	UU AP	OPE CEMETARY	of Lots Opening/ Closing Burial Containers	77184 ————————————————————————————————————	
SE CONTRACTOR OF THE PROPERTY OF THE	Acct CITY O	F SAN DIEGC.	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 ————————————————————————————————————	
Pre-need Trust Cash C AC-212 (Rev. 10-02) This information is available in alternative formats in	ISSUED BY	ulate (TOTAL PAID	78390	28 00

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56273

From: S. Edmandson	Address: 3978 Ocean	view-blod	30 92113
in part Payment of Grave	pre need lo	Dollars Section 2	(\$ 28 (1) Division / 2
Invoice No. <u>F. 17/35</u> Acct. No W.O BALANCE DUE <u>3(03-0)</u>	PAID MAY 2 1 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Bunal 100 Containers 77182 100 Handling Fee 77185 Recording 8	28 -
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	CITY OF SAN DIEGO, OF	Misc. Fees 77183 Pre-Need 53033 Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$	28 -

OF	FICIAL RECEIPT
	S PIG

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56336

From: landla Edm mo	Ison Address:	3978 Oc	Date: Jun	e 6 lud SC ollars (\$ 6	20 0 92113 28.00
in Paux Payment of _ Lot Grav	pu mu	1 1 1	Section	Div	vision 12
Invoice No <i>E 17/3S</i> Acct. No	NOT VALID FOR PU STAMPED "PAILED	AS PD	CREDIT 20% Sales Care 80% Sales	67007 77184 ——— 100 77184 —	28 -
W.O	-	O 6 2003 PE CEMETARY	Burial Containers	100 77181 ——— 100 77182 ———	
Pre-Need Lot At Need On Acct	- CITY OF S	SAN DIEGO, C	Recording & Misc. Fees Pre-Need Trust	77185 ——— 100 77183 ——— 63033 77186 ———	
Pre-need Trust Cash Check, AC-212 (Rev. 10-02) 1136 This information is available in alternative formats upon rec	ISSUED BY (COM	Helzel		60101 78390 ———	28 -



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From Jourda Edmin	damadress: 3978 Octas	aug .	11 20 QZ d 80 9211
in Payment of	pumed la	Dollars	(\$ 50.00
nvoice No. <u>F</u> 17135	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" THE SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100	Division (2)
N.O	AUG 1 1 2003	of Lots 77184 Opening/ 100 Closing 77181 Buriat 100 Containers 77182	36 00
Pre-Need Lot	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101	32.5
Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in alternative formats upon requ	ISSUED BY THE TOTAL	78390 TOTAL PAID \$	SUOC

CITY OF SAN DIEGO, CALIFORNIA

56881



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Sandra Edward S	70 Sames: 3978 (Cean View B	d ,20 <u>63</u> Swd . 810 92 (\$ 112.00)
in Payment of Lot Grave _	pu-nucl	Section 2	Division D
Invoice No. <u>E 17/35</u> Acct. No	NOT VALID FOR PURPOSES STATED UND STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	100 -
BALANCE DUE 167.00	NOV 1 2 2003	Burial 100 Containers 77182 100 Handling Fee 77185	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE CEMETE	Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	
AC-212 (Rev. 10-02) This information is available in alternative formats upon reque-		TOTAL PAID \$	117 00

CITY OF SAN DIEGO, CALIFORNIA

57127

From Sandla Edmone	Lsm Address: 3978 Oce	n Hiw blu	10. SD 92/1
in part Payment of _ Lot 23 Grav	gu mud	Dollar	s (\$ 56.00) Division D
Invoice No. <u>E 17135</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 90% Sales 100 of Lots 77184	30 0
W.O	JAN 2 3 2004	Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100	
Pre-need Lot At Need On Acct Pre-need Trust Cash Check	MODINI HOPE CEMETERY	Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	
AC-212 (Rev. 10-02) This information is available in alternative formats upon re	ISSUED BY UM ITCH	TOTAL PAID S	56 a

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

57534

	(619) 527-3400	Muy 10	n 154
From Sandia Edmon	dunadoress: 3978 Oreco	n View pla	809211
in Payment of	ou nue) Dollars (\$ _	93.00
Div / Sec_	⊃ Blk/	ot Grave	D
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	93 0
W.O	PAID	80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 —	
BALANCE DUE 10.	MAY 1 0 2004	Purial 100 Containers 77182 ——	
Pre-Need Lot / At Need On Acct	MOUNT HOPE CEMETERY	Recording & 100 Misc. Fees 77183 —— Pre-Need 63033	
Pre-need Trust Cash Check	ISSUED BOTCH HOSE	Trust 77186 ————————————————————————————————————	(C) (Q)
AC-212 (Rev. 4-04) This information is available in alternative formats upon requ	New Year	TOTAL PAID \$	73

OFFICIAL RECEIPT	CITY OF SA	IN DIEGO, CALIFORNIA	_	770
CANARY	AUDITOR	HOPE CEMETERY 19) 527-3400	D	770 _/
From: Sandra Ed	mundsin address: 377	8 Ocean	in blid &	04 292
in full Payme	int of		Dollars (\$/ \$	ಲ _{_,}
Div 12 = 13	Sec Sec Blk/ Row_	Lot 23	Grave	_
Invoice No	NOT VALID FOR PURPOSES ST. STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care	67007	00
W.O	PAII	80% Sales of Lots Opening/ Closing	100 77184 ————————————————————————————————————	
BALANCE DUE	JUN 2 3 2	Doniel	77181 ——————————————————————————————————	
Pre-Need Lot At Need	On Acct MOUNT HOPE C	Handling Fee Recording & Misc. Fees	77185 ————————————————————————————————————	
Pre-Need Lot At Need The-need Trust Cash The Cas	Checky D	Pre-Need Trust Sales Tax	63033 77186 ————————————————————————————————————	
AC-212 (Rev. 4-04) This information is available in alternative forms	IST ISSUED BY FOW	TOTAL PAID	, 18	w

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55991

From: S. Edmondon	Address: 3478 Dela		SO 921	63/3
in Payment of Grave	de mud lat	Dollars - Section	(\$ 38-00 Division V	<u>-</u>)
W.OBALANCE DUE 419.00	MAR U.S. PARTY MT. HOPE CEMETARY CITY OF SAN DIEGO.	20% Sales Cara 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Bunal 100 Containers 77182 100 Handling Fee 77185	- 28	800
Pre-Need Loty At Need On Acct Pre-need Trust Cash Checky	issued By Pain Stept	Recording & 100		00

EDMONDSON,	SANDRA	0.	3978	Ocean	View	Blvd.,	San	Diego	92113	264-7931	
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6-05-02	Opened Pre-need Lot. 90 179	I	DEBIT	QREDIT	BALANCE
	Lot 23. Grave 10, Sec 2, Div 12 9 11		895.00		895.00
06-05-02	R-55075			224.00	571.00
73-02	R-55175 Compart			28.00	643.00
8-6-02	R-55283 " 2			2800	61500
9-5-02	R- 55373 3			2500	587. W
101-02		DA		28 00	5.57.00
11-1-02	K-55570 5	1 47		100,00	531.00
19-6-0.	1 R- 55708 # 6	JUN 2	3 2004	28.00	503.00
12-30-07		3011		28 00	475,00
2-10 03	R 55907 8	- 400	E CEMETER		44700
3-603	R 55991 9 MOUI	און חטר	E OF ME ! -		4190
4-3-03	R-56094 + 10			28.00	391.00
5-21 03	254273 11			18 00	1200
6-68	563360 412			2800	33500
8-11 03		(40.00)		5600	27900
11 2 03				11000	16700
1-23 04				2000	11100
5-10 04	57534 21-24			9300	180
6-23 04	EDMONDSON, SANDRA O. E-17135			1800	1
	EDMONDSON, SANDRA O. E-17135	*			

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

note 6-5-02

of Robert & Lois	Shatter
na D. D. Crypt	Funeral, date, lime
Type of Burie/Cantainer Church, Chapel, Graveside	i Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	d
1 258 Grave 12 Roy	v Section 2 Division/Block / 2
Grave space & Care Fund	895.00
	<u> </u>
Opening/Closing & Setup	375.00
Burial Container	PAID 380.00
Handling Fees	320.00
Flower vases - Marker setting fee	JUN 0 5 2002 <u>320.00</u>
Recording and filing fee	IT. HOPE CEMETARY 45.00
Sales taxes	TY OF SAN DIEGO, CA 29. 45
	Fotal Dug
	Paid receipt number told by NOS 2044.
	Paid receipt number 12-5507 Walance due
I hereby certify I am the and this is your authority to make disput that I have the right to make this authoriany liability on account of said authoriz.	Self of the above named decedent parties of remains as above indicated. I certify and represent interest in and I agree to hold Mt. Hope Cemetery harmless from strong and interment.
any national or account of date deliteriza	Vania & Shall
I hereby authorize the interment in lot I hold under deed.	VIDER Madrane, Tu
Signature of recorded holder of deed.	Address San Diego Ca, Zip Code 2 (619) 264-0378
	Invoice #
Work Order # E 17136	Acri 4

MT. HOPE CEMETERY

INTERMENT ORDER

	City of San Diego
	ete_0_3_0
You are hereby authorized and instruct	ed, subject to your rule and regulations, to inter the remains
or MicHALE	KYLE .
na Liner	Funeral, date, time FRI 6-7 1:00
Type of Bulat 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 undersigne	di.
Lot 219 Grave 4 Row	wSection
Grave space & Care Fund	CONTROL TO SECURITION OF THE PROPERTY OF THE P
Additional spaces and care fund	PAID ===
Opening/Closing & Setup	
Burial Container	190.00 190.00
	146
Flower vases - Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, UP US DO
Recording and filing fee	45.00
Sales taxes	_ 14-73_
Legentian	Paid receipt number 550 79 (664.73
bound or	Balance due
I hereby certify I am the Sis	ter of the above named decedent
The second secon	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
	Xmehalla Kale
I hereby authorize the interment in lot I hold under deed.	X Signalure 1757 Bay New Aights Dr #50
Signature of recorded holder of deed	San Diego Ca 92103 Cay 269 6262 Telephone
- 47407	Invoice #
Work Order # E 17137	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		
	300	3 a)	۹x ۹	3	6
7	8	9	10	. 11	13
219	Grave:	Re	ow:	e: \\'\ 0\' . Sect: _2	0 Div: \ \ \ \ \ \ \ \
	ægal Card:			No *	log on
	Иар: 🗖 Ү	1	No.	(Gun
nd Check	& Verified	Ву: //	Mu	un	Date: <u>6-6</u> :

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 DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE O		ATE OF DEATH 4. SEX
1	ichale		Shawn	Kyle		64702	71980 05	72972002 M
5A.	CITY OF DEATH			5B. COUNTY OF DEATH	-OUTSIDE CALIF.,		IP, FULL MAILING	ADDRESS AND ZIP CODE
S	an Diego			San Diego		Michelle S	. Kyle, S	ister
				ERSON ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER	1757 Bayvi	ew Hts. D	r., Apt. 50
A	nderson-Ra	gsdaleeMort	. 5050 Federa	1 Blvd.	18 1 (12) (13)	San Diego,		
S	an Diego,				D-1329	BA. SIGNATURE OF AF	PLICANT Person to	tire print, 68. DATE SIGNE
	ACKNOWLEDGMENT OF AF	PPLICANT hereby ad Section 103	becomings as applicant that the prop 76 of the Health and Salety Code, and	cool disposition stated herein is one of the was netherland pursuant to Section 7100 of the	dispositions authorized by a Health and Safety Code.	▶ 4ana	4-10%	06/05/200
	PERMIT THORIZATION OF COAL REGISTRAR	AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH I DRINA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE MINIT OF DISPOSAL OUTSIDE OF CAL	CIFIED	06/06/20 T. Tins	002	URE OF LOCAL R	EGISTRAR ISSUING PERM 2209549
TH	CHANGE IN DISPOSH ON REQUIRES A NEW	IF DEATH OCCURRED	GISTRAR OF DISTRICT OF IN CALIFORNIA CAS P. O. BOX	l IF C		OF DISTRICT OF DIST UR IN ANOTHER DISTRIC		
			CA 92186-5222					
10.	AUTHORIZED DISPO	OSITION(S) CHECK AP	PLICABLE ITEMS	W		F	OR CORONE	R'S USE ONLY
	A. BURIAL (INCLU B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA	INS OTHER	E. TEMPORARY ENVA	ORNEA.	L (M	SPOSITION PEND ame and Address	ING_REMAINS LOCATED
٦		11A. NAME AND AD	DRESS OF CALIFORNIA C	EMETERY	118. DATE BURIE	D 11C. SIGNATUR	E OF PERSON I	N CHARGE OF BURNAL
100	BURIAL	Mt. Hope (CA 92102	Market St.;	6-7-02	- Kum	F	lana
BLE HEM	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	TED 12C. SIGNATUR	NE OF PERSON I	CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATUR	RE OF PERSON I	N CHARGE OF FACILITY
OMPLETE A	TRANSIT		dress in receiving sta Dremated remains are		148. DATE SHIPP		AND SIGNATURI NG WITH THE CA	e of Person in Chargi Arrier
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION		re of Person I 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 WINTERMENT ORDER City of San Diego

Date 6-5-2002

P	
You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the remains
ASILVALIE	manay A. Wielsen
Type of Burnal Container	Funeral, date, time
Church, Chapel, Graveside	: Merkly-Mitchelmortuary.
All Funeral cars 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/Black 12
Grave space & Care Fund	895.0
Additional spaces a can fuld D	210.00
Opening/Closing & Setup	ASHVAUK 110.00
Burial Container JUN 0.6 2002	AST WOD 170.00
Handling Fees MT. HOPE CEMETARY	14/1- 120.00
Flower vasee TWOPE Salling HE CO VO	10
Recording and filing fee	1 K/F 90.00
Sales taxes	8.52
me	Ford Total Due 1,433.5
1	receipt number
7 813	Pro Or
	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
	1 ()
I hereby authorize the interment in lot I hold under deed.	Suggestion 16 10 1
not under deed.	2080) N. 109 TE Dr.
Signature of recorded holder of deed	Sun City AZ 85373
	623-566-3306
	Telephone
construction and the second	Invoice #
Work Order # E 17138	Acct. #
	7,000

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby authorized and instruction DEOLA F.	sted, subject to your rules and regulations, to inter the remains $WLTE$
ina LINER	Funeral, date, time WED 6-12 11,00
Church, Chape (, Graveside)	CA BURIAL Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	Hd
V	
Lot 4 / Grave 3 Ro	w Section 2 Division/Black
Grave space & Care Fund	795.00
Additional spaces and care fund	
	275 60
Opening/Closing & Setup Burial Container	PAID 190.00
Handling Fees4	IN 10 2002
ال Flower vases – Marker setting fee	N 10 A-7
	HOPE CEMETARY 4 5.00
Sales taxes	OF SAN DIEGO, U. 14.73
	Total Due
	Paid receipt number R-55092 1564-73
N.	Balance due
I hereby certify I am the	ughter of the above named decedent
and this is your authority to make disc	position of remains as above indicated. I certify and represent
any liability on account of said authoriz	zation and interment.
I hereby authorize the interment in lot	Carol 4 McClain
hold under deed.	x31601 Saddle Ridge Dr.
Signature of recorded holder of deed	- XLake Elsinore 92532
***************************************	1909-674-3450 Zip Code
	Cataphone
_ 47400	Invoice #
Work Order # E 17139	Acct. #
REA-104 (7-96) This i	information is available in alternative formats upon request.

O Printed un recycled paper

REA-104 (7-96)

E-17139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

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

IA. NAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	and the second second second		E OF DEATH 4. SEX
DEOLA	FRANCES	WHITE			5/2002 FE
LAKE ELSI	NORE	SB. COUNTY OF DEAT		B. NAME, RELATIONSHIP, FULL MAILING AS OF INCORMANT CARDL RECLAIN-DAUGHT	
7.56	ORESS OF CAUFORMA FUNERAL DIRECTOR OR PERSON A CREMATION & BURIAL CHAPET AJON BLVD., SAN DIEGO, CA		LIF. LICENSE NUMBER IF APPLICABLE -1357	31601 SADDLERIDGE DE LAKE ELSINGRE, CA 92 BA. SIGNATURE OF APPLICANT—Person tables	t. 2532 .
ACKHOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Safety Code, and was in			* と 10-	06/11/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIC IN THIS PERMIT. HOTE: THIS PERMIT GRES NO MIGHT OF DISPOSAL OUTSIDE OF CALFORN	\$7.00	1.	rissued, BO'SIGNATURE OF LOCAL REG	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE- PORTH OCCUPED IN CAMPONIA DEPT. OF VITAL RECORDS-P.O. RIVERSIDE, CA 92513-7600	. BOX 7600 VIT	DRESS OF REGISTRAR DISPOSITION IS TO OCC AL RECORDS—	OF DISTRICT OF DISPOSITION-	
B. CREMATION		E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA	FOR CORONER'S I. DISPOSITION PENDING (Mame and Address)	
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEME MT. HOPE CEMETERY 3751 MA SAN DIEGO, CALIFORNIA 921	ARKET ST.	6-120	2 THE DESCRIPTION OF PERSON IN	CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SOIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACIL.	ITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE TO		148, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE COP PLACING WITH THE CARP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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 6 - 6-0 3

na LINEK	Funeral, date, time MON 6-10 1.0
hurch, Chapel, Graveside	GREENWOOD Mortuary.
VI Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
01 177 Grave 10 Row_	Section 3 Division/Block
Grave space & Care Fund	Bre- need E-16672 -
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.0
Burial Container	190.00
tandling Fees	JUN 0 6 SUUS 142.00
Nower vases - Marker setting fee	MT. HOPE CEMETAR) 33.78
Recording and filing fee	CITY OF SAN DIEGO
Sales taxes	30,2
	Total Due
Pa	aid receipt number NC 793,5
X	Balance due
hereby certify I am theSOA	of the above named decedent
hat I have the right to make this authoriza	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	
hereby authorize the interment in lot I nold under deed.	Signature Souther
iou under deed.	> 3041 ANALIESE WAY
	> SAW DEGU Ca 92/39
Signature of recorded holder of deed	Zep Coole
Signature of recorded holder of deed	Telephone #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	TO 10 10 10 10 10 10 10 10 10 10 10 10 10	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
WII	LIAM MORRY	SOUTH		MONTH, DAY, YEAR MONTH, DAY, YEAR 12/28/1919 06/05/2002
SA. CITY OF DEATH	I BINGO	58. COUNTY OF DEATH ENTER STATE SAI	DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CREENWOOD	ORESS OF CALFORNA—FUNERAL DIRECTOR OR PERSO MORTUARY: 1-805 & IMPERIAL SAN DIRECO, CA 921	WARMIE -	F. LICENSE NUMBER APPLICABLE 843	17234 "J" AVENUE MATIONAL CITT. CA 91950 8A SIGNATURE OF APPLICANT—Person balong permit, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PLICANT hereby acknowledge as applicant that the proposed of Section 10376 of the Health and Satehy Code, and was an			· Victor agraso 06/07/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODI AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT. HOTE: THIS PERMIT GHES NO MIGHT OF DISPOSAL OUTSIDE OF CALF	\$7.00	98. DATE PERMIT	TISSUED, 9C. SIGNATURE OF L'ÓCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- ETION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	P.O. BOX 85222 SAN DIEGO, CA 92186 5222			OF DISTRICT OF DISPOSITION— THE IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION		E. TEMPORARY ENVAU F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIE	INIA	1. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET	ERY CA 92102	118. DATE BURIE	1 // - 1
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICKENT TO KNEWTIFY FINAL PLACE AND CA DIST	THER DESCRIPTION SUF- THET OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN SIDE LICENSE NUMBER OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-02

a Liner	Funeral, date, time THURS: JUNE 13.
hurch Chapel, Graveside	- RAGONE Mortuary
Funeral cars must arrive before 3:00 p.r	m, of regular work day or an extra charge of \$ 150.00
ill be applied and billed to undersigned.	
/ _	-40-3
174 Grave 4 Row	Section 3 Division/Bleek 12
rave space & Care Fund	13111 Preneed 0
PLONE STATES AND SELECTION OF THE SELECT	8
urial Container	
andling Fees	
ower vases – Marker setting fee	mannana mannan
ecording and filing fee	
ales taxes	<u>Ø</u>
*	Total Due
oref Pa	id receipt number
3,314	Balance due
Υ	
nereby certify I am the nd this is your authority to make dispositi	of the above named deceder ion of remains as above indicated. I certify and represer ion and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authorizatio	
and the second of the second of the second	X
nereby authorize the interment in lot I old under deed.	
	Address
phabure of recorded holder of deed	Co, Zip Cod
	Talaphone
- 17114	Invoice #
ork Order # E 17141	Acct. #

O Presided us recorded paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			+			
1	Benn	ett 3	4 x	8	-	
1	8	9 Jackson	n 10	11	12	

						156	
Interment sp	ace for: _	Anr	nie N	liller		_ _	
Interment D	ate:_ 6	- 13 -	2.	Γime:	.00	*	
Lot: 74	Grave:	4	Row:	Sect:	3_	Div: _	12
Grave Laid	out by: 🚣	Neems					
Agrees with	Legal Ca	rd: 🗆 Ye	es l	J No ~	tla	1 Br	avr
Agrees with		19.5	70	No	,	O ,	
Blind Check	& Verif	ed By:	Wa	un	Dat	e: <u>6</u>	10-0

E- 17/41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2V

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE	SPOOTS
A. CITY OF DEATH	City	Petre	5B. COUNTY OF DEATH ENTER STATE		NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT	DRESS AND ZIP CODE
	The second secon	A—FUNERAL DIRECTOR OF PERS	SON ACTING AS SUCH 78. CAL		Kimberly L. Amos, N: 1025 Baywood Circle Chule Wisto, CA 919	n
San Dieg	, CA 92102		0000 mm /210000 mm /210000		A. SIGNATURE OF APPLICANT—Person taking p	serret 88. DATE SIGNE
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed 376 of the Health and Safety Code, and was		dispositions authorized by e Health and Salety Code.	Marker Gilker	· 06/12/200
PERMIT NUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROCESSING HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF ID MIGHT OF DESPOSEL OWITSEE OF CALFOR	IED #7 00	W. 05/12/20		STRAR ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FEMALT TO SHOW FIMAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DI D IN CAUSORNIA 2186-3222	1 F.		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMEMBERRY	00 PN 5 - 70 E3	E. TEMPORARY ENVA	OFFINEA.	I. DISPOSITION PENDING. (Name and Address)	ALL STATE OF THE S
D. SCIENTIFIC US	11A. NAME AND AI Mount Hop	obress of California Cem e Cametery, 375		1 118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREE	MATORY	12B. DATE CREMATED		
SCHEMATION	13A. NAME AND AL	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARRI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA DI		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT OFFICER

RE- NEED City	or San Diego	Date 6 - 1	0-02
Rust	1	Date1	0 0
You are hereby authorized and instructed, so	bject to your rules and	regulations, to	inter the remains
OF JANE BALDWI	N X	pin#	146
ina ASH VAULT	Funeral, date, time		
Type of Burlal Comeiner Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an extra charg	e of \$
will be applied and billed to undersigned.			
Lot 3 Grave 6 Row_	Section 100	F_DIVISION	Block 10
Grave space & Care Fund	the ned		
Additional spaces and care fund		osoniomanom	
Opening/Closing & Setup			105.00
Burial Container. PAID			55.00
Handling Fees			60.00
Recording and filing-feet ODE CHME IAN	Maria Company of the		45.00
Sales taxes CITY OF SAN DIEGO,	C≁	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.26
	Total	Due	369,26
Paid	receipt number R-S	5091	269-26
		Balance d	ue
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n and I agree to hold M	indicated. I cer	
I hereby authorize the interment in lot I hold under deed.	Signature	ν	
· ·	Address 3	when	
Signature of recorded holder of deed	Cey		Zip Code
	Telephone		725.57
_ 4=440	Invoice #		
Work Order # E 17142	Acct. #		
Annual and the same of the sam	ation is available in all	fernative forma	ats upon request.

Priscilla Braun San Diego, California 92105 €- | 7|42 (619) 287-5845

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,

Walkam)

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 o	f Contract Items	Pri	ce	Tax	Allowance	Addl.	Desc.	18
1 Opening/Closing	Cremation Ash	Grave	105.	00	0.00				
1 Burial Vaults	HHH Standard V	Urn Vault	55.	00	4.26			25	
1 Handling Fee	Ash Vault Hand	lling Fee	60.	00	0.00				
l Misc Fees	Recording Fee	100	45.	00	0.00				
Property			-						
Division	Section	Blk / Row	L	ot	Grave	Depth/Lvl			-
Int'l Order Odd Fellows		10		3	6	A			
ASE PRICE		265.00		NUMI	BER OF I	NSTALLMENTS			1
ALES TAX		4.26		REGU	LAR PA	YMENT OF			0.00
OTAL CASH PRICE		269.26		ODD	PAYMEN	IT OF		- 1	0.00
OTAL DOWNPAYMENT		269.26 -		DATE	FIRST P	AYMENT DUE	07	7/10/20	02
RANSFER ALLOWANCE		0.00 -		PAYM	MENT PL	AN: MONTHLY			
ISCOUNT OR ALLOWANCE		0.00 -							
				SOUR	RCE:	Family Memb	er Here		
NANCE CHARGE		0.00@	0 900%	AMOR'	TIZE				
OTAL OF PAYMENTS		0.00							
EFERRED PAYMENT PRICE		269,26							
CCOUNT CONTRIBUTIONS		AMOUNT	FRACTION						
V P/N Trust		265.00	1.0000						
S Equity		-35.95							
Interest		0.00							
S Tax Recovery		4.26							35
S Cost of Goods		35.95							
V Late Charge		0.00							

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

Purchaser Number: 146 /

Phone: 619-287-5845

San Diego ,CA 92102

Child Protection: N

Beneficiary:

Counselors: 3

SUE SHACKELTON

								200
Qty	Category	Description of	f Contract Items	Price		Tax	Allowance	28
1	Opening/Closing	Cremation Ash	Grave	105.00		0.00		50
1	Burial Vaults	HHH Standard	Urn Vault	55.00		4.26		
1	Handling Fee	Ash Vault Hand	lling Fee	60.00		0.00		
1	Misc Fees	Recording Fee		45.00		0.00		
Prope	erty	500	111111111111111111111111111111111111111					
	Divisio	Water State of the	Blk / Row	Lot	Grave	Depth/Lvl		
	Int'l Order Odd Fellov	vs	10	3	6	A		
BASE PR	ICE	265.	00					95
SALES T	AX	4.	26					
TOTAL C	ASH PRICE	269.	26					
TOTAL D	OWNPAYMENT	269.	26-					
TRANSFE	ER ALLOWANCE	0.0	00 -					
DISCOUN	IT OR ALLOWANCE	0.0	00-					
FINANCE	CHARGE	0.6	00					
TOTAL O	F PAYMENTS	0.0	00					
DEFERRE	ED PAYMENT PRICE	269.	26					
NUMBER	OF INSTALLMENT	s	1					
REGULAI	R PAYMENT OF	0.	00					- 526 -
ODD PAY	MENT OF	0.	00					
DATE FIR	ST PAYMENT DUE	07/10/20	02					
DAVACNI	T PLAN	MONTHL	v					

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 E-17142



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

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	IFORNIA		59200)
CANARY CEMETE		ETERY	<u> </u>	7142	
	Date		19-0		05
one hundred + Eighty-N	Address: 4080 Hanco	63	APT 3 Dollars (s 189.	92110
	runite 24x12 MArker				
Div IOOF Sec	How 10 Lot	3	Grav	1e_6	
Invoice No E - 17/4) NOT VA STAMPI	LID FO PAPER STATED UNLESS ED PAPER N THIS SPACE.	CREDIT 20% Sales Care 80% Sales	100		1
W.O	SEP 1 9 2005	of Lats Opening/	77184 - 100	Tir .	
BALANCE DUE	2 Arnse denues	Closing Burial Containers	77181 - 100 77182 -	27	50
MO	UNT HOPE CO	Handling Fee	100 77185 -	77	00
Pro Need Lot At Need On Acct		Recording & Misc. Fees Pre-Need	100 77183 63033	138	00
Pre-field Trust Cash Check ISSUED	land	Trust Sales Tax	77186 - 60101 78390 -		13
AC-212 (Rev. 4-04) # 0/59 This information is available in alternative formats upon request.	BY 10 condita	TOTAL PAID	S .	189	63

MT. HOPE CEMETERY

INTERMENT ORDER

One veed just city o	f San Diego
Project & De	Date 6-10-02
	ect to your rules and regulations, to inter the remains
of Lor Josephine 1	U. Godinho
ina Uner Fi	uneral, date, time
Type of Burnet Continues	Montuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 68 Grave 7 Row	Section 2 Division/Block 12
Grave space & Care Fund	<u>845,00</u>
Additional spaces and care fund	
Opening/Closing & Setup	AID 375.00 190.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting feeJAN	2 9 2004
	4 - 10
Recording and filing fee	PE CEMETERT /4.73
	25% Jown 1416.18
Paid re	ceipt number
	Balance due 1248 55
I hereby certify I am the and this is your authority to make disposition of	of the above named decedent femains as above indicated. I pertify and represent
any liability on account of said authorization an	(What was a second
hereby authorize the interment in lot I hold under deed.	SEPHENTE SEPHENTE
SKINGETIO TILITATINI	1803 COLONIAL AVENUE
Signature of recorded holder of deed	SAN DIEGO CA: 92105 Price 531-6072 Home: 264-1806
	171ce 531-6072 Home: 264-1803
	Invoice #
Work Order # E 17143	Acct. #

This information is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

ELTY OF SO-WI HOPE CENTTERY #64 3751 HORKET STREET SAN DIEGO DA 92182-4527 619-527-5474 430132215555555644

81/13/94

18:19:87

KEYED

INVOICES

HC

XXXXXXXXXXXXXXXXX

AUTHU 925835

REF# 42182881

BUS: HO RUS REDSTED

HATT /PHONE

52,84

TOTAL

52, 94

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

MAIL

THANK YOU PLEASE COME AGAIN

TOP COPY-MERCHANT SOTTON COPY-CUSTOMER

E-17143

Pending to trust

E 17143

CITY DE SD-MI MORE CEMETERY #64 3751 HARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4381322156665640

10/15/93

19:36:12

KEYED

ME

XXXXXXXXXXXXX91284

AUTHR 899964

REF# 37882801

AUS: NO AUS REESTED

SALE

52.84

TOTAL

52.84

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

THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHANT BOTTON COPY-CUSTOMER

Pre-roed bit + hust only

CLITA OF 201-RL HOSE CENELERA #54 3751 MARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4391322156665644

11/12/83

14:28:23

KEYED

IMMICEN

HF.

XXXXXXXXXXXX91284

AUTH# 995178 AUS: NO AUS REDSTED REF# 38982882

HATI /PHONE

52.84

TOTAL

52,84

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

MAIL / Phone

THANK YOU PLEASE COME AGAIN

TOP COPY-KERCHANT BOTTON COPY-CUSTOMER

12-17/19 Danad Jodinho

GODINHO, I	EONARD V. 1803 Colonial Avenue, San Dieg	go,	CA S	2105	(61		-17143 4–1803		-607	72
	p. politica (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904)	20000000		EBIT		CREDI'		BALA		
6/10/2002	Opened Pre-need Lot & Trust Account.			1111						
	Lot 68, Grave 7, Sec 2, Div 12			895	.00	0 170		8	395.	00
	Trust includes (1) Opening/Closing, Liner,	1		769	.73				64	73
	Handling Fees, Recording fees, tax on the	244		80%						,,,
	Customer will pay by credit card, will cal each month. see file for instructions)	17	9,34	100/		41	6.18	12	48.	55
7-10-02	M/C #/					SR	02	11	96	33
8-9-02	MIC #2 b. Phone					62			44	49
9-10-02	M/C #3 " PAID					52	04	18	92	45
10-10-02	MIC 4 "					SA	, 04	10	40	41
11-12-03	M S JAN 2 9 2004					52	¢4	9	88	.37
15-11-05	W I C					ಕನ	,04	0	36	.33
1-15-03	MIC # MOUNT HOPE CEMI	TE	RY			58	104	R	84	29
2-13-03	MIC # 8MODIAL HOLZ					52	ou	8	132	125
3- 03	14° × × × × × × × × × × × × × × × × × × ×					5	204	1	80	21
4-11-03	MIC #10 m			19	7	15			28	17
10-11 63	- Over Res	no D	PU	128	1	10	408	A	24	-09
	GODINHO, LEONARD V. E-17143			e e e e					i v	

No Coupon -14.03 Dhore Remaining 15 MC He

Smith a pare marrian Sandaro

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-02

am	
You are hereby authorized an	nd instructed, subject to your rules and regulations, to inter the remains
19.50 P. MOST OCK Printer 190	and Buriel guneral, date, time FRI. Jun. 14th 12:00
Church Chapel Graveside	: Cood body Mortuary.
All Funeral cars must arrive be	efore 3:30 p.m. of regular work day or an extra charge of \$82 -170
will be applied and billed to un	
Lot 47 Grave 8	RowSection
Grave space & Care Fund	
	nd
Opening/Closing & Setup	375.00
Bunai Container	
Handling Fees	JUN 1 1 2002
Flower vases - Marker setting) fee
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, Cr. 45.00
Sales taxes	
	Paid receipt number Paid by 6. 420.00
	~
I hereby certify I am the and this is your authority to m that I have the right to make the any liability on account of said	hake disposition of remains as above indicated. I certify and represent his authorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interme hold under deed.	X1208 Old Chase Ave
Signature of recorded holder of deed	61071 XET CAJON Caly 92022
COL 3-5-03°	61071 1619 440 7630 Zecode
Work Order # E 171	A A
Work Order # I I	Acct. #

@ Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E- 17/44

WORLD STORY OF THE	400000	Seleto Licito (V)	CALLS IN A SHALL SHALL SHALL	The State of the S
CDAI	DI.	INID	CHECK	CODA
GINA	DL	JIND	CHECK	FURIN

Write in the name of th	e deceased for which the grave is for in the
block marked with "X".	Place the name's, lot # and grave # of all
existing marker's in the	appropriate space(s) that are adjacent to
the burial space.	SIMMON TO SERVE OF THE STREET SAN THE STREET OF SERVE

					1	T
			8 X			
			1.00000	1		1
			1 Ann 1			
			Row;			Div: 7
grees with	Legal C	ard: 🗖 Y	es l	J No		
grees with	мар: [) Yes		No		
6-4 Ch - 4	Table and the	THE SECTION OF			502.000	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

al C

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LA	ST (FAMILY)	The state of the s		2. DATE OF BIRTH	3. DATE OF		4. SEX
MARCY AM			1	BOXTATUR			01/27/1911	06/09/	-	
SA. CITY OF DEATH		XIV			OUTSIDE CALIF.,		RELATIONSHIP, FULL M	ALINO ADDRE	88 AND ZIP	CODE
LA MESA			i ENT	ER STATE	N BIRGO	EART.	ORMANT	- DANGET	TER.	
7A. TYPED NAME AND AL	ORESS OF CALIFORN	IIA FUNERAL DIRECTOR OF	PERSON ACTING AS			1228	OLD CHASE A	VERUE.	Thermal St.	
GOODBODY 19	DETUARY: 5	027 EL CAJON	BOULEVARD	_#F	APPLICABLE	EL CA	JOH. CA	92020) 	2
	S	AN DIREO, CA	92115	FD	790	BA. SIGNA	MURE OF APPLICANT-	erson taking permit,	88. DATE	SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the p 0376 of the Health and Safety Code, a				000	Tore loss	ara	06/12/	200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFE ITY FOR THE DISPOSITION S RO MONT OF DISPOSAL OUTSIDE OF	TY CODE PECIFIED \$7.	UNT OF FEE PA	98. DATE PERMI	220	9C. SIGNATURE OF 10 2209914 ▶	CAL REGISTR	ar issuing	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT ED IN CAUFORNIA 35222 CA 92186 522					ICT OF DISPOSITION— THER DISTRICT IN CALIFO	RNIA	- 8	4
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND A	DDRESS OF CALIFORNIA	G. SHIP H. TRAI		RNIA DE OF CALIFORNIA 118. DATE BURN	AtW	SIGNATURE OF PER		GE OF BUR	ila (
CREMATION		DDRESS OF CALIFORNIA	CREMATORY	A 72192	128. DATE CREMA	ITED 12C	SIGNATURE OF PER	SON IN CHAR	GE OF CREA	MATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVIN	ig remains	13B. DATE RECE	IVED 19C	SIGNATURE OF PER	SON IN CHAR	GE OF FAC	·
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR		WHERE	14B DATE SHIPE	ED 140.	ADDRESS AND SIGN OF PLACING WITH T		erson in C	HARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELI ENTIFY FINAL PLACE AND			158, DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE N OF CREMA MAINS DIS —IF APPLIC	TED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

Rose De Doega

City of San Diego

or acousting		Di	b-10-0	4
		3.00	7000	11
You are hereby authorized and inst		your rules and re	egulations, to inter t	he remains
111 7 0	ARCH	(304	BunaL)	
ina DOUBLE DEP.	TT Funeral.	date, time WE	F1-d a.	9.30
Church, Chapel, Graveside DEL	ivery out	Y FEAT	tering: LL	Mortuary.
All Funeral cars must arrive before		r work day or a	n extra charge of \$	
will be applied and billed to unders	gned.			2
Lot Grave	Row 5	Section	Division/Block	10
Grave space & Care Fund	Rre-s	ned E	-6059	D
Additional spaces and care fund				
Opening/Closing & Setup				₽ _
Burial Container	\$1.000000000000000000000000000000000000	·		0_
Handling Fees	**************			0 _
Flower vases - Marker setting fee				
Recording and filing fee				-6 _
Sales taxes				₽_
		Total D	lue	0
	Paid receipt n	umber	1939	
×			Balance due	
I hereby certify I am the			of the above name	
and this is your authority to make that I have the right to make this au any liability on account of said auth	thorization and I aç	gree to hold Mt.		
	Х			
I hereby authorize the interment in hold under deed.	7 ***	charte :		
Signature of recorded holder of deed	一 > -			
	× 6	Y lephone		Zip Code
E 4744		voice #		
Work Order # E 17145) A	cct. #		
REA-104 (7-96)	nis information is a	vailable in alte	rnative formats upo	on request.

O Printed on recycled paper

MT HOPE CEMETERY

E- 17145

GRAVE BLIND CHECK FORM

olock mar existing nather the burial	narker's i	n the app	ropriate s	me's, lot # a space(s) that lace De	at are ac	jacent to
3,457 0,44cm	BULL BULL	3259 BULL	3.5eo	808.4 27.91	37/7	3263 HUFP
Interment	space for:	PAUL Wed 1	WAR	CH Time:	9,,	30
Lot: 326	O Grav	e:	Row:	Sect:		Div: 10
		/ Card: □ Y		7.	thy	in
Agrees wit	Common and the second	J Yes	2	No MA	G	faille

E-17145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

3

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST	(FAMILY)	1		DATE OF DEATH 4. SEX
Paul		Taft	Marc	h	West of the last		6/09/2002 M
SA. CITY OF DEATH			58. COUNT	Y OF DEATH—OUTSIDE C		, RELATIONSHIP, FULL MAIL!	NG ADDRESS AND ZIP CODE
El Cajon				San Diego	1040,000,000	heringill Mor	tuary
		ALI TEMBESS	OR PERSON ACTING AS SU	OH 78. CALIF. LICENSE MI —IF APPLICABLE	UMBER 6399		i., San Diego, C
	gill Mortus			1 1000000000000000000000000000000000000			92115 -
	t to the second	San Diego,	CA 92115 proposed disposition stated heren	FD 1083	2170000000	NATURE OF APPLICANT—F850	
ACKNOWLEDGMENT OF A	Section ID:	376 of the Health and Safety Code	and was authorized pursuant to Se	ction 7100 of the Health and Safety	Code.	35	philizous
PERMIT	SIONS OF THE CALIF	IED IN ACCORDANCE WI ORNIA HEALTH AND SAF TY FOR THE DISPOSITION		Manual Manual Comments	E PERMIT ISSUED 1/2002	90 (9/GNATURE OF LOCAL 2209800	. REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	O MIDST OF DESPOSAL OUTSIDE O	F CALIFORNIA. \$	그리아인트리 기계는 경기 경기	retzka	2203000	
the second second second second	9D. ADDRESS OF RE	GISTRAR OF DISTRICT	A STATE OF THE PARTY OF THE PAR	9E. ADDRESS OF RE	GISTRAR OF DIST	TRICT OF DISPOSITION-	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	PO BOX 85	222, San Die	eo. CA	IF DISPOSITION IS	TO DECUR IN AN	OTHER DISTRICT IN CALIFORNIA	5
DISPOSITION.		6-5222		-			
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	6V			FOR CORON	ER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTE	PARY ENVAULTMENT TO CALIFORNIA TO OUTSIDE OF CALIF	FORNIA	I. DISPOSITION PEI (Name and Addr	NDING REMAINS LOCATED AT
BURIAL %		DRESS OF CALIFORNI Cam., 3751 Ma CA 92102		11B. DATE	E BURIED 11	C. SIGNATURE OF PERSON	N CHARGE OF BURIA
CREMATION	12A, NAME AND AD	DORESS OF CALIFORNI	A CREMATORY	128. DATE	CREMATED 12	C. SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC	19A. NAME AND AC	DDRESS OF CALIFORNI	A FACILITY RECEIVING I	REMAINS 13B. DATE	E RECEIVED 13	C. SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY W RE TO BE SHIPPED	HERE 14B, DATE	E SHIPPED 14	C. ADDRESS AND SIGNATU OF PLACING WITH THE	IRE OF PERSON IN CHARGE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER			INE, OR OTHER DESCRIPT CA <u>DISTRICT</u> OF DISPOS		E OF 15	C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

Pre-road list

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-02

(Ber 1-9-6 Mor gan) x
Funeral, date, time
RAGS DALE Mortuary
.m. of regular work day or an extra charge of \$
Section 2 Division/Blook 12
<u>895.0</u>
<u> </u>
Pod in lulo =
0.4/10/0/
100. Oat.
06 Jaun Total Due 895.0
and receipt number MC 234.0
R-55123 Balance due 67 1.0
Self of the above named eleceden
ition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from
on and interment Convoice E. Morg
Leware E. Margan
X3060 53rd ST. # 41
Address
USAN DIEGO CA 92105
XSAN DIEGO, CA. 92105 2619-286-9279
City Ze Coo

MORGAN,	\%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CA 92105	,19) 2	E-	17146 79	
		DEBIT	CRI	EDI	T	BALANO	Œ
6/11/200	2 Opened Pre-Need Lot Account.	B95.00	7.3		10	895	00
	25% down paid by Mastercard.		1	224	.00	671.	.00
1-20-02	Lot 105, Grave 9, Sec 2, Div 12		10	271	.00	4	
25-02	7AID-In-Full R- 55123						
				+			+
	V			1			
			-	+			
							1
	MORGAN, GERVAYCE E. E-17146						





MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-02

na	Liner	F	uneral, date, ti	me Thurs	dune	2044 1
Church Ch	aper, Graveside			S.D.	Mema	TAL Mortuary
All Funeral	cars must arrive befo	ore 3:30 p.m. o	f regular work	day or an extr	a charge o	f\$
will be appl	ied and billed to unde	ersigned				
or 469?	Grave	Row	Section	c	ovision/Blo	
Grave spac	e & Care Fund					1095.00
Additional s	spaces and care fund				*****************	
Opening/Ci	osing & Setup	PAI	D			375.00
						190.00
landling F	ainer	JUN 1	Suu v			145,00
lower vas	es – Marker setting fo	PHOPE CE	METARY		*******************	UP ~
Recording	and filing feeCIT	Y OF SAN	DIEGO, Cr			45,00
						14.13
OF THE PERSON NAMED IN COLUMN TO PERSON NAME		Paid re	eceipt number	Total Due	114	1864.7
CX S	A SONS !	_		Ва	lance due	-6
and this is hat I have	rtify I am the your authority to mak the right to make this on account of said a	authorization	and I agree to	above indicate	ed. I certify	amed deceden and represen harmless from
hereby au nold under	thorize the interment deed.	in lot l	Signature Address	See		_
investme of care	orded holder of deed		× Fay	Mr.	with	and zo coo

06/13/2002 12:59 06/12/2002 11:26 619-6920896 SD MT. HOPE CEMENTERY + SD MEMORIAL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

. Liner	hy Cobb Funeral, Saze, time []	hussidune 20th 11:00
Church Chape, Grevenide		D. Memorial wormer
All Funeral care must arrive be	rfore 3:30 p.m. of regular work day or	r an sutra charge of \$
	dereignes.	Management of the state of the
		10
LOI 467 4 Grave	Now Section	Division/Blees 10
Grave space & Care Fund	······································	1095.00
Additional spaces and care fu	MB	(1945 - 1 - 1940) (1940
Opening/Clasing & Setup	e incoming to Manager Landon	375.00
	entropies a división en consen	100 00
THE SHOP SHOULD SHOULD BE SHOULD SHOU	· mante - menantale mantale	11176
	(fee and all the second	
	#1970000 000 000 000 000 000 000 000 000 0	ALC PU
	gris (
		1864.73
Lam my		15 1500 52
The second	Paid recorpt number	
A LOUIS	Managalor	Balance due
and this is your authority to m	Livun Sel ov are disposition of families as above its authorization and I agree to hold it	of the above named decedent Indicated. I certify and represent
that I have the right to make the any liability on account of ealth	is authorization and i agree to held he authorization and interment.	M Hope Cemetery harmless from
	X V	al Harra
hereby authorize the interma hold under deed.	Min Jot 1	121
	A NAME OF THE PARTY OF THE PART	DA
Levision of respirate hallow of same		100 Coop 04
	1(412)	472-30 70
	The Property of the Parket	
	1251000000	
won 0:00 E 171	A 7	

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.

HARRIS DATELE	4694 ARZ UM ARZ UM	4693 SHAW	1613		<u></u>
		<u> </u>	47		
intermer Intermer	nt Space to	or: one	20 ,	Time: \\ \ 0	0
	240		7/0	2.54	
Grave L	aid out by	NF	ROBER	!	
Agrees	with Legal	Card:	Yes [J No	
Agrees	with Map:	☐ Yes	4	No	
		erified By:	an 1	CONTRACTOR DO	Date: 6-RO

E-17147

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO FRASURES. WHITEOUTS OR OTHER ALTERATIONS REFILE 1A. NAME OF DECEDENT-FIRST (GIVEN) 3. DATE OF DEATH 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX 06/09/2002 04/09/1919 CORB LER DOROTHY 5A CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58 COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE SOSCHE COBB JR-HUSBAND SAN DIEGO SAN DIEGO 1035 ATH AVE ART #7 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER IF APPLICABLE SAN DIEGO MEMORIAL CHAPEL CHULA VISTA CA 91911 2441 UNIVERSITY AVE SAN DIEGO CA 92104 FD-1575 8A. SIGNATUBE-OF APPLICANT -- Person taken permit. 8B. DATE SIGNED I hereby activisatedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized perseant to Saction 7100 of the Health and Safety Code. 06/19/2002 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2210308 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SA. AMOUNT OF FEE PAID 98. PATE PERINT ISSUED 06/20/2002 PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7.00 LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW P.O.BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. E DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED MT HOPE CEMETERY BURIAL 3751 MARKET ST SAN DIEGO CA 92102 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION APPLICABLE 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE ¥ 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158 DATE OF 15C. SIGNATURE OF PERSON IN 150. UCENSE NUMBER SCATTERING AT SEA DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER

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

MT. AOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-02

LUER	ThuR 1-13 0	7
Type of Buriel Contagner	Funeral, date, time ThuR 6-13	
Church, Chapel, Graveside Deti	very ONLY : BAYVIEW 782 Out	uary.
	3:30 p.m. of regular work day of an extra charge of \$	equation-
will be applied and billed to undersi	oped	
. 50 am a	1	2
Lot 50 Grave	Row Section Division/Bleck	_
Grave space & Care Fund	895	.00
CONTRACTOR OF THE PROPERTY OF		
	~ ~ C	.07
Opening/Closing & Setup	3/2	-00
Burial Container	PAID	OU
		00
Handling Fees	<u> 142,</u>	0 4
Flower vases - Marker setting tel	N 1.2 2002	_
Recorded and discount of the second	45.0	70
Recording and filing feeMT: HO	PE CEMETARY	13
Sales taxes CITY OF	SAN DIEGO CA	1
trnell	Total Due	1
PRICE	R = 2~091 111	17
PKICH	Paid receipt number 10 350 6 166	1.
	Balance due	-
I hereby certify I am the	of the above named decidisposition of remains as above indicated. I certify and representation	esent
that I have the right to make this aut	thorization and I agree to hold Mt. Hope Cemetery harmless	from
any liability on account of said author	orization and interment.	
I hereby authorize the interment in I hold under deed.	lot I Signature	
nois under deed.		
	Address	
Signature of recorded holder of deed	City Z	p Code
	Secretary of the Secret	
	Telephone	
	100 210 2	
E 17110	Invoice #	_
Work Order # E 17148	Acct. #	
REA-104 (7-96) Th	nis information is available in alternative formats upon req	HARACE

O Printed in increted paper

MT HOPE CEMETERY

€-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.

		0.		-	
20		So X	3	5 lock	, 5
	b	7	8	S)	Ü
Interment space for:	Willi	MM CA	LC OT L		
Interment Date: 7 h	ur 6-	12 Ti	ne:q	. 20 .	iv: R
Interment Date: 7 H	ur 6-	Row:	me;^ Sect: _	<u>Д</u> р	iv:

Blind Check & Verified By:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

OD

	USE BLACK INK ONLY-MAR	E NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS	(21
IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
WILLIAM		CALCOTT		06/06/3991	05/22/2002 M
SA. CITY OF DEATH	VISTA	58. COUNTY OF DEATH ENTER STATE SAN DI	LEGO D	NAME, RELATIONSHIP, PALL M OF INFORMANT (170) ARMELL BRICE	ALLING ADDRESS AND ZIP CODE PUBLIC ADMINISTRAT
	ORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON		F. LICENSE NUMBER	201 A RUFFIN RO	24
BAYVIEW CRE	MATION & BURIAL, 815 THIRD	AVENUE, -	APPLICABLE	AN DIEGO, CA 92	1 11001
#315-B. CHU	LA VISTA, CA 91911	I'D-			erson taking person, BB. DATE SOGNED
ACKNOWLEDGMENT OF AN	PLICANT I hereby acknowledge as applicant that the proposed di- Section 10376 of the Health and Safety Gods, and was auti	position stated herein is one of the matter pursuant to Section 7100 of the	dispositions authorized by	Them	Z 7 06/10/2002
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WITH STREET OF DISPOSAL CRITICIS OF CALFORNIA.		06/11/200 TC MITCHE	2 2209726	CAL REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX 85222, SAN DIEGO, 92186-5222	TH- 9E. ADD		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFO	RPHA
The second secon	DSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ANIA	L DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT ddrese)
BURIAL	MT. HOPE CEMETERY, 3751 MAI SAN DIEGO, CA 92102		118. DATE BURNED	1.9/	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATE		SON IN CHARGE OF CREMATION
SCIENTIFIC	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPER	OF PLACING WITH T	ATURE OF PERSON IN CHARGE HE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR C FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	Date	6/12/02
You are hereby authorized and instructed,	subject to your rules and regula	tions, to inter the remains
ina D. D. Crupt (1St Burio	V Funeral, date, time Fri. T	June 14th 1:00
Church, Chapel, Graveside	Haged	aleMortuary.
All Funeral cars must arrive before 3:80 p.	.m. of regular work day or an ext	ra charge of \$
will be applied and billed to undersigned.		
Lot 225 Grave 6 Row	Section 2	Division/Blook_ 12
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container	ACA BOND	380.00
Handling Fees		320.00
Flower vases - Marker setting fee	DY DOSE SELECT	
Recording and filing fee	MI TOPE CEMETARY	45.00
Sales taxes	TO GO GO DIEGO, CA	29.45
Ре	Total Due.	2044.45
I hereby certify I am the X X library and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	El Mastle Softh of the tion of remains as above indicat- tion and I agree to hold Mt. Hope	e above named decedent ed. I certify and represent cometery harmless from
I hereby authorize the interment in lot I hold under deed.	X William D Styrukur Address	Procastle
Signature of recorded holder of deed	City Telephone	Zip Code
F 17149	Invoice #	

E-17/49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	Contracting to Comment	2. DATE OF BIRTH	547 B4 (444 A44) B4 (547 (757 224 236) F(77	SEX
Alonzo		McCastle	to the first of the control of the c	02/19/1943	6 0871072002	M
SA. CITY OF DEATH RECTOR	al City	68. COUNTY OF DEATH ENTER STATE		OF INFORMANT	MARING ADDRESS AND ZIP CO	
144	ORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A	ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER	1815 W. 48th San Diego, CA	The state of the s	41400
AD Diego, CA		sition stated herein is one of the	dispositions authorized by	11/1/1	Person taking permit 8B. DATE SI	and the
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. MITE 1929 PERMIT CHES NO NIGHT OF DEPOSAL OUTSING OF CALFORNIA.	\$7.00		ISSUED 9C. SIGNATURE # 02 2209	LOCAL REGISTRAR ISSUING P	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH E DEATH OCCUMED IN CAUFORNIA F.O. BOX 85 San Diego, CA 92186-5222			OF DISTRICT OF DISPOSITION R IN ANOTHER DISTRICT IN CALL		_
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY	
B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	L DISPOSITIO	N PENDING—REMAINS LOCAT Address)	TED A
BURIAL	Mount Hope Cometery, 3751 H	årket Street	6-14-02		ERSON IN CHARGE OF BURIA	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMAT	ED 12C. SKINATURE OF PE	ERSON IN CHARGE OF CREMA	TION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	/ED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF FACIL	JTY 3
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B, DATE SHIPPE	D 14G. ADDRESS AND SK OF PLACING WITH	GNATURE OF PERSON IN CHA I THE CARRIER	ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		16B. DATE OF DISPOSITION	15C, SIGNATURE OF PI CHARGE OF DISP		D RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

yearl grant	Date_ 6 - 13 -	0 2
You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the	ne remains
	OOSE A	
na ASH VAULT	Funeral, date, time	
Church, Chapel Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
Lot 28 Grave 11 Row	Section 16 Division/Block	7_
Grave space & Care Fund	ne- seed 0-7264	0
Additional spaces and care fund	100000	to.
Opening/Closing & Setup	e- neery E > 173 -	-0
Burial Container	$\bigcap \mathbb{A}[V]$ $-$	-0
landling Fees		-
Flower vases – Marker setting fee	(Ð
Recording and filing fee	_	0
Sales taxes		
	Total Dued receipt number	
ras	Balance due	
hereby certify I am the	of the above name	d decedent
and this is your authority to make disposition	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery har	represent
hereby authorize the interment in lot I	X	
nold under deed.	Signature	
Signature of recorded holder of deed	Address	
D.	Theptone	Zip Code
	Invoice #	
Work Order # E 17150	Acct. #	
TOTAL DISSOLUTION TO THE PARTY OF THE PARTY	457533	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-14-02

ina LINFT	Funeral, date, time TUE 6-18 11.0
Church, Chape, Graveside	RAGSDALE Mortuary
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 126 Grave 8 Row	Section 2 Division/Block 13
Grave space & Care Fund	<u>0.12.00</u>
Additional spaces and care fund	27.6
Opening/Closing & Setup	3 15.00
Burial Container Bell Liver) A I D
Handling Fees	195,00
Flower vases - Marker setting fee	N 1 4 2002 UZ D D
Recording and filing fee	TO STATE AND THE TARK
Sales taxes M1. H	IOPE CEMETARY IV. 73 F SAN DIEGO, CA ILLY, 73
Oni	Total Dus
P	aid receipt number 1
X Q.	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorization.	of the above named decedent sition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I hold under deed.	× 1841 Sonoma Lane
Bignature of recorded holder of deed	12mon GROV, CA 91945
	Telephone

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	ANDERSON	GREEN	3	ų	CORREY
	1	ISP X 8		10	NAGTA
				<u> </u>	•
Interment space Interment Date:	Tue 6-1 Grave: 8	<u>8</u> т	ime:\ Sect:		iv: <u>1</u> ?
Grave Laid out	by: NF	KEN	7		_
Agrees with Leg	gal Card: 🗖 Ye	es C	J No 🤻	ly	9
Agrees with Ma		"1	No	Gu	
Blind Check &	Verified By:		WA	_ Date:	0-17-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Dary	1	Lynn	Clark		09/17/1964	MONTH, DAY, YEAR 06/11/2002 M
5A, CITY OF DEATH	Beach		SB. COUNTY OF DEATH ENTER STATE	4 4	NAME, RELATIONSHIP, FULL MOF INFORMANT Erline B. Perl	MILING ADDRESS AND ZIP CODE
and the second of the second o			PERSON ACTING AS SUCH 78. CAL	JF. LICENSE NUMBER	Visited States and Mary Control of States	WANTED BY CONSIDER SWONE OF STATE
		rtuary, 5050	Federal Blvd		1841 Squama La	
San Diego.	CA 92102					Person takent permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	1375 of the Health and Safety Code, as	reposed disposition stated herein is one of the not was authorized pursuant to Section 7100 of th	e Health and Safety Code	and the state of t	10-00/18/02
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SE 10 NEWT OF DISPOSAL OUTSIDE BF C	PECAFRED \$7.00	AND AND ADDRESS OF THE PARTY OF THE		Bowen MD of
ANY CHANGE IN DISPOSH	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT C			OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFO	
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		h Dept of Vit.	20 VIVE 18		Reforme 92786	-5222
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	20=00		FOR COR	ONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY	AINS OTHER	E. TEMPORARY ENVA	ORNIA -	I. DISPOSITION (Name and A	PENDING—REMAINS LOCATED AT (ddress)
BURIAL	Mt. Rop	DORESS OF CALIFORNIA • Cemetery 37: go, CA 92102	CEMETERY 51 Market Street	118. DATE BURIED	Kenn F	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	D 12C SIGNATURE OF PER	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 19C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT COMILETE V		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	TATE OR COUNTRY WHERE E TO BE SHIPPED	148. DATE SHIPPED	0 14C. ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		E. OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-14-02

ina LINER	Funeral, date, time WED 6-19 11.
Church, Chapel Graveside	CA BURIAL Mortuary.
All Funeral cars must arrive before 3:36	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	d,:
Lot 215 Grave 6 Ro	wSection_2 Division/Block_] ?
Grave space & Care Fund	895,00
Additional spaces and care fund	
Opening/Closing & Setu	375.00
	<u>110,00</u>
Handling Fees JUN 1 4 20	02 <u>145.0</u> 0
Flower vases - Martin House (se	TARY 45.00
Sales taxes	17.73
	Total Due 1664
ISHER" VI	Paid receipt number 15 15 15 15 15 15 15 15 15 15 15 15 15
I hereby certify I am the and this is your authority to prake disp	of the above named decedent cosition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	X 8475 Avenida Angolia #1
	- X Spring Valley CA 91977
Signature of recorded holder of deed	1619-479-6403

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Ayrop	5 246 X 6	
a Lew Jenk	// /2	

				65 ES
Interment space for:	20HN B	ULLUM		
Interment Date:	P1-9 a	_ Time:	11.00)
Lot: 245 Grave:_	6 Row:_	Sect	:_ <u>&</u> :	Div: <u>\</u>
Grave Laid out by: N	FKEN			
Agrees with Legal Card	d: 🗖 Yes	□ No	Fly	200
Agrees with Map:	Yes C	J No	00-	ne
Blind Check & Verified	ı ву:('\(Dave	Date:	6-170

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

TOTAL	ENT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FAL	2006 2011 000		MONTH DAY			OF DEATH	C 1005575555000
JOHN				30000000000	UM IV	1	12726719	F95,540	-	/2002	MALI
GAN DIFFEO				ENTER STA		OF	IE, RELATIONSHIP.			and and constitution	
SAN DIEGO					DIEGO		HAEL PULL			A STATE OF THE PARTY OF THE PAR	323
7A. TYPED NAME AND A CALIFORNIA	CREMATION &	BURIAL C	CHAPEL	1	78. CALIF LICENSE NUMBER —IF APPLICABLE		4 SCRIPPS DIEGO, C			VD., #2	69
5880 EL CAJ	ON BLVD., S	AN DIEGO,	, CA 92115		F-1357		SNATURE OF APPLI			eng! 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A					rie of the dispositions authorized by 7100 of the Health and Safety Code.	M	antit	Ba	mal	d 06/1	7/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHARGINES A NEW TION REQUIRES A NEW PERMIT TO SHOW FINAL	THIS PERMIT IS ISSUING OF THE CALIFICAND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT ONES IN 90. ADDRESS OF THE PEATH OCCURRE VITAL RECOIL	ORNIA HEALTH AF Y FOR THE DISPO RIGHT OF DISPOSAL O GISTRAR OF DIS O BH CALIFORNIA	NO SAFETY CODE SITION SPECIFIED NITSDE OF CALFORNA STRICT OF DEATH	\$7.00	J. BENYAL BE ADDRESS OF REGISTRAR IF DISPOSITION IS TO DOC	RD R OF DAS	► 221009 STRICT OF DISPOSE	95 mon—	XVIII.	STRAR ISSUI	NG PERMIT
10. AUTHORIZED DISP	SAN DIEGO,	Annual Company of the			1000				ovenia.	USE ONL	
				-					-		
X A. BURIAL (INCL.	SE	7207-5730 7- 57	EGRNIA CEMETER	F. DISINTERME G. SHIP IN TO H. TRANSIT TO	CALIFORNIA O OLITSIDE OF CALIFORNIA	-	U (Name	and Ad	idresa)	-REMAINS L	
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C	OF CREMATED REMA EMETERY SE	DRESS OF CALL	3751 MAR	F. DISINTERME G. SHIP IN TO H. TRANSIT TO	NT CALIFORNIA	-		and Ad	idresa)	HARGE OF B	URIAL
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CREMATED REMANDERSE ITA NAME AND AD MT. HOPE	DRESS OF CALL CEMETERY), CA 921	7 3751 MAR 102	F. DISINTERME G. SHIP IN TO H. TRANSIT TO RY EKET ST.	nt California O Outside of California	2	U (Name	OF PERS	(GON IN C	HARGE OF B	URIAL
A. BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMATERY SE IIA. NAME AND AD MT. HOPE SAN DIEGO	DRESS OF CALL CEMETERY), CA 921 DRESS OF CALL	7 3751 MAR 102 IFORNIA CREMATO	F. DISINTERME G. SHIP IN TO H. TRANSIT TO KET ST.	NT CALIFORNIA DOUTSIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	Z I	IC. SIGNATURE C	OF PERS	GON IN CH	HARGE OF B	URIAL EMATION
A BURIAL (INCL. B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMATERY SE 11A. NAME AND AD MT. HOPE SAN DIEGO 12A. NAME AND AD - 13A. NAME AND AD -	DRESS OF CALL CEMETERY), CA 921 DRESS OF CALL DRESS OF CALL DRESS OF CALL	7 3751 MAR 102 IFORNIA GREMATO IFORNIA FACILITY	F. DISINTERME G. SHIP IN TO H. TRANSIT TO RY KKET ST. DRY RECEWNIG REMA	NT CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA 13B. DATE PRECEI	TED 1	IC. SIGNATURE C	OF PERSON PERSON DE SIGNA	GON IN CH	ARGE OF F	URIAL EMATION ACKLITY

COPY 1

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

VS 8 (REV. 6/5



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-2002

$\lambda = \lambda n$	ed, subject to your rules and regulations, to inter the remains
ina Liner	Funeral, date, time Jane & Wed L
Church Chapel, Graveside	: KACSDAUE Mortuary
All Funeral cars must arrive before 3:30 will be applied and billed to undersigned	p.m. of regular work day or an extra charge of \$d.
105 Grave 11 Row	v Section _2 Division/ Dlock _12
Grave space & Care Fund	89500
Additional spaces and care fund	PAIV
Opening/Closing & Setup	JUN 14 2002 375.00 190.00
Handling FeesWi Flower vases – Marker setting fee .GIT	145 M
Flower vases - Marker setting tee .Cl-1.	11K OV
Recording and filing fee	_ 70.00
Sales taxes	Paid receipt number 2 CC 1664.7
I hereby certify I am the and this is your authority to make disport that I have the right to make this authority any liability on account of said authorities.	Balance due of the above named decedent detilion of remains as above indicated. Certify and represent that on and I agree to bold Mt. Hope Certify and represent that on and interment. If monochastics are the second to the second that the
I hereby authorize the interment in lot I hold under deed.	Signature N. Delans lane
Signature of recorded holder of deed	City 601. 749, 8/10 Zecod
Work Order # E 17153	(0) 39 (0 37) Invoice #



GRAVE BLIND CHECK FORM

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

V 1	-			- 83	
	+	-			X - 1 m-
		tt X	1.0	-	
13 15	33V)			- 4	
-	- W-344	1	1.00	* >	
Interment Date: 4 Lot: 105 Gra Grave Laid out by	ve:11	Row:	Sect:	2 D	iv: 12
Grave Laid out by: Agrees with Legal		4	J. No	Ct.	
Agrees with Map:	☐ Yes	NA:	No	1 Date:	, 2

LAPPLICATION AND PERMIT FOR DISPOSITION BY HUMAN PRIMARIES.

USE TEACH BE ONLY -MAKE NO ERABORES, WHITEOUTS OR CHART ALTERANCE

James James 5A. CHE CO BEATH		ACTS ROSINSON				
7A. Direction for		ENTRA SELECTION OF PERSON ACTIVICAS SUCIES	Diego:			
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		0 Son 85222, Kan	F 000CEMON IS 10-SCCS	(a-xx;	OROMEN & USE O	
		E TEMPORARY P ESSURCEMEN G SHIP IN TO S	""。1000年7月1日	i deshosm (Nerter an		MAN TO A
		Manus (Specient 1951 Contract Stores	OUTERNS (SE CALIFORNIA 148 - CATE BLANK	Jane Signatoric of I		
		GO British CREATINGS	128 DATE CHEMAT	ED 12C SIGNATURE OF F		SECURITORY.
Walter Application		PERSONAL SALES IN SECURIOR SERVICE	NS JAN DAYE REGEN	BE 190 SIGNATURE OF 1	BRSON IN GRAPHING	PAGENY
10.00	HEAVING OF EMPLOYEE	AND TO CHARLES WHEN	48. GATE Sydnes	B. HC ADDRESS MIC'S OF PLACING VIST	ON COMP	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO DENTIFY WHAT IN	Standing on Complete Description is obtained as <u>district</u> or disposition	SR BATE OF GLECOSTICAL	HAS STANDED OF DIS		
COPY 2 IS R	ETAINED BY THE PERSON IN COSPOSING OF THE CREMATED F	CHARGE OF THE CEMETERY, (CREMATORY, FACILIT	roo scientific us	E OR BY DE PE	

COPY 2

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH MONTH DAY, YEAR 1A. NAME OF DECEDENT-FIRST (GIVEN) 1 18. MIDOLE IC. LAST (FAMILY) 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR Antionette June Robinson B. NAME RELATIONS OF FULL MAILING ADDRESS AND SIP CO SH. COUNTY OF DEATH-OUTSIDE CALIFA SA. CITY OF DEATH Poway San Diego Lillian B. Robinson, Daught 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 671 Sea Vale Street #1 Chula Vista, CA 91910 -IF APPLICABLE Anderson-Ragsdale Mortuary, 5050 Federal Blvd FD 1329 San Diego, CA 92102 BA. SIGNATURE OF APPLICANT—Person laking permit, 88 DATE SIGNED Thereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 71,00 of the Health and Safety Code ACKNOWLEDGMENT OF APPLICANT 06/20/2002 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMI PERMIT \$7.00 66 JA 26 80 P2002 Nation & Bowen 10 11 AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALFORNIA BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-DEATH OCCURRED IN CAUFORNIA DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NI Vital Records P.O. Box 85222, San Diego, CA 92186-5222 PERMIT TO SHOW FINAL DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATE X A BURIAL (INCLUDES ENTOMBMENT) (Name and Address) 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 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURN Mt. Hope Cemetery, 3751 Market Street BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C SIGNATURE OF PERSON IN CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER THANSIT SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 130 LICENSE NUMBER OF CREMATED RE-MAINS DISPOSER 15B. DATE OF SCATTERING AT SEA DISPOSITION DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY COPY OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION, RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHI

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

COPY 1

81

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

V\$9 (REV. 6/91)

6-24-02.
TALKED TO ECIZABETH REYES - HEALTH DEPTMENT 692-8208.
PERMIT IS VOID - RAGEDALE NEVER HAD PERMIT SIGNED FAX US A UNSIGNED PERMIT AT 11:45 AM ON 6-19-52WAITING PL HARD COLY. WAS NOT SIGNED UNTIL 6-20-02-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDE	INT-FIRST (GIVEN)	IR. MIDDLE	IC. LAST (PALELY)	4341711	2. DATE OF BIRTH 3. DATE OF DEATH
une		Antionette	Robinson		6372171933 6871272062" F
CITY OF DEATH			68 COUNTY OF DEA	an Diego	8. NAME RELATIONSHP FULL MAKING ADDRESS AND ZP COU OF INFORMANT Lillian B. Robinson, Daughter/
		tuary, 5050 Fede		NOT CHIS VOICE PORT	671 Sea Vele Street 81 Chula Vista, CA 91910
an Diego,	CA 92102		· F	D-1329	BA. SIGNATURE OF APPRICANT—Person trains person. BB. DATE SIG
ACKNOWLEDGMENT OF A	PPLICANT I Tarrety a	chromotodyc 25 applicant that the proposed du 276 of the Health 2006 Salely Code, and was auf	opposites studed herent in user of It	he dispositions authorized by the Health and Safety Code.	· Welder Mr Kon- 06/19/20
PERMIT THORIZATION OF	THE PERMIT IS ISSUEDING OF THE CALIF AND IS THE AUTHORIT IN THE PERMIT	ED IN ACCORDANCE WITH PROVI ORINA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIES	\$7.00		ISSUED, DC. SIGNATURE OF LOCAL REGISTRAR ISSUING PER
CHANGE IN DISPOSI- N BEQUEES A NEW MIT TO SHOW FINAL DISPOSITION.		D SEINT OF DISPOSAL DISTRICE OF CALFORNIA GISTRAR OF DISTRICE OF DEA' D IN CALIFORNIA	TH 9E. A		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS			FOR CORONER'S USE ONLY
JA. BURIAL (INCLU B. CREMATION	JOE'S ENTOMBMENT)		F. DISINTERMENT	AULTMENT	DISPOSITION PENDING-REMAINS LOCATION (Name and Address)
	TIA. NAME AND A	DORESS OF CALIFORNIA CEMET	G. SHIP IN TO CALIF H. TRANSIT TO OUT ERY	ORNIA I SIDE OF CALIFORNIA I 11B. DATE BURIE	D , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	TIA. NAME AND AL	ORESS OF CALIFORNIA CEMET Cemetery, 3751 M	G. SHIP IN TO CALIF H. TRANSIT TO OUT ERY	SIDE OF CALIFORNIA	D , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	Mt. Hope	DORESS OF CALIFORNIA CEMET	G. SHIP IN TO CALE H. TRANSIT TO OUT ERY STREET Street	SIDE OF CALIFORNIA	<u> </u>
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	Mt. Hope Sen Diego 12A. NAME AND AI	Cemetery, 3751 M.	G. SHIP IN TO CALE H. TRANSIT TO OUT ERY Brket Street	118. DATE BURNE	
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G. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	ME. Hope Sen Diego 12A. NAME AND AI 13A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI 14A. NAME AND AI 15A. ADDRESS, NEA FICIENT TO DI	DORESS OF CALIFORNIA CEMET Cemetery, 3751 M CA 92102 DORESS OF CALIFORNIA CREMA DORESS OF CALIFORNIA FACILITY DORESS IN RECEIVING STATE O	G. SHIP IN TO CALIF H. TRANSIT TO OUT ERY STREET STREET ATOMY TY RECEIVEN REMAINS OF COUNTRY WHERE E SHIPPED OTHER DESCRIPTION SUF-	118. DATE SURIE	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACELITY OF PLACING WITH THE CARRIER

MT. HOPE CEMETERY

INTERMENT ORDER

PRE-NEED

REA-104 (7-96)

City of San Diego

Date 6-14-07

1 B Type of Burial Container	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside		
Il Funeral care must arrive before 3:30	p.m. of regular work day or an extra char	ge of \$
vill be applied and billed to undersigned	le .	
122	5	1.3
ot 13 Grave 1 Row	Section Division	n/Bhock
Srave space & Care Fund		895.00
Jurial Container	BATH	
landling Fees	PAID	
lower vases - Marker setting fee		
Recording and filing fee	OCT 2 0 2003	
		An - 41
MOON	HOPE CEMETERY	25 V.D
1	Paid receipt number 13	1716
	Balance	due <u>6 / 1 · O</u>
hereby certify I am the	of the above	e named decedent
ind this is your authority to make dispo hat I have the right to make this authori	sition of remains as above indicated. I co zation and I agree to hold Mt. Hope Ceme	ertify and represent
iny liability on account of said authoriza	ation and interment.	
hereby authorize the interment in lot I	X Sassam. C	arers -
old under deed.	X 1384 Toliet	ST
	Address	1 00 01
ignature of recorded holder of deed	- > El Cajon C	A 92019-1
	- 1 1 1 1 1	mg 1

This information is available in alternative formats upon request. + 206 R56313 56714

5-3 03 9.24-03

54808 10-20

OBRERRO, SASSA

OCT 2 0 2003 MOUNT HOPE CEMETERY

E-17154

12.00 8400

83 00

CITY OF SAN DIEGO, CALIFORNIA

Nº 55228

From Lassa Os	revo	Address:	0 m 0	Date: 7-	₹₹-0	<i>,</i>	, 20	
10 regulated	Twelve 1	u- rud	tes		Dol	lars (\$ <u>\</u>	2.00	
rot 155	Grave	٨	Row	Section	7		ivision	12
Acct. No.		NOT VALID FOR PURP "PAID" IN THIS SPACE	OSE STATED UNLESS E	20% 80% of LC Ope Clos	Sales ots ning/ ing	67007 77184 — 100 77184 — 100 77181 — 77181	115	01
BALANCE DUE 55	00.0			Hank Rect Misc	dling Fee ording & :: Fees	100 77162 ————————————————————————————————————		
Pre-Need Lot At Need Dere-need Trust Cash C	Check 🖳	ISSUED BY	Meline	Trus Sale	t s Tax	9022 60101 78390	112	0

		 CEIF	
ı	1		
4-			

CITY OF SAN DIEGO, CALIFORNIA

55641

MOUNT HOPE CEMETERY (619) 527-3400

1 1 1 1 1		Date: 11-21-	. 20	o
in Payment of Lot 133 Grave	Address: On Promise II Row	set	Dollars (\$ 5 b . 0 0 Division Block	13
Invoice No	NOT VALID FOR PURPOSES STA STAMPED "PAID" IN THIS SPACE		77184 5 67007 100 77184 100 77184 100 77181 100 77182 100 77185 100 77185	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev 10-02) This information is available in atternative formats upon reques	ISSUED BY LAND	Misc. Fees Pre-Need Trust Sales Tax	77183 63033 77186 60101 78390	00

TO CUSTOMER

CANARY CEMETERY PINK AUDITOR

WHITE TO CUSTOMER CANARY CEMETERY

2		Date: Down	,20
From: Dassa Bours	Address: 1384 Oxul	line de	EC GROK
Juty Six dollars	- 400/100 C	Dollar	s (\$ 510-00)
in Payment of	Primera lo		
Lot Grave	l) Row	Section	Division
	T VALID FOR PURPOSES STATED UNLE	SS CHEDIT 67007	MANL
Acct. No.	PAID	20% Sales Care 77184 80% Sales 100	Ff -
w.o	JAN 16 2003	of Lots 77184 Opening/ 100 Closing 77181	
BALANCE DUE 441,00	AND THE PERSON NAMED OF TH	Buriel 100 Containers 77182 100	8
	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	Handing Fee 77185	
Pre-Need Lot At Need □ On Acct □	CITY OF SAN DEGGS	Misc. Fees 77183 Pre-Need 63033 Trust 77186	
Pre-need Trust □ Cash □ Check	SUED BY LIN TO THE	Sales Tax 60101 78390	
AC-212 (Rev. 10-02) This information is succeeding in electronic formats upon request	enstranta ///	TOTAL PAID \$	56 0

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56046

From: Sassa Obrero	Address: _1384	Date: Mar	SALS SAC	20, (A-9 20	03
Figty Six dollary (DID - 1st	_	Dollars	(\$ <u>54.00</u>)
ot 189 Grave	Row	Section	\	Division Block	12
nvoice No. <u>E 17154</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESTAMPED "PAID" IN THIS SPACE. PAID	SS CREDIT 20% Sales Ca 80% Sales of Lots Opening/	67007 are 77184 100 77184 100	Ste	=
ALANCE DUE 391 ®	MAR 1 8 2003	Closing Burial Containers	77181 100 77182 100		
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, C	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 100 77183 63033 77186 60101		
Pre-need Trust Cash Checky C-212 (Rev 10-02) This information is available in alternative formats upon reques	ISSUED BY FAM HETZIL	Sales Tax TOTAL PAID	78390	Ste	1-

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56313

9- 12 Ob.	May O. Pa	ate: June 3	, 20	0
From Sassa Oprico One Bundud Swe	lue ab/out 4 0/100	in ec	92019	
in <u>fact</u> Payment of Lot Grave	prenud las	Section/	Division /	2
Invoice No. <u>£ 1715</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	112	00
w.o	PAID JUN n 3 2003	of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182		
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CHO	100 Handling Fee 77185 Recording & 100 Misc Fees 77183 Pre-Need 63033	8-	
Pre-need Trust Cash Check	ISSUED BY TO MA HAZA	Trust 77186 Sales Tax 60101 78390	117	(7)
AC-212 (Rev. 10-02) 3307	j.	TOTAL PAID \$	110	

Quest MA Mas		Date:	[-]	Ψ_,200	03
1100	payment or p	re-need	Dollars (Division / f	
Invoice No. Acct. No. W.O. BALANCE DUE	NOT VALID FOR PURPOSES STATED IS STAMPED "PAID" IN THIS SPACE. PAID JUL 1 4 2003	JNLESS CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bunal Containers Handling Fee	87007 77184 - 100 77184 - 100 77181 - 100 77182 - 100 77185 - 77185	1 00	00 00 00
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 return	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA ISSUED BY (1) WEST	Recording & Misc, Fees Pre-Need	100 77183 - 63033 77186 - 60101 78390 -	112,	00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAI	LIFORNIA	56714
	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CEN (619) 527-3400		,
From Jassa Obre	Address: 1384 gulie	t f. 80	92019
in Port Payment	Grave Pre nucl		Division / 2
Invoice No. E 1715 Acct, No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100	8400
W.O		of Lots 77184 — Opening: 100 Closing 77181 — Burial 100 Containers 77182 — 100	
	Acct OFTY OF SAN DIEGO.	Handling Fee 77185 — Recording 8 100 Misc Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tax 60101	
Pre-need Trust Cash C	MECK INCUSTORY TRUE	78390	

ISSUED BY TOLL

TOTAL PAID

AC-212 (Rev. 10-02)

This information is available in alternative formation

WHITE	TO CUSTOMER
CANARY	
PINK	

From Cassa Obreso	Address: 1384 gol	pate: OCF 3	00 ,20 <u>03</u>
Eightly Shree in full Payment of	pre nue	Dollars	VA == == = = = = = = = = = = = = = = = =
Lot 122 Grave	Row	Section/	Division /
Acct. No	PAID OCT 2 0 2003	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185	83 00
Pre-Need Lour At Need On Acct	MOUNT HOPE CEMETER	Misc. Fees 77183 Pre-Need 63033 Trust 77186	
Pre-need Trust Cash Check AC-212 (Rev. 10-02) 3383	SSUED BY Jam Hetze	Sales Tax 60101 78390 TOTAL PAID S	83 ®



City of San Diego

Date 6-17-52

of KUBEN CI	ILEKNUN!	LIE DOG	19 9:0
Type of Burial Cornaiger	Funeral, date, tin	1	1 1 10
Church, Chapel, Graveside Del IV	en only:	MAYER	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work o	day or an extra charge	of \$
will be applied and billed to undersigne	d		
1 21 0		1	12
ot 5 Grave 6 Ro	w Section	\ Division/B	ock 12
Grave space & Care Fund	· -		8° 5,00
Additional spaces and care fund	PAID		
Opening/Closing & Setup	ши а / -		375.00
Surial Container	OOM 1 (NEW)	were and the interpretation of the second	190.00
Surial Container	HOPE CEMETAD	ĸ.	145.00
Handling FeesCITY			
Recording and filing fee			45.00
			14-73
Sales taxes			1664.7
4987 A 168		R- 55 116	The V 7
Ripo Dano	Paid receipt number_	11	100
Drace & Y		Balance due	
hereby certify I am the and this is your authority to make disp	osition of remains as a		named decedent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to h		
any nabinty on account of said admone	Anon and interment.		
I hereby authorize the interment in lot I hold under deed.	Signature	-	
note under deed.	Address	900	
		The last	Zio Gode
Signature of recorded holder of deed	2.		
Signature of recorded holder of deed	Cora	, mr.	20000
Signature of recorded holder of deed	City	· Mrs.	29 0000
Signature of recorded holder of deed	1	· sulle.	Z S V voc

SE TO HERE EMENDE - SEED PLS SIAN + FAX BACK (619) 281-7587 INTERMENT ORDER City of San Dieno To place needly authorized and warractery see weren populations in a requisitorization manage teams in s Chuich Chadel Graveside A l'Eunerai cordinate attre actere 8 30 pm of regular work day or an autili Charge of à All to applied and build in , -cert and Grave specif & Care Fund ... additions, spaces and care land Opening/Closing & Setup Sural Corte Apr Handling Fees Figure 1 yases - Melker selling for Recording and filing fee Sales laves

Interest Lettly amine of the control of the control of the state of th

i hereby authorize, foe intellement of lot notd under depol

Extract services at sour

San Dillo 92/23 - 858-6901-3520

bbarred.o.

WORK STORY . E 17155

ACC: *

REA 102 11 50

This alormation is available in alternative termals upon request

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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	a	3	SigeHi	\$	- 6	
ROBERTS 7 MASO N	8	9	500cH	IV.	/2	
	-			-		

Interment Space for: RUBEN HERNANDCZ Interment Date: WED 6-19 Time: 9:00 Lot: SO Grave: HO Row: Sect: Div: 12 Grave Laid out by: Morman Robert Agrees with Legal Card: Yes No Agrees with Map: Yes No Blind Check & Verified By: Wes Date: 6-18-1		22.00		THE WAY THE
Lot: SO Grave: Row: Sect: Div: 12 Grave Laid out by: Morman Robert Agrees with Legal Card: Yes No Agrees with Map: Yes No	Interment space for:_	RUBEN	HERNAN	DCZ
Agrees with Map: Yes No	Interment Date: WE	0 6-19	Time: 9'.0	0
Agrees with Legal Card: Yes No	Lot: 50 Grave:	10° Row:_	Sect:\	_ Div: 12
Agrees with Map: Yes No	Grave Laid out by: N	orman R	OBERT	
	Agrees with Legal Ca	rd: 🗆 Yes	□ No	
Blind Check & Verified By: West Date 6 18-0	Agrees with Map:	Yes	No	060 02
	Blind Check & Verifie	ed By:	aven 1	Date 6-18-03

C-17155

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)	2 N - C - 12 - 12 - 12 - 12 - 12 - 12 - 12	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Rushika	C. Hernan		Hermand	27	05/02/1917	
SA. CITY OF DEATH	- 50		5B. COUNTY OF DEAT		6. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
San Diego			ENTER STATE S	an Diego	Debbie Pasano	p) (2)
7A. TYPED NAME AND AL	DORESS OF CALIFORNIA	-FUNERAL DIRECTOR OR PER		LIF, LICENSE NUMBER	5201-A Ruffir	
Mayer Mortu	ary		V	FAPPLICABLE	San Diego. Cl	92123
2859 Adams	Avenue, San		110	01424	BA SIGNATURE OF APPLICANT	Person taking person, 88. DATE SIGNED
ACKNOWLEDGMENT OF M	PPLICANT I hereby ac Section 103	anowledge as applicant that the propose 76 of the Health and Solety Code, and we	ed disposition stated herein is one of the is pulliorized pursuant to Section 7100 of th	dispositions authorized by the Health and Salety Code.	Duren O 1	Mayor 06/17/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	BIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PR DRINIA HEALTH AND SAFETY O Y FOR THE DISPOSITION SPECI INCHT OF BISPOSIL DUTSING OF CALIF	FIED 7 00	98. DATE PERMI 06/17/20 B.E. May	2210111	LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE TION REGARDS A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. Box 8 San Diego,	15222) F1		OF DISTRICT OF DISPOSITION UR IN ANOTHER DISTRICT IN CAL	
10. AUTHORIZED DISPO	OSITION(S) CHECK AP	PLICABLE ITEMS		702	FOR CO	DRONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED REMA	INS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRINIA	(Name and	ON PENDING—REMAINS LOCATED A 4 Address)
BURIAL	Mt. Hope	DRESS OF CALIFORNIA CEI Cometery set St., San Dia		6-19-0	1	F. LIZZER
CREMATION	12A, NAME AND AD	oress of California Cri	EMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF P	ERSONAN CHARGE OF CREMATION
SCIENTIFIC	13A, NAME AND AD	DRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C, SIGNATURE OF P	ERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE PREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C. ADDRESS AND SI OF PLACING WITH	ignature of Person in Charge* In the Carrier
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, o ntify final place and ca <u>c</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISP	

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-02

DOUBLE DEPTH -	COFFM AN (237) Funeral, date, time TH UR 6-20 12:01
Church Chapel Graveside	LE VIS COLON A MORTUARY
All Funeral cars must arrive before 3:30 p.m. o	
08. 1.10.000 25.4 5.104 10.000 20.000 12.0 12.0 12.0 12.0 12.0	regular work day or all extra charge or \$
will be applied and billed to undersigned	
Lot 57 Grave 12 Row	Section Relation Division Related
Grave space & Care Fund	795.00
Additional spaces and confus	
Opening/Closing & Setup	375.00
Burial Container	380.00
MT. HOPE CEMETAN	GA
Recording and filing fee	
Sales taxes	29.45
	Total Due
Paid re	eceipt number VISA 1944. 45
X wife	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Synature 7431 Blix St
Signature of recorded holder of deed	700 DIEGO 92111 Co
Work Order # E 17156	Invoice #

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.

5

9	PERKINS	11 2	7 x 3				
24				,		<u> </u>	
	it space for:_					<u> </u>	
_ot:_57	Grave:	13 F	low:	Se	3,500		[]
3rave La	aid out by:	1 F	RoBE	et_		_	
∖grees v	with Legal Ca	ırd: 🗆 Y	es [J №			
Agrees v	vith Map: 🗖	Yes	只	No			
Blind Ch	eck & Veriti	ed By:	W	mer	<u> </u>	ate:62	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)				3. DATE OF DEATH	
JAY	WALTER	COFFMAN			to the second se	MONTH, DAY, YEAR 06/15/2002	M
SA. CITY OF DEATH	The National Control	58. COUNTY OF DEATH	OUTSIDE CALIF.,		RELATIONSHIP, FULL MAI	LING ADDRESS AND	ZIP CODE
SAN DIEGO		ENTER STATE SA	M DIEGO	Contract Contract	G COFFMAN -	WIFE	
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		F. LICENSE NUMBER		BLIX ST		
C. Santa C. Santa Carlo	O HEMORIAL BENBOUCH CHAPEL 30	101	acata.	SAN I	IEGO CA #211	11	
KL CAJON	BLVD SAN DIEGO CA 92104	Maria and the second second	480	8A. SIGNA	TURE OF APPLICANT—Per	on taking permit 88. D/	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I bereby acknowledge as applicant that the proposed disposes Section 10376 of the Health and Salety Code, and was author			MI	hely Cill	1040 06/1	8/2002
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE				C. SIGNATURE OF LOCA	AL REGISTRAR ISSU	ING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	M. CANDEL	MIA	2210312		
LOCAL REGISTRAR	MUTE: THIS PERMIT CHES NO MIGHT OF DISPOSAL OUTSING OF CALIFFORMA.	r y	06/20/20				
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CALIFORNIA	I IF C			ICT OF DISPOSITION— THER DISTRICT IN CALIFORN	IIA.	
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSP.O. BOX 852	222					_
	SAN DIEGO CA 92186-5222			-			
10. AUTHURIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	. 4		1	FOR CORO	NER'S USE ON	Y —
	LICES ENTOMEMENT) 1/4	E. TEMPORARY ENVA	ULTMENT	- A	Olsposition P	ENDING-REMAINS	LOCATED AT
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT			V		
THAN IN A CE	EMETERY	G. SHIP IN TO CALIFO				-	
D. SCHENTIFIC U	SE	H. TRANSIT TO OUTS	DE OF CALIFORNIA			1	
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER THE HOPE CHIEFTERY 3571 MARKET		118. DATE BURIE	D , 11C.	SIGNATURE OF PERSO	IN IN CHARGE OF	BURIAL
BURIAL	SAN DIEGO CA 92113	•	4-70-0	2 !	1 1	-	
0		440			SUM F.	Lans	
,	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ЭНҮ	128. DATE CREMAT	TED 12C	SIGNATURE OF PERSO	IN A CHARGE OF C	REMATION
CREMATION			E.	1		\$	
5		050000000000000000000000000000000000000	Lan nier noor	1	<u></u>	4	- 100 CTV
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	HECEIVING REMAINS	138. DATE RECEI	VED, 13C	SIGNATURE OF PERSO	ON IN CHARGE OF	FACILITY
USE			1	1			
ŧ			1	1 🕨			*
	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148 DATE SHIPPI	ED ; 14G	ADDRESS AND SIGNAT OF PLACING WITH THE		N CHANGE
TRANSIT	e the way and become the body and the body a		i	1			
3			1	1 >			
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		168. DATE OF DISPOSITION	15C.	SIGNATURE OF PERSO CHARGE OF DISPOSIT	ION OF CR	EMATED RE-
DISPOSITION OTHER	Company of the State of the Sta		1	1			DESPOSER . PPLICABLE
THAN IN A CEMETERY		1	1	1		W	and the same of

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



Date 6-17-07

of AVIS TURNER	X
in a ASH VAULT	Funeral, date, time WFD 6-16 A
Church, Chapel, Graveside	: FEATHER NG: 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 P Row	Section Division/Black R
Grave space & Care Fund	Pre-nedO-
Additional spaces and care and A	
Onening/Closing & Setup	105.00
Burlal Container JUN 1 7 701	12 55.00
	TARY 60.00
Flower vases - Markers Saling Sala DIE	3C, 0, 12 02
Sales taxes	<u> 4.26</u>
	Total Due
Pa	aid receipt number R-55112 269, 26
1 11	Balance due
I hereby certify I am the HU5 M and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under doed.	5660 Sigma 9
Signature of recorded holder of deed	Cay 619-463-5437 Zip Code Telephone
Work Order # E 17157	Invoice #

REA-104 (7-96)

MT HOPE CEMETERY E- 17157

GRAVE BLIND CHECK FORM

		(6		M.V.	
y	Freeman		NACOUS TRACE TO A STATE OF THE	NERAING	KR
		rp X g	THUNT	CRAING	er
					3
				1.5	80.
	. WED 6- Grave: 8 by: N = 6			ins D	iv:
rave Laid out	. by: 10 1 - C4	11000	c	*1	
grees with Le	gal Card: 🗖 Y	es [J No	My	
grees with M				0 10	
	Verified By	1//	F2 28	Date	1 0-

F-1715

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

27368

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

A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)			OF DEATH 4. SEX	
AVIS SA. CITY OF DEATH		Delorese	SB. COUNTY OF DEAT ENTER STATE		62/20/1916 06/1 B. NAME, RELATIONSHIP, FULL MAILING AND OF SEFORMANT Thomas Turner, husba	DORESS AND ZIP CODE
	Mesa. DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PI	ERSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER	5660 Sigma St.	na .
Yeathering:			resources VI was	F APPLICABLE	La Mesa, CA 91942	- 10
6322 B1 Ca		San Diego, CA	92115 FI cood disposition stated herein is one of the	1083	BA. SIGNATURE OF APPLICANT Torson tolone	
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, and	was aethorized pursuant to Section 7100 of t	he Health and Safety Code.	- Conce	06/17/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE O MIGHT OF DISPOSAL OUTSIZE OF CALL	CIFIED	98. DATE PERMIT 06/21/20 C. MAGGAI	02 2210394	ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUEES A NEW PERMIT TO SHOW FINAL DISPOSITION.		EGISTRAR OF DISTRICT OF D. IN CALIFORNIA 222, San Diego 222			E OF DISTRICT OF DISPOSITION— TUR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	Supraci (A)		FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT:		I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL	Mt. Hope	Cometery 3751 Cometery 3751		6-26-62	Morman Pera	uen
CREMATION	Pacific Crematory 601 D Grame St. Lake Elsinore, CA 92530			6-21		MARGE OF CREMATION
SOMENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138. DATE RECE	IVED 139 SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	THE THE CARP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ION OTHER			158 DATE OF DISPOSITION	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. DCENSE NUMBER OF CREMATED RE- MARIS 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

TOMMIE	L. MARNIS	FR:	6-21	117.00
Type of Busines	Funeral, date, li	RAGST	NI E	<u> </u>
Church Chapel Graveside			4.10	Mortuary.
Il Funeral cars must arrive befo	ore 3:30 p.m. of regular work	day or an ex	tra charge of \$	
rill be applied and billed to unde	arsigned.			- 2
of 151 Grave 5	Row Section	1	Division/Block	11_
irave space & Care Fund				895.00
additional spaces and care fund Opening/Closing & Setup	PAI	D	······ =	375 M
			د	90.00
kurial Container	JUN 20	2002		115.00
landling Fees		emmunimmente	respected analysis - A	45.00
lower vases – Marker setting fe	MT. HOPE CE	METARY		
lower vases – Marker setting for tecording and filing fee	CHY OF SAN I	JIEGO, OA		45.00
ales taxes				14.73
of LAAUTA		Total Due		6647
ing execk	Paid receipt number	R-55	127_1	164.7
7. 9	0-1	В	alance due _	0
hereby certify I am the	terdisposition of remains as withorization and I agree to whorization and integrient.	above indica	he above name ted. I certify an e Cemetery ha	nd represent
hereby authorize the interment old under deed.	in lot I	1	Perabe	dae Lo.
ignature of recorded holder of deed	(619) #20	Diego, -1126	CA 92	129-297

MT HOPE CEMETERY ₹ 17158

GRAVE	BLIND	CHECK	FORM
OI 17 1 4 L		OI ILOIN	

existing n the burial	narker's i	n the app	ropriate sp	pace(s) the	at are adj	acent to
			*27			
			S X			
-					-	_
			ommie	2.5	10000000	,
			Row:	7		
Agrees w	ith Legal	Card:	J Yes 1	J No ∶	Flag	on Gravo
Agrees w	ith Map:	U Yes		No		

E-17158

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16



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

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAM	ILY)			3. DATE OF DEATH	4. SEX
	Tomie		Lee	Harris			4/1926	06/13/2002	M
	CITY OF DEATH			ED COUNTY OF	DEATH OFFICE CALL		ONSHIP, FULL MAI	LING ADDRESS AND Z	P CODE
	San Die	go		ENTER STAT	an Diego	of Street	J. Harr	is, Wife	
1	Anderson-R	agsdale Mor	tuary, 5050	PERSON ACTING AS SUCH 7	B. CALIF. LICENSE NUMBER —IF APPLICABLE		ego, CA		•
	San Diego,	California	92102		FD-1329	SA SIGNATURE O	F APPLICANT—Per	ope taking person, SB. DAT	
	ACKNOWLEDGMENT OF M	PPLICANT I hereby a Section 10	cknowledge as applicant that the 376 of the Health and Salety Code.	roposed disposition stated herein is en and was authorized persoant to Section 7	e of the dispositions authorized by 100 of the Health and Safety Code.	Mubs	tic Ad	ser 06/2	0/2002
	PERMIT JTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S ID BIGHT OF DISPOSAL OUTSIDE OF	PECIFIED \$7.00	W. Jacks	Cir.		al registrar issuin 0364	IG PERMIT
1	Y CHANGE IN DISPOSI- ON REGURES A NEW RMIT TO SHOW PINAL DISPOSITION.	Vital Rec	cords, P.O. B	ox 85222	E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			ilA.	
10	AUTHORIZED DISP	OSITION(S) CHECK A	California	92180-3222			FOR CORO	NER'S USE ONLY	
	B. CREMATION		AINS OTHER	F. DISINTERME	State and the state of the stat		(Name and Add	ENDING—REMAINS LO	30.11L2 A.
	BURIAL	Jak Linear Contraction of	Cemetery, 37	CEMETERY 51 Market Stree	6-21-0	1 //	TURE OF PERSO	ON IN CHARGE OF BI	URIA
BLE TEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	ATED 12C. SIGNU	TURE OF PERSO	IN IN CHARGE OF CR	EMATION
L APPLICA	SCIENTIFIC USE	ISA. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMA	INS 13B. DATE RECE	EIVED 13C. SIGNA	TURE OF PERSO	ON IN CHARGE OF F	ACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	: 148. DATE SHIP!		ESS AND SIGNAT ACING WITH THE	Ture of Person in E Carrier	CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION			ature of Perso Ge of Disposit	TON OF CREA	NATED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

105	NOW Y
MON	A'SHY

Date 6 (17)02

You are hereby authorized and instructed	, subject to your rules and requiations, to inter the remains
or Ruth white 1	BAILEY + (252)
ina ASh VAULT	Funeral, date, time SAT 6-22 10
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	Section MAS Division/Block
Grave space & Care Fund	tu nul
Additional spaces and care fund	
Opening/Closies & Durs	105.00
Burial Container	55.00 Lp. 00
Handling Fees # 10 1	60.00
Flower vases - Marker setting les	50.00 Lunday overline 310.00 45.00 4-26
Recording and William Jac AN DIEGO	VS.00
Sales taxes CITY O	<u> 4-26</u>
	Total Due 479. 26
Хς	Balance due
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	of the above named decedent tion of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment. 6 RF6 V BALL V
I hereby authorize the interment in lot I hold under deed.	Signature X TOPA TOPA DA
Signature of recorded holder of deed	LA MESA CA 91941 City G19-444-4460 Telephone
Work Order # E 17159	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. GRAVC of WILLIAM PAILEY

	blucx	Yzy	15 0	TW R	- 110	
ur.to	VINTO	Nite	RB X BASTEY	Bell	Philtrans	टन्स्य
ntermer	nt space for nt Date: _5 Grav	AT	6-53	Time:	10:00 t: MAS 0	iv;_Q
	aid out by with Legal				Aly	5~ ~~~~~~
	with Map:	Maria			w.	
3lind Ch	eck & Ve	rified By:			Date:	

E- 17159

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

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

1/	. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FA	MILY)			DATE OF DEATH	4. SEX
	RUZH	Series of the Control	WRITE	BAILE		05/20		/12/2000	
5/	CITY OF DEATH				F DEATH-OUTSIDE CALIF.,		SHIP, FULL MAILING	G ADDRESS AND ZIE	CODE
	SAN DIRGO			ENTER ST.	SAN DIEGO	OF INFORMANT	FF - 909		12
7/	TELOPHASE	CREMATION S	A-FUNERAL DIRECTOR OR SOCIETY-KL CA JON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1604	5470-21 I	CA 91942	DR	E SIGNED
	ACHINOWALEDQUIENT OF A		charmledge as applicant that the pr 376 of the Health and Salety Code, an		one of the dispositions authorized by 7100 of the Health and Safety Code.	- CO	Valente		708
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMIA HEALTH AND SAFET BY FOR THE DISPOSITION SE TO MIGHT OF DESPOSAL OUTSIDE OF CO.	PROVI- Y CODE PECIFIED 87 . 00	بسيح والمتراط والمناقع المتراط المتراط والمتراط والمتراط والمتراط	TISSUED 9C. SIGNA 002 22101	TURE OF LOCAL		3 PERMIT
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	GISTRAR OF DISTRICT OF D IN CAUFORNIA DORDSPO BOX D, CA 92186-52	K 85222	9E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC	OF DISTRICT OF DI			
The second second	B. CREMATION		AINS OTHER	F. DISINTERM			DISPOSITION PEND Name and Addres	ONG REMAINS LO	CATED A
	BURIAL	MT_BOPE C	DORESS OF CALIFORNIA EMETERY, 3751 CA 92102		118. DATE BURR	1		Eurus	
ABLE ITEMS	CREMATION	12A, NAME AND A	ODRESS OF CALIFORNIA	CREMATORY	12B, DATE CREMA			N CHARGE OF CRE	
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA	FACILITY RECEIVING REA	IAINS 13B, DATE RECE	IVED 13C. SIGNATU	IRE OF PERSON	IN CHARGE OF FA	CILITY
OMPLETE A	TRANSIT		DORESS IN RECEIVING ST CREMATED REMAINS ARE		14B, DATE SHIPF		s and signatur Cing with the C	e of Person in Arrier	CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELIN ENTIFY FINAL PLACE AND C				URE OF PERSON OF DISPOSITION		ATED RE-

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-18-02

in a Double Double Funeral	, date, time THUR	· - 20 10,0°
All Funeral cars must arrive before 3:30 p.m. of regul	ar work day or an extra char	Mortuary.
vill be applied and billed to undersigned.	7. 3 0	15
Lot 113 Grave 7 Row	Section Olvision	/Block 17
Grave space & Care Fund	***************************************	895,00
Additional space and revula		····
1,70		375.00
Opening/Closing & Setup Burial Containe UN 1 9 2002		380.00
	W 390 0	350.00
Flower variety (A) Res setting fee 18.0 N	HF 2000	46.93
Recording and filing fee		45.00
Sales taxes	M-1907 00815-2000 24 - 2005	29,45
	Total Due	2091.38
wegnered of	R 5<12	0 426.63
Paid receipt	R-5313 Palance	1614.73
X Sau	1-)	lue 100 (. ()
and this is your authority to make disposition of rem	of the above indicated. I ce	e named decedent rtify and represent
and this is your authority to make disposition of rem that I have the right to make this authorization and I a any liability on account of said authorization and inte	ment - Mi. Hope Ceme	tery harmless from
X	Joece A	lucues
I hereby authorize the interment in lot I hold under deed.	2/60 Vay	NITHO ST
P _A	SAU DIEGO	the same of the sa
Signature of recorded holder of deed		
X	619- 662-11	99
Δ.	W and the state of	
Work Order # E 17160	nvoice #	

A Presided on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

				10		-93
1	२	Heen	193 X Y	5	-6	_
dee 7	8	Padrew	10	ų,	12 male w	-

Interment space for: Vicente Jumen	e
Interment Date: THUR 6-20 Time:	00.00
Lot: 193 Grave: Row: Sec	ct: 2 Div: 12
Grave Laid out by:	N.K
Agrees with Legal Card: Yes No	Thy n
Agrees with Map: Yes No	as Tourney would the eye
Blind Check & Verified By:	Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

15

4

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

TA. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAS	ET (FAMILY)				E OF DEATH	4. SEX
VICENTE		<u> </u>	JI	MENEZ		1		15/2002	M
SA. CITY OF DEATH					-OUTSIDE CALIF.,		RE. ATIONSHIP, FULL MAILING A	DORESS AND Z	CODE
CHULA VIS	TA			DIEGO		ALBE	RTO JIMENEZ-SON-	2160 23	4
CALIFORNI	A BURIAL CI			#	F. LICENSE MUMBER APPLICABLE	9215			<u> </u>
	I I beate	NATIONAL CITY,				BA. SIBN	TURE OF APPLICANT—Person taking	50	
ACKNOWLEDGMENT OF A		0375 of the Health and Safety Code, and				CE	audille Kus	06/18	3/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPI ID NUMBER OF SEPOSAL OUTSIDE OF CA	CODE		C.RUSS	T ISSUED	ec. SIGNATURE OF LOCAL REC ► 2210203	astrar Issuin	G PERMIT
THE PERSON NAMED IN CONTRACT OF THE PARTY OF	VITAL RECO	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA IRDS-P.O.BOX 85	222				ICT OF DISPOSITION— THER ISTRICT IN CALIFORNIA		•
	And the second s	CA 92186-523	3						
10. AUTHORIZED DISP	OSITION(S) CHECK A	VPPLICABLE ITEMS	5555				FOR CORONER'S	S USE ONLY	Ši
X A. BURIAL (INCL)	UDES ENTOMBMENT)		E, TEMP	PORARY ENVA	JLTMENT		I. DISPOSITION PENDING	REMAINS LO	CATED A
B. CREMATION			F. DISIN	TERMENT			(Name and Address)		
C. DISPOSITION	OF CREMATED REM	MAINS OTHER	G. SHIP	IN TO CALIFOR	RNIA				
D. SCIENTIFIC U			H. TRA	ISIT TO OUTSI	DE OF CALIFORNIA				
7	114 NAME AND A	DDRESS OF CALIFORNIA O	EMETERY	80 11 11 19 12 13 13 13 13	118. DATE BURGE	D . 110	. SIGNATURE OF PERSON IN	CHARGE OF B	IRIAL
BURIAL	MT. HOPE	CEMETERY, 3751 AN DIEGO, CA 9	MARKET		6-20-0	i	Kura F. L	amo	
	12A. NAME AND A	DDRESS OF CALIFORNIA O	REMATORY		128, DATE CREMA	TED 120	SIGNATURE OF PERSON IN C		EMATION
CREMATION	-								
	13A. NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVIN	G REMAINS	138. DATE RECE	IVED 130	SIGNATURE OF PERSON IN	CHARGE OF FA	ACILITY
SCHENTIFIC									
*	14A. NAME AND A	DDRESS IN RECEIVING ST	TE OR COUNTRY	WHERE	148. DATE SHIPP	ED 140	ADDRESS AND SIGNATURE	OF PERSON IN	CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE	TO BE SHIPPED				OF PLACING WITH THE CAR	RIER	CAL PROCESS
5	16A ADDRESS NE	AREST POINT ON SHORELINE	OR OTHER DESCR	RIPTION SUF-	15B. DATE OF	150	SIGNATURE OF PERSON IN	150. LICENSE	NUMBER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO ID	ENTIFY FINAL PLACE AND C			DISPOSITION		CHARGE OF DISPOSITION		LATED RE-

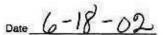
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego



1 404 Jason A. (odwin	X		-17
a ASh Plot	Funeral, date, t	ime 🎉	J. June,	28+4 1:00
hurch, Chapel Graveside	;	-tt	imphreys	Mortuary.
Il Funeral cars must arrive before 3:30	p.m. of regular work	day or an	extra charge of	s
ill be applied and billed to undersigned	70 173 <u>6 - 18</u>	(I)		
/		2		200
ot 24 Grave 7 Row	Section		Division/Blee	ok
rave space & Care Fund				300.00
dditional spaces and care fund				
pening/Closing & Setup	PAIL	J		105.00
urial Container		Page 111 annum	55J.	65.00
anging rees		************	50.00	73.00
ower vases - Marker setting fee CIT	T. HOPE CEME	TARY	23.78	
ecording and filing fee	. AL ANIA PARE	30, CA		45.00
ales taxes		- '		5:04
	/-	Total Du	MC	593.04
1009×519 0	Paid receipt number	1/	VC	593.04
7-5-02		-v	Balance due	0
hereby certify I am the	other		of the above nar	med decedent
nd this is your authority to make disposa at I have the right to make this authorize	sition of remains as	above ind	icated. I certify	and represent
ny liability on account of said authoriza	tion and interment.	7	XX. 11	1 14
Sandra Matsu	HARRY	an	stalla	Sular
old under deed.	V07/00	58 M	dichelle	Ct#
	- (7/2)	Froma	013 Au	91950
prature of recorded holder of deed	City/10	47	7/004/1	Zip Gode
	Telephone	_//_	1001M	
	Invoice			
F 17161	Acet #	(A-		

This information is available in alternative formats upon request.



GRAVE	BLIND	CHECK	FORM
UIIMVL	DLIND	CHILON	I VI IIV

	NAVE DI	LIND CHI	LUK FU	ואורוי	
Write in the name block marked with existing marker's i the burial space.	"X". Plac n the appr	e the name ropriate sp	e's, lot # ace(s) th	and grave	# of all cent to
		Thompso	,		
		Nelson			
		٦ X	8		
		120000000000000000000000000000000000000			
	-				
	1		1	4	<u> </u>
Interment space for	or:()	ason A	. Go	dwin)	8
Interment Date: _	6-28-0	72_T	ime:	(.00	
Lot: 24 Grav		N 27	47	<u>2</u> 0	oiv:
Grave Laid out by	- 10 F	16BE	21	-	MV
Agrees with Lega	Card:	Yes [J No	Alagr	grave
riginos initi inap.	. ,	-	•••		
Blind Check & Ve	erified By:	A Da	uen	Date	2602

F-17161 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26569

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 285 1A. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR 06/07/2002 MONTH DAY YEAR 03/31/1971 JASON ALYNE GODWIN 58 COUNTY OF DEATH-OUTSIDE CALIF... 5A. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE VIRGIN ISLANDS CHRISTIANSTED 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER
—IF APPLICABLE SANDRA MATSUHARA - MOTHER 2608 MICHELLE CT. #B HUMPHREY CHULA VISTA MORTUARY NATIONAL CITY, CA 91950 FD 964 753 BROADWAY, CHULA VISTA, CA 91910 APPLICANT—Person taline permit. 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized perseant to Section 7100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT 06/21/2002 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 98 DATE PERMIT ISSUED 06/21/2002 9A. AMOUNT OF FEE PAID **BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT** PERMIT 2210390 AUTHORIZATION OF 7.00 ARACELY FLORES MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. IF DEATH OCCURRED IN CALIFORNI 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 E. TEMPORARY ENVAULTMENT X A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING—REMAINS LOW
 (Name and Address) X B. CREMATION F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BUR Mt. Hope Cemetery 3751 Market Street BURIAL San Diego CA 92102 6.28-02 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C SIGNATURE OF PERSON CHARGE OF CREMATION OCEANVIEW CREMATORY CREMATION TH 26 2002 APPLICABLE 1625 GISLER AVE, COSTA MESA, CA 92626 13B, DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE

TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B DATE OF DISPOSITION 15C SIGNATURE OF PERSON IN SCATTERING AT SEA 15D LICENSE NUMBER OR DISPOSITION OTHER CHARGE OF DISPOSITION OF CREMATED RE MAINS DISPOSER THAN IN A CEMETERY 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 LOCK REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

14B. DATE SHIPPED

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

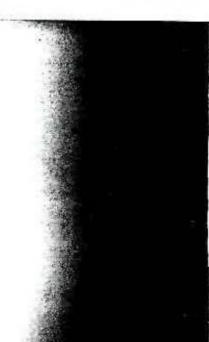
COPY 1

ALL

COMPLETE

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

VS 9 (REV, 6/91)



14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

Mars of Sacron of Property

REA-104 (7-96)

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

er (.v)	Date 6-18-02
You are hereby authorized and instructed.	subject to your rules and regulations, to inter the remains \(\)
	nara & Sandra L. Matsuhar
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 <u>24 Grave</u> 8 Row_	Section 2 Division/Block 1/
Grave space & Care Fund	30000
Additional spaces and care fund	
Opening/Closing & Setup 2	210.00
Burial Container 2	120.00
	73.00
Flower vases - Marker setting (see)	CALURANTED"
Recording and Market 8 (UUL	20 45.00 90.00
Sales taxes MT. HOPE CEMETARY	4-26 + 78 5.04
MT. HOPE CEMETAN MT. HOPE CEMETAN CITY OF SAN DIEGO, C	Total Due 798.04
Cilio	uid receipt number CK Rand 798.09
	R - 55//Billiance due
I hereby certify I am the Mathe	
and this is your authority to make disposit	of the above named decedent lon of remains as above indicated. I certify and represent tion and I agree to held Mt. Hope Cemetery harmless from an and interment.
	+ marako metanhara
I hereby authorize the interment in lot I hold under deed.	Signature 804-Santa Isabel A
Signature of recorded holder of deed	Address S.D. Ca 92119
	City (619) 264-0607 Zip Code
	Invoice #
Work Order # E 17162	Acct. #

This information is available in alternative formats upon.

Printed on recycled paper

MT. HOPE CEMETERY ONTERMENT ORDER City of San Diego

REA-104 (7-96)

Date 6-20-2002

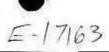
You are hereby authorized and instructed		d regulations, to inter the remain
of Horence WI		F1 10+1 -05 A
In a ASH VAULT	Funeral, date, time	ULY 12 14 FK1 20
Church, Chape Graveside	livery of A.SHES	Mortuan
All Funeral cars must arrive before 3.90	p.m. of regular work day o	r an extra charge of \$ 150 0
will be applied and billed to undersigned.	·	
1		****
Not 803 Grave Row	Section 2	Division/Brock
Grave space & Care Fund	- 5236	8
Additional spaces and care fund		
Opening/Closing & Setup	(1) 201-2 (C en () 202(C () 200(E) (· · · · · · · · · · · ·) () () (105.00
CONTRACTOR STATE OF THE STATE O		120
Burial Container	PAID	600
A STATE OF THE PROPERTY OF THE		
Flower vases - Marker setting fee	JUN 2 5 2002	450
Recording and filing fee	THOSE OFHERADY	730
Sales taxes M	Y OF SAN DIEGO, C	4.29
aughter	Tota	Due
	aid receipt number	269,36
661)665-0172		Balance due
LKers his Id I hereby certify I am the		of the above named deceder
and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizal	ation and I agree to hold h	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Addises	\ . • ·
Signature of recorded holder of deed	City	Zip Cox
	Telephone	332
erano Divisionalizaciones	Invoice #	
Work Order # E 17163	Acct. #	

O Printed on recycled paper

This information is available in alternative formats upon request.

Elizabeth and Calvin St 11615 Marazion Hill Court Bekerefield, CA 93311 delephone Got 65-615-017 From the paws of ... Dear Pacelotte. \$ 269. 20. to open the grave of my father Frederick Congress Division B, section 8, Lot 803 mother's FLorence Winyange Ashes will be interred there. I will bring the burial certificate on 7/2/02 Thank you for all your Leep yours Fraly Elizabeth Stead 11615 MARAZION HULL CH Batersfold, CA 9334

MT HOPE CEMETERY



GRAVE BLIND CHECK	FORM
Write in the name of the deceased for which block marked with "X". Place the name's, is existing marker's in the appropriate space the burial space. On the grave	ot # and grave # of all s) that are adjacent to
	Winyard
ANKODOFT HOSKINS BU	Ø.
TALIMIN SOR GUA	RDIA
FENCE	
1 ROLLEY	THACKS
Interment space for: Florence U	
Interment Date: 7-12-02 Time:	230 Grovesky
Lot: 80 3 Grave: Row: 8	-
Grave Laid out by: NF Res	
Agrees with Legal Card: Yes No	· Flag or grave
Agrees with Map: Yes No	J'u
Blind Check & Verified By:	Date:

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) 18. MIDDLE IC. LAST (FAMILY) 3. DATE OF DEATH 4. SEX MONTH DAY YEAR 03/11/1912 06/04/2002 Florence Audrey Winyard SA. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANTElizabeth Stead, Daughter Bakersfield Kern 11615 Marazion Hill Ct., 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER -IF APPLICABLE Bakersfield, CA 93311 . Featheringill Mortuary 6322 El Cajon Blvd., SAn Diego, CA 92115 FD10832 BA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized perseant to Section 7100 of the Health and Safety Code. 07/11/2002 ACKNOWLEDGMENT OF APPLICANT SA. AMOUNT OF FEE PAID SB. DATE PERMIT ISSUED SCANGUATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 07111/2002 2211447 AUTHORIZATION OF IN THIS PERMIT \$ 7.00 K. Zaretzka MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW 1800 Mt. Vernon, Bakersfield, CA PO Box 85222, San Diego, CA 92186-5222 PERMIT TO SHOW FINAL DISPOSITION. 93306 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LO (Name and Address) **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER

G. SHIP IN TO CALIFORNIA

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



THAN IN A CEMETERY

THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-02

- Lorene	Dangan (243)	- <u> </u>
10 T. S. Vault	Funeral, date, time JUN & 2	4th Mon. 12:
Church Chapel Graveside	: Greenwood	d. Mortuary.
Il Funeral cars must arrive before 3:30 p.r	n. of regular work day or an extra ch	arge of \$
rill be applied and billed to undersigned.		Vicinity Tables 1995
01_36_21_*Grave	Section Division	on/Bleek- (O
irave space & Care Fund	-2870.	165.00
		Account to the All States of the Control of the Con
dditional spaces and care fund	PAID	37500
		250M
urial Container	JUN 2 0 2002	18000
andling Fees	MT HODE CENETARY	<u>185. 00</u>
landling Fees	ITY OF SAN DIEGO	
lecording and filing fee	arr or starbledo, ca	45.00
Sales laxes		19.38
	Total Due	1039.38
Pa	id receipt number $R-551.2$	24 /039.38
		a dua
hereby certify I am the grand a	loughter	STATE OF THE PARTY
ind this is your authority to make dispositi	on orremains as above indicated. I	ove named decedent certify and represent
hat I have the right to make this authorization in the liability on account of said authorization	ion and I agree to hold Mt. Hope Cen n and interment.	netery harmless from
	Kinla Box	10,00 (24)
hereby authorize the interment in lot I old under deed.	Signature 12	at as
ord driver detail	Address Diagram	an Cr
ignature of recorded holder of deed	Jan Dego	CH 924/4
	619 589 01 Telephone	90
	Invoice #	
Vork Order # E 17164	Acct. #	

O Printed on recycled paper

GRAVE BLIND CHECK FORM

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

See The see	thought.	2620 N. K.	3621		
				V-2	

Agrees with Map: Yes

o Yes

Blind Check & Verified By: Date: 621-6

E- 17164

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

४५ ।



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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4. SEX
LORENZ	B.	DARGAN			8/2002 F
SA. CITY OF DEATH		58. COUNTY OF DEATH	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL, MAILING A	The state of the s
SAN DIE	20	ENTER STATE	M DIEGO	OF INFORMANT KINNA DOEDEN - CRANS	DARGETER .
	ORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO			7248 LABORCE COURT	A
CREENWOOD I	SORTUARY: 1-805 & IMPERIAL	WASUND	APPLICABLE	SAN DIRGO. CA 92114	£1
	SAN DIEGO, CA 921		2017/27/77/20 a resultant succession of	BA. SIGNATURE OF APPLICANT—Person taking	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF AF	PLICART I hereby acknowledge as applicant that the proposed Section 10375 of the Health and Safety Code, and was a			Willer Corages	06/21/2002
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CO	9A. AMOUNT OF FEE PA		ISSUED 9C. SIGNATURE OF FOCAL REG	SISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT.	\$7.00			
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES NO INSHIT OF DISPOSAL OUTSIDE OF CALIFORN	A COLUMN TO THE REAL PROPERTY OF THE PERSON TO THE PERSON	06/24/20	SAME ILE	
INY CHANGE IN DISPOSI-	DD. ADDRESS OF REGISTRAR OF DISTRICT OF DE- IF DEATH OCCURRED IN CAUFORNIA			OF DISTRICT OF DISPOSITION— JR IN ANOTHER DISTRICT IN CAUFORNIA	
PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222	1			
	SAN DIRGO, CA 92186 5222 DITTION(S) CHECK APPLICABLE ITEMS			FOR CORONER	C HEE ONLY
	22.014.814.02.00.000,274.12.12.12.10.10.11.10.10.1	—	- L	FARL DISTRICT TO SERVE	
	DES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	(Name and Address)	G REMAINS LOCATED A
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT			
THAN IN A CE	METERY	G. SHIP IN TO CALIFO			
D. SCIENTIFIC US	SE	H. TRANSIT TO OUTSI	DE OF CALIFORNIA		- N-1
	11A. NAME AND ADDRESS OF CALIFORNIA CEME	TERY	118. DATE BURNE	D 11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BURIAL	MIGHT MICK CRMETERY	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT	1/ 2/1/	71 / 10	
	3751 MARKET STREET, SAN D		TO THE RESIDENCE THE PROPERTY OF STREET	LIN MILLI	Kroyes
	12A, NAME AND ADDRESS OF CALIFORNIA CREM	IATORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
CREMATION			1		
			 		
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
	44		1		19
502	- Y	1	1 40	(D	
	14A. NAME AND ADDRESS IN RECEIVING STATE (REMAINS OR CREMATED REMAINS ARE TO		14B DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
TRANSIT		950,5000,0350	1	(i) = TO SECTOR OF CONTRACT OF	(N)
TRANSIT				D	
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE-
DISPOSITION OTHER			0 000000000000000000000000000000000000		MAINS DISPOSER
THAN IN A CEMETERY			4		1) 1/48/2/8/2/2/8/5E3

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

k153	Date_6-20-02_
You are hereby authorized and instructed, so OLLIE M.A.	subject to your rules and regulations, to inter the remains
NOCK OF A IL	Myheral, date, time Weds June 26
hurch, Chapel, Graveside Peli Ven	DI - Ast - 1 Dentage
Section of the sectio	n. of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	283.1
1. IB	#3664 World
St 10 Grave T Row_	Section Division/Block 13
rave space & Care Fund	126.00
dditional spaces and care fund	
pening/Closing & Setup	423.00
urial Container	123.01
andling Fees	
ower vases - Marker setting fee	or wen
Scoroling and hing ree	9(3
ales taxes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	726 50
bacy mobis	Total Due
bacy Hobbs 8-694-3500 Paid	I receipt numberBalance due
hereby certify I am the	of the above named deceden
nd this is your authority to make dispositio	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I old under deed.	Bignature
	Address
ar and holder of deed	City Zip Code
	Telephone
300	Invoice # 366047
fork Order # E 17165	Acct. # 0009 5 3
	nation is available in alternative formats upon request

F- 17165

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	920. SASSES	1C. LAST (FAMI	LY)				DATE OF DEATH	
OLLIE		NAE		BARNES		2	44	09/07/1911 0	ONTH, DAY, YEAR 6/10/2002	
SAL CITY OF DEATH	1	V		58. COUNTY OF ENTER STAT		OUTSIDE CALIF.		, RELATIONSHIP, FULL MAIL!		ZIP CODE
EL CAJON				ENIER SINI		DIEGO	100000	LENE JAMES - E	I SEE	
7A. TYPED NAME AND AD	DORESS OF CALIFORNI	A FUNERAL DIRECTOR	OR PERSON AC	TING AS SUCH 7		LICENSE NUMBER	100	EL LORO ST	-	
EL CAMINO	MEMORIAL -	BEMBOUGH CI	HAPEL	E	11 21	FEIGNALL		LA VISTA, CA 9		
3051 KL CA		SAN DIEGO, C			FD-4	80	9 3	IATURE OF APPLICANT—Person	taking permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A		canowledge as applicant that t 376 of the Health and Safety Co					D 6	enecte vale .	06/2	5/2002
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE VI ORNIA HEALTH AND SA	AFETY CODE	BA. AMOUNT OF	FEE PAID			9C. SIGNATURE OF LOCAL	REGISTRAR ISSU	ING PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	Y FOR THE DISPOSITION		\$7.00	3	06/25/20	02	2210555		
LOCAL REGISTRAR	The state of the s	O MIGHT OF DISPOSAL OUTSING EGISTRAR OF DISTRIC			- 40005	P Valent		DICT OF DISPOSITION		-
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW	IF DEATH OCCURRE		I OF DEATH-					RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	Şi	
PERMIT TO SHOW FINAL DISPOSITION.	VITAL REG	CORDSPO 1		2				44 6		
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMS						FOR CORON	ER'S USE ON	LY
A. BURIAL (INCLU	JDES ENTOMBMENT)			E. TEMPORARY	ENVAULT	MENT	1		IDING REMAINS	LOCATED A
B. CREMATION				F. DISINTERMEN	IT			(Name and Addre	153)	
C. DISPOSITION	OF CREMATED REMA	UNS OTHER		G. SHIP IN TO C	ALIFORNI	A				
D. SCIENTIFIC US	SE			H. TRANSIT TO	OUTSIDE	OF CALIFORNIA				
BURIAL	MT HOPE C	DORESS OF CALIFORN EMETERY, 37 , CA 92102			-	11B. DATE BURIE	D 110	C. SIGNATURE OF PERSON	IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND AD	OORESS OF CALIFORN	NIA CREMATOR	IY.	1	S PATE CHEMA	TED 120	en leth	IN CHARGE OF C	REMA
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORN	NIA FACILITY F	RECEIVING REMAI	NS .	13B. DATE RECE	IVED 130	C. SIGNATURE OF PERSON		FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS				14B, DATE SHIPP	ED 140	C. ADDRESS AND SIGNATU OF PLACING WITH THE		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AN				15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITIO	N OF CRE	E NUMBER EMATED RE- DISPOSER PPLICABLE

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-21-02

or Doctiffy Riggs ass	Y T 201
in a D.D. Crypt 9/57 Funeral, date,	time Tues June 25th 2:0
Church, Chape Graveside	El Cajon Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular wo	rk day or an extra charge of \$
will be applied and billed to undersigned.	
/	28
Lot 43 Grave 3 Row Section	orMS Division/Block O
Grave space & Care Fund	1495,00
Additional spaces and care fund	TILU, U
Opening/Closing & Setup. PAID	375.00
	380 g
Burial ContainerJUN 2 4 7002	320.00
Handling Fees MT. HOPE CEMETARY	
OIT OF SAN DIEGO CA	45.00
Recording and filing fee	<u> 15.w</u>
Sales taxes	d MC 3FVV
, w	Total Ober
Paid receipt number	7000 207 9.9.
	Balance due
I hereby certify I am the and this is your authority to make disposition of remains a	of the above named decedent
that I have the right to make this authorization and I agree t	to hold Mt. Hope Cemetery harmless frem
any liability on account of said authorization and interment	- O D (July
I hereby authorize the interment in lot I signature hold under deed.	rah. Jeggs
	Paralia 10 Oct
Signature of recorded rolder of deed	Cajor (Ca, 9202)
Invoice	
Work Order # E 17166 Acci. #	

MT HOPE CEMETERY E-17/ 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.

-(· Ctu	eress	DRW3		
	1	2	3 X	4	5 4	de S
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V		Bugo				
Intermer	nt Date: _	6/25/0	1999 R 121 Row:	ime: 2		Div: <u>(</u>
	aid out hi	NF	KEN			
Grave L	aid out o		50			
		l Card: ☐	JYes (J No ~	Flag	on
Agrees	with Lega	l Card: ☐	J Yes (JNO -	Flag	on rave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

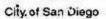
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
DANNY		DARIN	RIGGS		11/07/1965 06/17/2002 M
SAL CITY OF DEATH			58. COUNTY OF DEAT	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRIGES AND ZIP CODE
LA MESA			ENTER STATE S	AN DIEGO	OF INFORMANT
7A. TYPED NAME AND A EL CAJON I		IA—FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 7B. CAL	IF. LICENSE NUMBER FAPPLICABLE	959 GREENFIELD DR 33
684 S MOL	LISON AVE/E	L CAJON, CA 92	020 FD-	1022	8A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT 1 Nereby : Section II	scinowledge as applicant that the propo 376 of the Health and Safety Code, and w	sed disposition stated herein is one of the sas authorized persoant to Section 7100 of th	dispositions authorized by e Health and Salety Code.	Januares 106/24/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPEC ID NEXT OF DISPOSAL CUITSING OF CALL	CODE SIFIED	98. DATE PERM 06/24/2 JACKIE KO	STEEL
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	R DEVIN OCCUR	EGISTRAR OF DISTRICT OF EN 65222 EGO, CA 92186-	#1		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
X A. BURIAL (INCL)	UDES ENTOMBMENT)		E TEMPORARY ENVA	ULTMENT	I. DISPOSITION PENDING—REMAINS LOCAL
B. CREMATION			F. DISINTERMENT		(Name and Address)
G. DISPOSITION THAN IN A CI D. SCIENTIFIC U		AINS OTHER	G. SHIP IN TO CALIFO		
BURIAL.	A STATE OF THE PARTY OF THE PAR	DORESS OF CALIFORNIA CE EMETERY, 3751		118. DATE BURIL	11 . 00
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CR	REMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIPE	PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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



MT. HOP', CEMETERY INTERMENT ORDER



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Dis	7	-C-n	**	r 1	
015	1 1	TI	M	EN	1

You are hereby authorized and instructed, su					
TUDY And	KUCER		ulations,	to inter t	ne remains
					0 1
n a Type of Burlat Container	Funeral, date, lin	me TUF	5 7	8-1.	10.00
Church, Chapel, Graveside		FEATH	ER."NO	Sill	Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an e	extra cha	rge of \$	
will be applied and billed to undersigned					
Lot Grave 니 9 Row	M Section	145	_ Divisio	n/Bleck	Y
Grave space & Care Fund	**********				
Additional spaces and care fund DISIN	Trrmen	丌		ك	10018
Opening/Closing & Stop. A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Burial Container					
landling Fees 11 1 2 5 2004					
lower vases - Marker setting fee					
Flower vases - Marker setting fee METARY					
SECONDING AN OF SAN DIFERENCE		mannaen	arrivor.		
Sales taxes				ооне <u>—</u>	100 0
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talu hashu Paid	receipt number _	K-2	Say	5 4	00.0
No color			Balance		-D
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Hereby Certify Faint Ind	of romaine ac		atod I c	ertity and	1 represen
hat I have the right to make this authorization	n and I agree to I	above indic hold Mt. Ho	ope Cem	elery har	miess from
hat I have the right to make this authorization	n and I agree to I	above indic hold Mt. Ho	ope Cem	elery har	mless from
hat I have the right to make this authorization iny liability on account of said authorization hereby authorize the interment in lot I	n and I agree to I	above indic hold Mt. Ho	ope Cem	elery har	mless from
hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I	n and I agree to I and interment.	above indic hold Mt. Ho	ope Cem	elerý har	miess from
hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I hold under deed.	and lagree to land interment.	above indic hold Mt. Ho	ope Cem	elerý har	miess from
hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I hold under deed.	n and I agree to I and interment. Signature	above indic hold Mt. Ho	ope Cem	elery har	miess from
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization and liability on account of said authorization and hereby authorize the interment in lot I hold under deed.	n and I agree to I and interment. Signature Assess	hold Mt. He	ppe Cem	elerý har	miess from

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 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, Lincolny NE 68510 and phone #402-488-1165, will be coming to San Diego in September to bring back what has been disintered 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-17/67

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

FAX COVER LETTER

308 532-1778

FROM: _ SVC

PHONE/FAX#

DATE! 6-15-03

PAGES incl this page

FAX # 527-3403

MT HOPE CEMETERY

I WAS WROJG. THE MARKER IS APPROX. 10 X 20 AND.

8" to 10" High.

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





E-17167

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereb disinter the rer	mains of:			les and regulations, to
		JUDY ANN KUCERA		
from Lot 1	Grave49_	Section Mason	icRow_	Block
Division Y	And to rem	ove the same to ar	nd reinter sa	id remains in Lot
Grave	Section	Row	_ Block	Division
Cemetery				
hold Mount He	ope Cemetery I disinterment,	narmless from an removal, and rein	y liability or terment.	gned further agree to n account of said
Signature	in the second se	Relation to dec		Address
I hereby author	rized the above	disinterment:		
(Lot owner mu	st sign if not leg	al custodian)		Date

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



rment and Romaval

Disinterment and Removal

A disinterment refers to the removal of human remains. The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

- 1) The surviving spouse.
- 2) The surviving children.
- 3) The surviving parents.
- 4) The surviving brothers or sisters.

H&S Code Art. 2 7525 .

Mt. Hope Cemetery requires the signature(s) of the immediate next of kin, on the form Authority to Disinter, Remove or Reinter. If this form is not signed in the presence of a cemetery staff member then this form must also be notarized. A court order will also authorize the disinterment of remains.

A disinterment will only take place at a date and time convenient for Mt. Hope Cemetery, and only after the Disinterment Permit and the disinterment fees are presented to the cemetery.

The disinterment or removal of human remains consist of opening the ground to the burial container, and its removal <u>only</u>. The casket will be removed <u>only</u> 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.

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		บร			154005 VGC089	52775125-556	400 SV 785 (200 c)	osa itta isani			N REMA		1-0	lay	1
IA. NAME OF DECE	DENT-FIR	ST (GIVEN)	1B. MID	DLE		IC. LA	ST (FAMILY)	E			DATE OF BE		DATE OF DE	EATH	4 SE
Judy	0-1-0			Ann		1	Kucera	-		- 0	4/11/19	44 04	4/11/19	44	F
San D:		= 2.4.214(0.42)	20			ENT	UNTY OF DEA TER STATE San Die	ATH-outside	E CALIF.	OF INFO	ELATIONSHP. RMANT Leringil			AND ZI	CODE
7A. TYPED NAME AND		OF CALIFORN	A-FUNER	AL DIRECTOR	OR PERSON		SUCH 78. C	CALIF. LICENS			El Cajo			43.	
Feathering	111 M	ortuary	1	Maria de la companya			100	—IF APPLICAE	BLE		iego, C			(S)	
6322 E1 Ca		1vd., S	San Di		CA 9211	T. P. Carlotte		FD1083			OF APPLIC			B. DATE	E SIGNE
ACKNOWLEDGMENT OF	Control of the Control	I hereby a	acknowledge as	as applicant that t				the dispositions a of the Health and S		PC/	大人と	1/	10	6/27	/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS O	ERMIT IS ISSU OF THE CALIF THE AUTHORIT PERMIT. IS PERMIT CHES IN	FORMA HEA	E DISPOSITION	AFETY CODE ON SPECIFIED	JASSON WA	OUNT OF FEE	07	DATE PERMIT 7/11/20 MAGGAF	002	C. SIGNATURE 2211438	OF LOCAL	REGISTRAR	ISSUM	3 PERM
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO E	DRESS OF REMAIN OCCURRED BOX 852	EGISTRAR ED IN CAUR 222	OF DISTRIC	CT OF DEATH		1 9E /	ADDRESS OF	REGISTRAR	OF DISTRIC	OF DISPOSE HER DISTRICT IN		Š		
CHANGE MALE COSE		Diego,			222				-	- 4				******	
10. AUTHORIZED DIS		Classical Advisor	PPLICABLE	ITEMS		- Constanting	make the make the	analog participation					ER'S USE		OCT VEN YOU
A. BURIAL (INCI	SELECTION OF STREET	(CMBMENT)			Ļ			IVAULTMENT	Ř.	,		SITION PEN	DING-REMA	INS LO	CATED
B. CREMATION				11100	Ž.		TRAMESTA	un area (mar)		8	District	BING PROPERTY	967		3
C. DISPOSITION THAN IN A C	CEMETERY		AINS OTH	ER	T.		IN TO CALI	IFORNIA ITSIDE OF C	ALIFORNIA						
	one l	A GWA THE	Section (THE OFFICE	0.220	And the second	CONTROL OF THE	OUT IN STREET		AND LEVER OF		***	05.00	20.51
BURIAL	IIIA. N	IAME AND AC	IDHESS D	F CALIFORN	MA CEMETER	Ŋ		118.0	DATE BURIE	110.	SIGNATURE O	F PERSUM	IN CHAMUE	OF BU	RIAL
S P	12A. N	AME AND AL	ODRESS (OF CALIFOR	NIA CREMAT	TORY		12B. D	ATE CREMAT	TED 12C.	SIGNATURE O	F PERSON	IN CHARGE (OF CRE	MATIC

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

14B DATE SHIPPED

15B DATE OF DISPOSITION

North Platte, NE 69101-7544

13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Odean Colonial Chapel 302 S. Sycamore

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

CREMATION

SCIENTIFIC USE

TRANSIT

SCATTERING AT SEA OR DISPOSITION OTHER

THAN IN A CEMETERY

APPLICABLE

¥

COMPLETE

150 LICENSE NUMBER OF CREMATED RE-

-IF APPLICABLE

13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER



AT. HO	PE CEMETERY	
MUNTERN	IENT ORDER	
. Lorne city	of San Diego	
DISINTERMENTANTERN	Date_ G-	21-02
You are hereby authorized and instructed, su	1 1)	inter the remains
ina	Funeral, date, time July 1 57	Mon 10:30
Type of Burial Container Church, Chapel, Graveside	Green	Mortuary.
1907-1907-1908-1907-1907-1907-1907-1907-1907-1907-1907		264-3131
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned.		
Lot 436 Grave Row	Section 15 Division/	втоск7
Grave space & Care Fund	1-5689	_
TO DAY CANNESS TO SELECTION AND AND ADDRESS AND ADDRESS OF THE PROPERTY OF THE	in terme ut	400.00
Opening/Closing & Setup	minima managaran man	
Burial Container	PAID	
Duna Comania	·····	··· —
Handling Fees Flower vases - Marker setting fee	N 2 8 2002	
The state of the control of the property of the state of		
Recording and filing feeMT. H	OPE CEMETARY	-
Sales taxes CITY C	F SAN DIEGO, CA	
	Total Due	400.00
Paid	receipt number K - 55 151	400.W
1.	Balance d	ue 9
I hereby certify I am the dee of and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization and the	of remains as above indicated. I cer a and I agree to hold Mt. Hope Cemet	named decedent tify and represent ery harmless from
I hereby authorize the interment in lot I	<u> </u>	
hold under deed.	Signature	
Signature of recorded holder of deed	Address	
Signature of recorded moder of deed	Cay	Zip Code
	Tolephone	
2 <u></u>	Invoice #	
Work Order # E 17168	Acct. #	- 20 XX
ATT COURSE TO BE A STATE OF THE	10000000000000000000000000000000000000	



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

				Millians
		S 7		
		434 _X		
		20,71367 1	1000	CANYON RD
100				
	. /	Michelle	ntermen	(Canal

Agrees with Legal Card: Yes No Agrees with Map: Yes No Date: 102

Grave Laid out by



THE CITY OF SAN DIEGO

E-17/68

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: 436 Grave Section: 15 Row: Division. 7 Receiving Cemetery. El Camino Memorial Park City & State. San Diego, CA 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. * 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 country staff)

Mt. Hope Cemetery



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOVE OR REINTER

MAY 2.002

disinter the rer	mains of:	and instructed, subject to michelle Dufo	w_		
from Lot 43 L	Grave	Section 15	Row	Block	8
Division7	And to re	emove the same to and	reinter said	d remains in Lot _	
Grave	_ Section _	Row	Block	Division	
The undersign of the remains	ed hereby comes and have the	CANYON RD. S.D ertify and represent the right to make this a	nat they are uthorization	e the legal custo on, and that they	are
The undersign of the remains related to the hold Mount Ho	ged hereby c and have the decedent as ope Cemeter	ertify and represent th	nat they are uthorization undersign ability on ment.	e the legal custo on, and that they ned further agree account of said	<u>are</u> e to
The undersign of the remains related to the hold Mount Ho authorization,	and have the decedent as ope Cemeter disinterment	ertify and represent the right to make this a indicated below. The y harmless from any lit, removal, and reinter	uthorization undersign iability on ment.	e the legal custo on, and that they ned further agree account of said 45 Hoy7 ST	WHEAT AND

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

My Commission Expires October 22. 4350 Wadsworth Boulevard Wheat Ridge, Colorado 80033





THE CITY OF SAN DIEGO E- 17168

AUTHORITY TO DISINTER, REMOVE OR REINTER

MAY 2002 MONTH YEAR

> Notary Public - Notary Seal STATE OF MISSOURI YOHNSON COUNTY MY COMMISSION EXP. OCT. 14,2003

> > ₹;

	*			
You are hereby authorize disinter the remains of:	ed and instructed, subjected with the subject of th		s and regula	tions, to
8		•		
from Lot 436 Grave	Section _1 5	? Row	Block	48
Division And to	o remove the same to a	and reinter said	I remains in	Lat
Grave Section	1 Row	Block	Division	1
Cemetery EL Cami	NO MEMORIAL F	ARK & Moi	ETHARIES	Ž
The undersigned hereb		THE RESERVE OF THE PERSON OF T	CONTRACTOR	
of the remains and have			Contract of the contract of th	The state of the s
related to the decedent				
hold Mount Hope Ceme authorization, disintern		CONTROL OF THE PARTY OF THE PAR	account or s	saru
			- TO	A
Conne Safow Xt	wins mother	<u> </u>	2K LAKE	VIEW DR. UNG S
S		W	HER GARS BOY	NRC 1 MIO 18 1017
Cianal	Dalais E de		dalas - s	
Signature	Relation to dec	ceased A	ddress	State of m
=: 7 :	•	ceased A	ddress	County of Joh
	•	ceased A	ddress	County of John Connie Give
I hereby authorized the a	bove disinterment:	ceased A	ddress	County of John Connie Give Coppeculal beg
	bove disinterment:	<u></u>	ddress Date	County of Joh

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Marke: Street • San Diego, CA 92102

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

Tel (619) 527-3400



F-17168



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 04/13/1968 12/24/1966 MICHELLE LYNN DUFOUR SA. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE MARILYN THOMPSON - GRANDMOTHER SAN DIEGO SAN DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 23319 HOLLY DRIVE -IF APPLICABLE GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE MURRIETA, CA 92562 SAN DIEGO, CA 92102 FD 843 BA. SIGNATURE OF APPLICANT-Ferson tours permit, 8B. DATE SIGNED Thereby acknowledge as applicant that the processed disposition stated herein is one of the despositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. · Unilone ACKNOWLEDGMENT OF APPLICANT salo 06/25/2002 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. VICTORIA AZZARO 2210580 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF FEE PAID PERMIT AUTHORIZATION OF \$7.00 06/25/2002 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSING OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222 DISPOSITION SAN DIEGO, CA 92186 5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY 1, DISPOSITION PENDING—REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOM .- JENT) E. TEMPORARY ENVAULTMENT (Name and Address) 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 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL EL CAMINO MEMORIAL PARK - 5600 CARROLL BURIAL CANYON ROAD, SAN DIEGO, CA 92121 TEMS 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION GREENWOOD CREMATORY I-805 CREMATION APPLICABLE & IMPERIAL AVENUE, SAN DIEGO, CA 92102 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE ALL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT " 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF 15C. SIGNATURE OF PERSON IN 15D. UCENSE NUMBER OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE 15B. DATE OF CATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION DISPOSITION OTHER

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.

THAN IN A CEMETERY

P. 82/84

=E/#IOOD

E 17168

303 456 2195

THE CITY OF SAN DIEGO

May 26, 2002

AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Michelle Lyna 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 is 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 MURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are seed 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 Nan	e of Deceased	at Mr Hope	Cemeter	y is ide	ntified as:	
Lar.	436	Grave.	Section:	13	Row	Division.	7
Receiving Cen	nelely.	El Camino M	emorial Park	City &	State	San Diego, CA	
Lot	45	Grave; D	Section		Row:	Division:	Sorrento Grd
	25251	bat we have be present a listen				emains of Na zher: nother	me of Colord
I hereby author		AATURE(S) above disir.tem	nent.	-	RE	LATIONSHIP TO	DECEASED
(Lot Owner)	must si	gn if not legal	custodian)			Date	
	WITN	ESSED BY	·	-	-	TITLE	
		Date		-			

* (This form must be notarized if not signed in presence of cometery staff)

Mt. Hope Cernetery

Months Parks Division • Park and Racregion • 3751 Market Sneet • Son Diego, CA 92102-4527

Tel (619) 527-3400

- material Grandmother

Maternal Grandmother will a just the notarized forms to Breenwood on Saturday 6/22/02 then we will get the forms from Deenwood and then schedule



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER, REMOV	E OR REINTER
1 25	
	May 2002
	MONTH YEAR
ou are hereby authorized and instructed, subject to you sinter the remains of: Machella Duboux	Row Block oter said remains in Lot ck Division d Morruse 155 CA 92121 they are the legal custodians prization, and that they are dersigned further agree to lity on account of said

Notary Public - Notary Seal STATE OF MISSOURI ICHNISON COUNTY BAY COMMISSION EXP. OCT. 1420

Mt. Hope Cemetery
Real Estate Assets * Public Works * 3751 Market Street * San Diago, Ca \$2102

16' (619) 527-5476

JUN-20-2002 13:34

303 456 2195 P.02/04



€-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 caused or claimed to be caused by the disinterment of (insert name) and all expenses of estigating 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 f	or Nan	te of Dec	eased a	at Mr. Hope (Cometer	y is ide	ntified as:	
Lot:	436	Grave		Section:	15	Row:	Division:	7
Receiving Cen	netery.	El Cam	ino Mo	morial Park	City &	State.	San Diego, CA	<u> </u>
Lot:	45	Gravet	<u>a</u>	Section		.Row:	Division:	Sorremo Grd
We acknowl Deceased ma	2000		sectu			,	emains of Na	me of
Com	والم	form	J.L.	~	-		nother	
I hereby author		iATUREIS above di		ent.		RE	LATIONSHIP TO	DECEASED
(Lot Owner r	nust si	gn if not	le;;al c	uslodian)	4		Date	
	with	ESSED I	3 Y				TITLE	

CINTE

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

Mr. Hope Cemetery

Motro Forks Division = Pick and Recrebtion = 375) Modest Street = Sun Mego, CA 92102-4527

[el (619) 527-3400

06/26/2002 13:28



THE CITY OF SAN DIEGO

E-17168

AUTHORITY TO DISINTER. REMOVE OR REINTER

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of: from Lot 43 6 Grave ____ Section 15 Row Block ____ Division _____ 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 deceden; 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. 4245 HOYT ST WHEAT POUSS FATHER Signature Relation to deceased Addresstate of Colorado County of Jefferson I hereby authorized the above disinterment: (Lot owner must sign if not legal custodian) Votary Public (This form must be notarized, if not signed in presence of cemetery staff.) My Commission Expires October 22,

4350 Wadsworth Boulevard Wheat Ridge, Colorado 80033

Mt. Hope Cemetery

Real Estate Assets . Public Works . 3751 Microst Smear . Son 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 Funeral, date, time Mortuary. Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup.

JUN 2 1 2002 Flower vases - Marker setting fee CITY OF SAN DIEGO. CA Recording and filing fee Paid receipt number K-55/30 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 Invoice # Work Order # E 17169 Acct. #

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

6-21-02 Date

You are hereby authorized and instructed, su	bject to your rules and regulations, to	
in a D.D. Cruet (STBurial)	Funeral, date, time Thurs Just my Aly! Merkley-Mi	1e 27.+6 11
		in in
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	e of \$
will be applied and billed to undersigned		
Lot <u> </u>	Section Division/E	13 6 00
Grave space & Care Fund		19 6.00
Additional spaces and care fund	+ 1 P	The second secon
Burial Container	2-2-0-	123.01
Handling Fees	U	
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		9.53
A. A. A. Min 858 - Cay 3503	Total Due	-
Marie	recaipt number	- 50
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I cert a and I agree to hold Mt. Hope Cemete	named decedent ify and represent
I hereby authorize the interment in lot I hold under deed.	Segnature:	
	Address	
Signature of recorded holder of deed	Cay	Zip Code
	Telephone	
	Invoice # 36603 7	
Work Order # E 17170	Acci. # 00095	

E-17170

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

B

		USI	BLACK INK ONLY—MAKE	NO ERASURES, V	WHITEOUTS (OH OTHER	ALTERATIONS		
	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE RICHARD	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR 04/29/1959	3. DATE OF DEATH MONTH, DAY, YEAR 06/17/2002	4. SEX
-	CITY OF DEATH	SAN DIEGO		5B. COUNTY OF DEAT	H-OUTSIDE CA	OF	ME, RELATIONSHIP, FULL MINFORMANT CO DE LA TOBA-	AILING ADDRESS AND Z	P CODE
1		CHELL MORTU	FUNERAL DIRECTOR OR PERSON A	PENUE,	IF APPLICABLE	MBER ADM SAN	INISTRATOR, 5	20 f A RUFFIN 2123	
=	ACKNOWLEDGMENT OF A	on in said	nowledge as applicant that the proposed dispos 6 of the Health and Safety Code, and was authors	ution stated herein is one of th		ged by	200 m 24	NS-769 A	6/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	D IN ACCORDANCE WITH PROVI- RNIA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED WORT OF BISPOSIAL OUTSIDE OF CALFORNIA.		98. DATE 06/26	A CONTRACTOR OF THE PARTY OF TH	National Committee of the Control of	THE CONTRACT OF STREET,	CONTRACTOR OF STREET
AN	IT CHANGE IN DISPOSI- ION REQUIRES A NEW FRAIT TO SHOW FINAL	9D. ADDRESS OF REC	ISTRAR OF DISTRICT OF DEATH	5222 PE. AI	ORESS OF REG	ISTRAR OF D	ISTRICT OF DISPOSITION— AMOTHER DISTRICT IN CAUFO	R- &A	
-	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAI EMETERY SE 11A. NAME AND ADI	E	Zivingeren tande	ORNIA		7.75-61.15-6.27		OCA TO
TEM3	DOMINE	SAN DIEGO,			6-27		12C. SIGNATURE OF PERS	SON O CHARGE OF CR	EMATION
ABLE	CREMATION	2			1		. /		
APPLE	SCIENTIFIC USE	13A. NAME AND ADI	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE	RECEIVED	13C. SIGNATURE OF PER	son in Charge of F	ACILITY
OMPLEIE	TRANSIT		DRESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		14B. DATE	SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		EST POINT ON SHORELINE, OR OTH THEY FINAL PLACE AND CA <u>DISTRIK</u>		15B. DATE DISPO	OF DISTRION	15C. SIGNATURE OF PER CHARGE OF DISPOS	OF CREA	MATED RE- DISPOSER

COPY 2

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-21-02

or Elizabeth F. L	7	hurs. June	271-11/
Type of Bunei Goldainer	Funeral, date, time	erkly-Mitchel	
		198-2177	S cut
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an extra charge of \$ _	- 6
will be applied and billed to undersigned.			
Lot 10 Grave 2T Row_	Section	Division/Black	13
Grave space & Care Fund			6.00
Additional spaces and care fund			
Opening/Closing & Setup		<u>L</u>	123.00
Burial Container	***************************************	1	1301
Handling Fees	*************************		
Flower vases - Marker setting fee			
Recording and filing fee	ay .		45.00
Sales taxes	6 0 ·		953
10	ر Total	Due 73	26.54
Paid Paid	receipt number		***************************************
Sedowas Para		Balance due	
			00 V S
I hereby certify I am the	in and I agree to hold M	of the above named ndicated. I certify and the Hope Cemetery harm	represent
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of deed	City		Zip Code
	Telephone		
	٦ - ١	6633	
Work Order # E 17171	Acct. # OD	n947	

F- 17171

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	STATES THE PARTY OF THE PARTY O			TE OF DEATH 4. SET
Elizabeth		Y.	Lloyd		647	0971925 067	19/2002 F
5A. CITY OF DEATH	San Diego		58. COUNTY OF DEAT	HOUTSIDE CALIF.,		nonship, full making a ards - Public	
Merkley-Mi	DORESS OF CALIFORN Echell Mort	A-FUNERAL DIRECTOR OR F	PERSON ACTING AS SUCH 78. CAL		5201 A R		
San Déégo,	CA 92103			D-119		OF APPLICANT—Person belong	permit 88. DATE SIGNE
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the pro 376 of the Health and Safety Code, and	pesed disposition stated herem is one of the I was authorized pursuant to Section 7100 of 6	dispositions authorized by e Health and Solety Code.	1/30se	m. 300	lo 06/24/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPI	CODE ECIFIED	98. DATE PERM 06/26/20 R.M. Zul	002 221	GNATURE OF (OCAL RE) 0625	GISTRAR ISSUING PERM
TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF RI	D NIGHT OF REPOSAL DITISTED OF CA EGISTRAR OF DISTRICT OF D IN CALIFORNIA 1222, San Diego	DEATH— BE. AD	DRESS OF REGISTRA	A OF DISTRICT O	F DISPOSITION— ASTRICT IN CAUFORNIA	
10. AUTHORIZED DISP		The state of the s		***	1	FOR CORONER	S USE ONLY
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY	AINS OTHER	E. TEMPOHARY ENVA	ORNIA	,	(Name and Address)	g—Remains Located
BURIAL	Mount Rope San Diego,		EMETERY 51 Market St.,	118. DATE BURE	1 /	NATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND AC	ODRESS OF CALIFORNIA (REMATORY	128. DATE CREM	ATED 12C. SIG	ATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	19A. NAME AND A	ODRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	138. DATE REC	EIVED 13C. SIG	NATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148 DATE SHIP		RESS AND SIGNATURE PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITIO		NATURE OF PERSON IN RIGE OF DISPOSITION	19D, 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 6-24-02

Ether Ma	e Green-Haley
a T. S. VQULT	Funeral, date, time TUE June 25 1:
hurch Chapel, Graveside	: Kagsable Mortuary.
Funeral cars must arrive before 3:6	0 p.m. of regular work day or an extra charge of \$ 150.00
ill be applied and billed to undersigne	ed
88 Grave 5 Ro	w Section 2 Division/Plook 12
irave space & Care Fund	875.00
dditional spaces and care fund	
pening/Closing & Setup	<u>375.∞</u>
	AID 250.00
landling Fees	AID 18500
lower vases - Marker setting in	
ecorolno and mind lee	
MT. HOPE	CEMETADY
- MOTHER CITY OF SA	W DIEGO, CA Tetal Due 1938
19 5 AVO	Paid receipt number R -55132 1769.38
t-2736	Balance due
	The of the above named decedent
hereby certify I am the \(\sum \) \(\subseteq \) \(\supseteq \) \(\subseteq \) \(\subseteq \) \(\supseteq \) \(\supsete	position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from zation and interment.
hereby authorize the interment in lot old under deed.	Signatura Rosmell St.
gnature of recorded holder of deed	City 6/9 (264) 5642 20 Colon Tokephone
	200000000000000000000000000000000000000
Vork Order # E 17172	Invoice #

This information is available in alternative formals upon request.

REA-104 (7-96)

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

the burial	space.				
Ship 2	3	4	5 X		
Interment Interment Lot:	space fo	r. <u>E</u> 25 02 ve: 5	Ther M. Time: Row: S	1:00 eci: 2	Div: 12
Grave Lai	d out by		Yes		
Agrees wi	th Map:	☐ Yes	75-78-11	' ' 0	or grave

E-17172

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



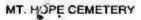
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMILY)			2. DATE OF BIRTH	1000	OF DEATH 4. SEX
Ether			y		1271671942" 0871972002" 7				
Los Angel	es		1	ENTER STATE	ATH-OUTSIDE CALIF.	OF INF	RELATIONSHP, FULL & ORMANT Vie B. Greet		un!
Anderson-R	agsdale Mor	tuary, 5050		TING AS SUCH 78. 0	CALIF. LICENSE NUMBER —IF APPLICABLE	51	68 Cervante	s Aven	ue
San Diego,			20 000-0	- 250 Mary 10 Feb. 200	D-1329	8A. SIGNA	TURE OF APPLICANT	Person balang per	mit 88. DATE SIGNE
ACKNOWLEDGMENT OF A		cknowledge as applicant that the 376 of the Frenth and Safety Cod				· Co	andn Al	pin	ad 25/2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W FORNIA HEALTH AND SAI TY FOR THE DISPOSITION D NIGHT OF DESPOSAL ONTSIDE	N SPECIFIED	**************************************	enemal framework communities		Nancy		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Los "Angetes	GISTRAR OF DISTRIC COMPENSATE L., Los Ange	Dept.,	313 N.	ADDRESS OF REGISTRAF F DISPOSITION IS TO OCC LAL REGOTAL	UR IN ANO	ICT OF DISPOSITION— THER DISTRICT IN CAUSE	20000000	
C. DISPOSITION THAN IN A CI D. SCIENTIFIC US SURIAL	SE 11A. NAME AND AD	DDRESS OF CALIFORN	IIA CEMETERY		FORMA TSIDE OF CALIFORNIA 11B. DATE BURIE	0.	SIGNATURE OF PER	SON IN CH	LARGE OF BURIAL
	San Dieg	o, CA 92102			16-25-0	210	Morman-	Fera	nen !
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORN	NA CREMATOR	Y	12B. DATE CREMA	TED 12C	. SIGNATURE OF PER	son in of	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORN	NA FACILITY R	ECEIVING REMAINS	13B. DATE RECE	IVED 19C	, SIGNATURE OF PER	SON IN CH	IARGE OF FACILITY
TRANSIT	14A. NAME AND AL REMAINS OR	DDRESS IN RECEIVING CREMATED REMAINS	STATE OR CO ARE TO BE SH	OUNTRY WHERE	14B. DATE SHIPF	ED 14C	ADDRESS AND SIGN OF PLACING WITH T		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORE ENTIFY FINAL PLACE AN			15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		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 1.

	1	711	9. 9.	~	
Date	6-	× 4	-6	2	

ina t.S. VAULT	Funeral, date, time NON 7-1	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	51 \$ P
will be applied and billed to undersigned.		
Lot 123 Grave 8 Row	Section 2 Division/Bk	12 _
Grave space & Care Fund		895.00
Additional spaces and care fund		37000
Opening/Closing & SetuA		3 (5.00
Burial Container		250.00
Handling Fees JUN 24 2002		185.00
Flower vaseMTMHOPE CEMETARY		777
Recording Chaying SAN DIEGC		45.00
Sales taxes		19,38
	Total Due	1769.30
F	Paid receipt number R- 55133	1769.3
V	Balance due	-0-
I hereby certify I am the		amed decedent
	sition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery tion and Interment.	
I hereby authorize the interment in lot I hold under deed.	Signature	
riod under deed.	X Address	- J
Signature of recorded holder of deed	× don	Zio Code
	V	
	Telephone	
Work Order # E 17173	Invoice #	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

6-24-07

Type of Balling Congress	Funeral, date, those MOOU . 7-1-11:00
church Chapel Graveside	CA SUNTE Mortuery.
il Funetal cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
All be applied and billed to undersigned.	
ol 123 Grave 8 Row_	Section
Brave space & Care Fund	895.00
opening/Closing & ReuA.I.D.	375.00
Val Constant	350.00 185:00
Hower vessiNTMMOPECENTETARY	116.50
Sales taxes	17.30
Pak	Total Due 7761.30 1761.36 Balance due 0
1 5 1 - 27	of the above named decedent
end this is your authority to make disposition that I have the right to make this authorization	on of remains as above indicated. I certify and represent on and I agree to I old Mt. Hope Cemetery harmless from and interment.
hereby certify I am the	on and I agree to I old Mt. Hope Cemetery harmless from
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in for I	on and I agree to I old Mt. Hope Cometery harmless from and interment. X Au & Mance - Color.

itouen M. Bankhead



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		3	7	5
	1 7	N3 X 8	MCELROY	/0	71
Interment space	20				
Lot: 123 Grade Grave Laid out b	0.00 miles		Sect:_	Div:	13
Agrées with Lega			J No.		gr -
Agrees with Map		W. (5)		W Com) -
Blind Check & V	erified By:/		MA	_ Date: 2	1-02

FUNERAL/BURIAL VERIFICATION LETTER BC-VOC-0265 (REV. 01/01) SAN DIEGO COUNTY

8AN DIEGO DA 073 VICTIM WITNESS CENTER O BOX 121011 'AN 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 ACCNT.: N/A

FUMERAL/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	Date Plot Purchased 06/24/02 For Whom? Steven M. Bankhead
Headstone	6	(X) Single () Double
Burial Plot/Other Total	\$ 895.00 6 1.769.38	Price of single plot, if double plot was purchased \$
PAYMENTS: Claimant Paid	1,769.38	Who contracted for these services?
Insurance Social Security	<u>*</u>	Carol Manson
Other Payments	¢	
By Whom?Carol	Manson	
Balance Due	\$ <u>0</u>	
From Whom?		

CONTINUED ON REVERSE SIDE

SAN DIEGO COUNTY 073

MIA GHIO

Your Contact:

mghio@sdcda.org

Phone: (619)531-3930

Fax: (619)531-3759

Insurance Company

City

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).

SIGNATURE of person completing this form	Date
Tan Smoler	01/24/2003
PRINT NAME and TITLE	Phone
Ray Snider, Manager	(619)527-3400

E-17/73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

24

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1. STEVEN HARQUELL				IČ. LAST (FAMILY) BARKHRAD			3. DATE OF DEATH MONTH, DAY, YEAR 06/21/2002	4. SEX:		
SAR I	DENTH DENCO	Y	**************************************		58. COUNTY C	F DEATH—OUTSIDE CAL	OF R	RELATIONSHIP, FULL INFORMANT M. KARBON-190	MAILING ADDRESS AND Z	L CO
CALIF	DECRILA	CELEGATION CELEGATION OR BLVD.,	& BURIAL	. CHAPEL	A 557-25	7B. CALIF. LICENSE NUM —IF APPLICABLE F—1357	SAM	DIEGO, CA 9		TE SIGNED
ACKNOWLEDGN	MENT OF APPL	ICANT I hereby ac Section 103	overeledge as applicant 76 of the Health and Sal	that the proposed disp lety Code, and was author	esition stated herein is prized pursuant to Section	one of the dispositions authorize 7100 of the Health and Safety Co	d by	MILLE DU	4000 061	25/200
PERMIT AUTHORIZATIO LOCAL REGIS	ON OF IN	HIS PERMIT IS ISSUI IONS OF THE CALIFO ND IS THE AUTHORIT' I THIS PERMIT. ITE: THIS PERMIT GRES NO	Y FOR THE DISPOS	ID SAFETY CODE SITION SPECIFIED	9A. AMOUNT O	06/2	PERMIT ISSUED 5/2002 DETARD	9C. SIGNATURE OF L	OCAL REGISTRAR ISSUM	IG PERMIT
ANY CHANGE IN I TION REQUIRES A PERMIT TO SHOW DISPOSITION	A NEW V FINAL	ADDRESS OF RE- F DEATH OCCURRENT FIRM DIRECT	H CAUFORNIA			9E. ADDRESS OF REGIS IF DISPOSITION IS TO		TRICT OF DISPOSITION— HOTHER DISTRICT IN CALIF		
THAN	IN A CEM	IA. NAME AND AD	DRESS OF CALL	3751 MAI	RY	5000	BURIED 11	C. SIGNATURE OF PER	RSON IN CHARGE OF B	
CREMATI		ZA. NAME AND AD	A Commission of the	TOTAL CONTRACTOR		128. DATE C	REMATED 12	C. SIGNATURE OF PER	SOUTH CHARGE OF CR	EMATION
SCIENTIF	18364547	3A. NAME AND AD	DRESS OF CALI	FORNIA FACILITY	RECEIVING REM	IAINS 138. DATE (REGEIVED 13	C. SIGNATURE OF PER	ASON IN CHARGE OF F	ACILITY "
TRANSI		4A, NAME AND AD REMAINS OR C		IVING STATE OR		NE 148. DATE S	SHIPPED 14	C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING OR DISPOSITION THAN IN A CE	OTHER	FIGIENT TO IDE			THER DESCRIPTION OF DISPOSITI			C. SIGNATURE OF PEI CHARGE OF DISPO	SITION OF CREA	MATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6 - 24-02

or Wille b	Fune	eral, date, time 6/	128 FRI.	June 1
Type of Surial Container Church, Chapel Graveside	Witnes	Sitt. 0	KS	Mortuary.
All Funeral cars must arrive before 3	3:30 p.m. of re	gular work day or a	an extra charge of	\$
will be applied and billed to undersig	gned	ON THE PROPERTY OF THE OWN		
Lot 4 Grave 6	Row	_ Section 3	Division/Blee	* 12
Grave space & Care Fund	**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
Additional spaces and care fund	D./			
Opening/Closing & Setup		***********************		375.0
Burial Container	JUN 2	4 2002		190.0
rianumy rees				145.0
Flower vases - Marker setting fee	TY OF SX	CEMETARY		
Recording and filing fee		A DIEGO, CA		45,00
Sales taxes				14.75
Mozelle		Total D	ue	69.73
ticks-mort.	Paid rece	ipt number Pauc	by Mc	X9.73
blu Dell			Balance due	0
Thereby certify I am the Mie	101		of the above nar	ned decedent
and this is your authority to make di that I have the right to make this auti	isposition of r	emains as above in	dicated, I certify	and represent
any liability on account of said author			E.	
I hereby authorize the interment in it	ot I	Jean	of the	ncan
hold under deed.	H-1	Some P.O.	Box 132	23
		Astrofs San	Diego Oh	92170
Signature of recorded holder of deed	300 E	619-26	3-579	8 20000
	-	Teléphone	2.8	•
_ /		Invoice #	والمستقية	
Work Order # E 1/1/4	4	Acct. #		

MT HOPE CEMETERY

E-17/74

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	inco	ļυ'				
Canron	31K	mrang 2	6 X		<u> </u> -	
Interment	space for:	Willi	e B.	Tillis		
Lot:4	_ Grave	<u>. 6</u>	02 T	Sect:	11.00 3 D) iv: 12
Grave Laid	l out by: 🗴	VF	ROBE	rt	<u>.</u>	
Agrees wit	h Legal Ca	ard: 🗆 Y	es [J No (Flog	mil /
Agrees wit	THE RESERVE TO SERVE THE PERSON NAMED IN				L Day	
Blind Chec	k & Verif	ied By: _	Kennes	th al	line Date:	6/26/

E-17174

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7

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

WITTITE	Free Commence of the Commence			(FAMILY)	1000000000	2. DATE OF BIRTH 3. DATE OF DEATH 4. S		
	WILLIE B TILLIS				03/	06/1929" 08	71971002° ?	
					B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF NEORMANT ALVIN J. TILLIS HUSBAND			
	LANCASTER							
TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AS HICKS MORTURAY 8837 E. PALMIDALE BLVD		R OR PERSON ACTING AS SU LE BLVD	IF APPLICABLE		36115 166th ST. E. LLANO, CA. 93544			
PALMDALE, CA. 93552			0 77.00 40000	FD1453	8A. SIGNATURE	OF APPLICANT-reggs	taking parmit, 88. DATE SIGNE	
ACKNOWLEDGMENT OF A				in is one of the dispositions authorized by action 7100 of the Hoalth and Safety Code.	>71Wg	ele His	Ka 06/24/2	
PERMIT JUTHORIZATION OF JOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE FORMA HEALTH AND S BY FOR THE DISPOSITION O RIGHT OF DISPOSAL OUTSIDE	N SPECIFIED \$7.0	o 0,6/24/	rrissuen Sec. si 2002 ↓►	GNATURE OF LOCAL	. l. e . t -oth	
TON REQUIRES A NEW ERMIT TO SHOW FINAL	9D. ADDRESS OF RE 313 N. FIG	GISTRAR OF DISTRIC		9E. ADDRESS OF REGISTRA				
DISPOSITION.	LOS ANGELES	S, CA. 9001	.2	P.O.BOX 8522	2, SAN D	IEGO ,CA. 9	2112	
). AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			1	FOR CORONE	R'S USE ONLY	
	OF CREMATED REMA	ANO ATUED	F. DISINT	7200702	1000	(Name and Address	18)	
D. SCIENTIFIC U	SE	DDRESS OF CALIFOR	H. TRANS	TO CALIFORNIA IT TO OUTSIDE OF CALIFORNIA 11B. DATE BURI		NATURE OF PERSON	IN CHARGE OF BURIAL	
	11A. NAME AND AD MT. HOPE	DDRESS OF CALIFOR	H. TRANS	T TO OUTSIDE OF CALIFORNIA		NATURE OF PERSON	IN CHARGE OF BURIAL	
D. SCIENTIFIC U	11A. NAME AND AD MT. HOPE (3751 MARK)	DDRESS OF CALIFOR	H. TRANS	T TO OUTSIDE OF CALIFORNIA	ED 110. SIGN	Rennett	IN CHARGE OF BURIAL SCHOOL IN CHARGE OF CREMATION	
D. SCIENTIFIC U	11A. NAME AND AD MT. HOPE (3751 MARK) 12A. NAME AND AD	DDRESS OF CALIFOR CEMETERY ET ST. SAN DDRESS OF CALIFOR N/A	H. TRANS	118. DATE BURN 102 6 28/0	ED 11C. SIGN	Remote NATURE OF PERSON I	Collus	
D. SCIENTIFIC UP BURIAL CREMATION SCIENTIFIC	11A. NAME AND AD	DORESS OF CALIFOR CEMETERY ET ST. SAN DORESS OF CALIFOR N/A DORESS OF CALIFOR N/A	H. TRANS INIA CEMETERY DIEGO, CA. 92 INIA CREMATORY	118. DATE BURI 102 6 26 6 128. DATE CREMI	ATED 12C. SIGN	NATURE OF PERSON	IN CHARGE OF FACILITY	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-02

ina LINER	Funeral, date, time FR1 6-28	1.0
Church, Chapel Graveside	RMGSDALE	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
	RRIVED AT 3:20	V848
Lot 124 Grave 8 Row	Section 2 Division/Block	_//
Grave space & Care Fund	Pre-neel E-16666 _	-0-
Additional spaces and care fund		
Opening/Closing & Setup		10
Burial Container		0
landling Fees	010-111094003801111111111111111111111111111111111	0
Flower vases - Marker setting fee		~
Recording and filing fee		-6
Sales taxes		
	Total Due	-6
P	aid receipt number	
4	Balance due	-0
	of the chown name	d decedent
I hereby certify I am the		
and this is your authority to make disposi	ition of remains as above indicated. I certify and	d represent
and this is your authority to make disposi	ition of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cemetery har	d represent
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorizati hereby authorize the interment in lot I	ition of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cemetery har ion and interment.	d represent
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorizati hereby authorize the interment in lot I	ition of remains as above indicated. I certify anation and I agree to hold Mt. Hope Cemetery har on and interment. Signature	d represent
and this is your authority to make disposi hat I have the right to make this authorize any liability on account of said authorizet hereby authorize the interment in lot I hold under deed.	ition of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cernetery har on and interment. Signature Address	d represent miess from
and this is your authority to make disposi hat I have the right to make this authorize any liability on account of said authorizet hereby authorize the interment in lot I hold under deed.	ition of remains as above indicated. I certify anation and I agree to hold Mt. Hope Cernetery har on and interment. Signature Address City	d represent
and this is your authority to make disposi that I have the right to make this authorize	ition of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cernetery har on and interment. Signature Address	d represent miess from

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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	-	10 mm 199 mm 20		
		2	4 ichoLS	ų	VAN 5 MANTGCH
	7	X 8	Wickers 4	700010	HARRI
					-
nterment space for: _ nterment Date: FR	MARG	MRET 18	DAVI	S 100	
ot: 124 Grave:					iv:_
rave Laid out by: <u>\lambda</u>	IF R	OBER	T	-	
Agrees with Legal Ca	rd: 🗖 Ye	es [J No	Llug	en
grees with Map:	Yes		Vo.	GV	hi

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

70

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEAT	
Margaret	Margaret Bell Davis			1.3	MONTH, DAY, YEAR	MONTH, DAY, YE	Carl Complete
A. CITY OF DEATH	*	58. COUNTY OF DEAT	H-OUTSIDE CALIF.,	B. NAME, T	RELATIONSHIP, FULL IN	MALING ADDRESS AND	ZIP CODE
San Diego			n Diego	Ronz	SC Street	n, Son	
	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON			1,211,000			92
Anderson-	Regadale Mortuary, 5050 Fade	ral Blvd	IF APPLICABLE	San	Diego, CA	92202	Ton Outstand
San Diego	, CA 92102			BA. SIGNA	TURE OF APPLICANT	Person taking permit 88. C	ATE SIGNED
ACKNOWLEDGMENT OF AF	PLICANT I learnly acknowledge as applicant that the proposed disp Section 10376 of the Health and Safety Code, and was author	esition stated heren is one of the rized pursuant to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	Y/L	Doth 11	1600	26/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT BUSS NO INSHIT OF DISPOSAL OUTSEE OF CALEFORNIA.	\$7.00	W. Jackso		C SIGNATURE OF LC	CAL REGISTRAR ISS 210660	UING PERMIT
	DO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA VItal Records, P.O. Box 85	1 14	DRESS OF REGISTRAR OBSPOSITION IS TO OCCU	70.7 C. 70.5 C		DRNIA	
O. AUTHORIZED DISPO	San Diego, CA 92186-5222	<u>k</u>			FOR COR	OMER'S USE OF	uv C
B. CREMATION	OF CREMATED REMAINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF			L DISPOSITION (Name and /	PENDING-REMAINS Address)	LOCATED
D. SCIENTIFIC US		H. TRANSIT TO OUT	SIDE OF CALIFORNIA		8		
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE Mt Hope Cemetery, 3751 Ma		118 DATE BURIED	1	SIGNATURE OF PER	ISON IN CHARGE OF	BURIAL
	San Diego, CA 92102		6-28-02		KUM	1 les	472
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY.	12B. DATE CREMAT	ED 12C.	SIGNATURE OF PER	SON IN PARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	FRECEIVING REMAINS	13B. DATE RECEIV	/ED 13C.	SIGNATURE OF PER	ison in Charge of	FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	D 14G.	ADDRESS AND SIGN OF PLACING WITH 1		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND GA DISTRI	THER DESCRIPTION SUF- ICT OF DISPOSITION	16B, DATE OF DISPOSITION	15C.	SIGNATURE OF PER CHARGE OF DISPOS	SITION OF C	ISE NUMBER REMATED RE- IS DISPOSER APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P	1	n	7	1
•	4	1	5	0

Date 6-24-2002

10-	
You are hereby authorized and instructed, s	ubject to your rules and regulations, to inter the remains
or <u>Cliftord</u> Lamb	perof III
in a Liner	Funeral, date, time FRI June 28th 11:
Church, Chapel, Graveside	: CA BURIA L Mortuary.
All Funeral cars must arrive before 3:30 p.m	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
10-	4 1-
6 13 Grave 3 Row_	Section Division/Block
Grave space & Care Fund	845.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Opening/Closing & Setup	PAID 190,00
Handling Fees	14 5.00
Flower vases - Marker setting fee	JUN 2 / ZUUZ
Recording and filing fee	TU.
Sales taxes	CITY OF SAN DIEGO, OF 74.73
	Total Due
Claretto Paid	receipt number <u>R-55143</u> 1664, 7
र्रे व-2747	Balance due
I hereby certify I am the	Med of the above named decedent
that I have the right to make this authorization	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
Tiola ariosi deed.	Modress 8 Marin W
Signature of recorded holder of deed	Syling falley 20 code
	X (19 1 14/10 438)
3	SOURCE SERVICE
F 17176	Invoice #
Work Order # <u> 1/1/b</u>	Acct. #

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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Agrees w	ith Map: [J Yes		No	'	6
	. 1 0 17.	ified By:			_ Date: _	U 1

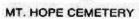
OFFICIAL RECEIPT	CONTRACTOR OF THE PARTY OF THE	CITY OF SAN DIEGO, CAL	IFORNIA	Nº	55143
CANARY.	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE CEM (619) 527-3400	ETERY	■. •	**************************************
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818 Paraso	Addre	Syti- 2014 - 13	F. Early	ence	64.73,
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or 173	rave3	Row S	ection 2	Divis -Bloo	
nvoice No	NOT VALID FOR S	PURPOSE STATED UNLESS STAMPED PACE.	CREDIT 20% Salas Cara	67007 77184	17900
Acct. No			60% Sales of Lots	77184	70500
NO. E-17176			Opening/ Closing Burial	77181	130 00
BALANCE DUE		8	Containers	77162	14 = 20
MENTOL DOL	70-		Handling Fee Recording &	77185	45 0
Pre-Need Lot At Need 3 On	Acct 🗆		Misc. Fees Pre-Need	77183	
Pre-need Trust Cash Che	CD.	0 0 1	Trust Sales Tax	9022 60101	14.73
NC-212 (Rev. 5-84) # 6	69 ISSUED BY #4	tro from ottolu	TOTAL PAID	78390	64 13

paid - catherine Lawrencer Soenfie: - Olifond mod / fin crystal

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

CLIFFORD	500.1919-0.0500-0500 ID 5717-0037-005	LAST (FAMILY) AMBERT, III	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE 02/05/1973 06/21/2002 MAL
SAN DIEGO		COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE AN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CRYSTAL LAMBERT-WIFE -6
CALIFORNIA	DRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING CREMATION & BURIAL CHAPEL JON BLVD., SAN DIEGO, CA 92115		8616 HURLBUT ST. SAN DIEGO, CA 92123 BA/SIGNATURE OF, APPLIGANT—PERSON DEPORT, BB. DATE SIGN
ACKNOWLEDGMENT OF APP	PLICANT Pereby acknowledge as applicant that the proposed disposition state Section 10376 of the Health and Safety Code, and was authorized pursu	ted herein is one of the dispositions authorized by uset to Section 7100 of the Health and Salety Code.	Janit (sen) 106/26/20
THORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	06/26/20 7.00 J.BENYA	IT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUENG PERM 02 RD > 2210604
Y CHANGE IN DISPOSITION REQUIRES A NEW FINAL	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAMPORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN: CALIFORNIA
		COLUMN TO COMPANY OF THE CONTRACT OF THE CONTR	Control of the second control of the second
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INTERMENT ORDER

City of San Diego

Date 6-25-2002

Total Due Church Chape Graveside Church Chape Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 100c Grave 3 Row Section 2 Division/Blook Additional spaces and care fund 7950 Depening/Closing & Selup 77 7000 Burial Container 77 7000 Handling Fees 77 POR PERETAR 78 Percording and filling fee 79 Paid receip) number 8 Paid receip) number 8 Balance due 9 Total Due 79 Paid receip) number 8 Balance due 9 Thereby certify I am the X make disposition of remains as above indicated. I certify and recrease any liability on account of said authorization and I agree to hold Mt. Hope Cemetery parmites from any liability on account of said authorization and largee to hold Mt. Hope Cemetery parmites from the reby authorize the interment in lot I hord under deed. Signature of recorded booker of deed 17 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	You are hereby authorized ar	TO SEP		and regulations	to inter the rema	ins
Church Chapel Graveside Church Chapel Graveside Ill Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Will be applied and billed to undersigned. Lot IOC Grave 3 Row Section 2 Division/Black Grave space & Care Fund 795.0 Additional spaces and care fund 795.0 Dening/Closing & Setup 795.0 Denin	Libe	0		FAT -	O LANCE	to
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. out 100c Grave 3 Row Section 2 Division/Pleak Birave space & Care Fund 795.00 Additional spaces and care fund 795.00 Depening/Closing & Setup 795.00 Depening/	Type of Buriel Contain	Fu	neral, date, time	PAG	Shore	
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ot 106 Grave 3 Row Section 2 Division/Black irrave space & Care Fund 795.0 diditional spaces and care fund 375.0 diditional spaces a	Il Funeral cars must arrive t	efore 3:30 p.m. of	regular work da	y or an extra ch	arge of \$	-8
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pening/Closing & Setup	ot 106 Grave C	Row	Section	O Divis	ion/Shork	21010
pening/Closing & Setup urial Container andling Fees MT: HCPE CEMETAR lower vases – Marker setting fee CITY. OF SAN DIEGC ecording and filing fee ales taxes Paid receip number Paid receip number Balance due of the above named deceder not this is your authority to make disposition of remains as above indicated. I certify and recrease that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and interment. Description Address Chy Total Dua Balance due Of the above named deceder not this is your authority to make disposition of remains as above indicated. I certify and recrease that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and interment. Description Address Total Dua Total Dua Balance due Of the above named deceder not the interment in Iot I of the above named deceder and this is your authorize the interment in Iot I of the above named deceder and the source of said authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the light to make thi	rave space & Care Fund				17950	<u>20</u>
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hereby authorize the interment in lot I Signature of recorded holder of deed Invoice #	ny liability on account of sai	d authorization and	na i agree to noi d interment.	a MI. Hope Ca	netery narmiess in	- Com
granure of recorded houser of deed San Diago 9211 Toleration 9 262-2937 Invoice W		7	1 MI	Muck	Desel	_
Chy 262-2337 Tought on W		ent in lot i	Signature 746	7 11	V. #11	1 2
- Invoice W			Address	DANNIA	AVE IL	10
	gnature of recorded holder of deed		City Dan	NIDGO	70/	
			Telephone 9	262-8	337	
			\$100000000			
/ork Order # = 1111 Acct. #	F 174	77	1017/00/9000/W			-
REA-104 (7-96) This information is available in alternative formats upon reque	Work Order # E 173					

& Frinted on recycled paper



GRAVE BLIND CHECK FORM

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

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1 2 choral 3 X	Hateman 5 could 6
	STURE OF W

	pace for:]				
Interment D	ate: 6-2	8-02	_ Time:@	1200	10,00
Lot: 106	Grave:	3_ Row:_	Sect:_	<u>2</u> Di	v:_1/
Grave Laid	out by: N	F ROB	ert		
Agrees with	Legal Card	Yes	□ No	t sag	0.0
Agrees with	Мар: 🛭 Ү	es 5	No	er,	June
Blind Check	k & Verified	ву: ДЛ	turen	Date:_	6-21

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	110.1100004 (0.04.0)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	Irma Jean Joseph				0372271946 MO05/23/2002 P
5/	San Diego		58. COUNTY OF DEATH		6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael Joseph, Son
74		oress of California—Funeral Director or Person agadale Mortuary, 5050 Feder		F. LICENSE NUMBER APPLICABLE	4745 Solola Avenue 102 San Diego, CA 92113
	San Diego.	트립플링 시설 경영 (1.4.) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	FD-1	329	BA. SIGNATURE OF APPLICANT-Person taking pernet, BB. DATE SIGNED
_	ACKNOWLEDGMENT OF A	I bushes extraordisten on configurat that the proposed days	eeftion stated herein is one of the rized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Meball 106/29/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. ROTE: THIS FERMIT SHES NO MEDIT OF DESPOSAL OUTSIDE OF CALFORNIA.	\$7.00	W. Jacks	issued 90. Signativine of Local registrar issuing permit 2210751
1	IT CHANGE IN DISPOSI- ION REQUIRES A NEW FRAIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VICTATI OCCUPED TACAUFOR NO. Box 852 Diego, CA 92186-5222			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	-		FOR CORONER'S USE ONLY
The state of the s	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE [F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DE OF CALIFORNIA	(Name and Address)
	BURIAL	Mt. Hope Cemetery, 3751 Mar		4-28-0	1/ - /
BLE MEMS	CREMATION	San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	The state of the s
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138, DATE RECE	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHEPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O'S FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

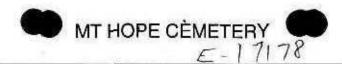
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-25-2002

or 395 Julett Smith		June 28/2 13
Type of Burial Container	CONTROL OF THE PROPERTY OF THE PARTY OF THE	D M I
Church, Chape) Graveside	:S	D. Memoralmortuary.
All Funeral cars must arrive before 3:30 p.m.	, of regular work day or an e	xtre charge of \$
will be applied and billed to undersigned		
161_46 Grave	Section _ 2	Division/Block_12
Grave space & Care Fund	X1D	<u>895.u</u>
Additional spaces and care fund	AIL	
Opening/Closing & Setup	~ = 3005	375.0
Burial Container	M.S.D. 100-	19.0.0
Opening/Closing & Setup Burial Container Handling Fees MT. Flower vases – Marker setting fee	OPE CEMETAR	148.0
Flower vases - Marker setting feeCFY.C	OF SAN U	
Recording and filing fee		49.00
Sales taxes		<u>1475</u>
	De A Hotal Due	16664.7
Paid	receipt number R - 55	138 1664.7
data-r		Balance due
I hereby certify I am the		the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indic n and I agree to hold Mt. Ho	ated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	Cay	Zip Code
	Telephone	
	F. June 2011-1279	We are the second



GRAVE BLIND CHECK FORM

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

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			Nay	2	3	8avis
			$7_{\rm X}$	8	9	San par
3		-			-	
Interment Interment Lot: 40	Date: 💪	128/0	٧	Time:	153	Div: 12
		LIGD. san	I man	_		
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Agrees wi Blind Che	in wap.	U res	7	NO) Da	-

E-17178

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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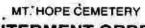
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USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAM	ιη	2. DATE OF BIR		4. SEX
JULETT		-	SMITH		10/16/192		F
SA. CITY OF DEATH				DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FL	JLL MAILING ADDRESS AND ZI	P CODE
LA MESA			ENTER STAT	SAN DIEGO	LULA M WESLE	Y-SISTER 39	
	DORESS OF CALIFORNI		R PERSON ACTING AS SUCH 7		236 TARANGO SPRING VALLE	TOTAL SALES OF THE	
		The state of the s	82104	W 1575		NT—Person taking permit, 8B. DAT	E SIGNED
ACKNOWLEDGMENT OF AP	nuceus I hereby a		proposed disposition stated heren is on		· 10 90	Carrier W. Marie	/2002
	36000 TO	3/6 of the Health and Salety Code. JED IN ACCORDANCE WIT	and was authorized pursuant to Section 7. TH PROVI- 9A. AMOUNT OF	THE RESIDENCE OF THE PERSON OF	Marine Company of the	OF LOCAL REGISTRAR ISSUIN	SHEEKS HEAD
PERMIT	SIONS OF THE CALIF	ORNIA HEALTH AND SAFE	TY CODE	06/24/2		A COOKE NEGIOTION TOOGH	O I CAMA
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT.	O RIGHT OF DISPOSAL OUTSIDE OF		DOGA W	AWA ! Þ		
	DD. ADDRESS OF RE IF DEATH OCCURRE P.O. BOX	GISTRAR OF DISTRICT	OF DEATH— B		OF DISTRICT OF DISPOSITION OF UR IN ANOTHER DISTRICT IN C		_
O. AUTHORIZED DISPO			1	2/0	I FOR	CORONER'S USE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REMA	AINS OTHER	F. DISINTERIMEN	No. of the Contract of the Con	(Name a	TION PENDING—REMAINS LO and Address)	ICATED AT
BURIAL	MT HORE	CEMETERY		118, DATE BURIE	1/	PERSON IN CHARGE OF BL	
CREMATION		DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	1 11/1/1/1/	PERSON IN CHARGE OF CAR	EMATION
SCIENTIFIC USE	ISA. NAME AND AC	ODRESS OF CALIFORNIA	A FACILITY RECEIVING REMA	INS 138. DATE RECE	IVED 19C. SIGNATURE OF	PERSON IN CHARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AI	STATE OR COUNTRY WHERE RE TO BE SHIPPED	148, DATE SHIPP		SIGNATURE OF PERSON IN ITH THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION S CA <u>DISTRICT</u> OF DISPOSITION		15C. SIGNATURE OF DE		NATED RE-

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









City of San Diego

	40	-	C	^	-	
Date	-	~	J	-0	-	

A TO WOOD	Date 6-23-02
You are hereby authorized and instructed, subject to	268
of ISAIAH FINLRY	* * ATHLEEN HARMO
in a Double Depth Funera	al, date, time
Church, Chapel, Graveside	; Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regu	ular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 18 Grave 11 Row	Section Division/Bleck ?
Grave space & Care Fund	895.00
Additional spaces and care fund	750.00
Burial Container	380.00
Handling Fees	3 30 00
Flower vases - Marker setting fee	······································
Recording and filing fee	45 90.50 29.45
W 0 3 2003 y	Total Que 3764, 4
MT. HOPE CEMETA Precipt MT. HOPE CEMETA Precipt MT. HOPE CEMETA Precipt OF SAN DIEGO. I hereby certify I and the operation of rem and this is your authority to make disposition of rem	Balance due 1064.4
I hereby certify I arbitile and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and inte	agree to his Mt. Hope Centetery her/niess from
I hereby authorize the interment in lot I hold under deed.	Signature do 28th St.
Signature of recorded holder of deed Finley er Ur. Isalah Finley Conscioling by making	Hon Dilgo, ba. 92113 City (Ug) 229-7253
Conserved 714 9797215 Va	illow Larence
J F 17170	Acct.#

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

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

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. 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

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

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

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

1.14			~ 0 m	Date:_	() ×	· v -	, 20	
From: Usacah Tu Two H while In part Paymen	nt of 8	Address	KE I	- Fru		Pollars (\$.	500.0	0
Lot 18	Grave	11	Row	Seci	tion		Division Block	13
Invoice No.	-	NOTVALID FOR PUR	RPOSESTATED LINLES	SSTAMPED	CREDIT 20% Sales Care	67007 77184 —		
Acct. No. = \7179					60% Sales of Lots Opening/ Closing	100 77184 — 100 77181 —		
BALANCE DUE 514	00				Burial Containers	77182 — 100 77185 —		
E STATE OF THE STA					Handling Fee Recording & Misc. Fees Pre-Need	100 77183 — 63033	500	00
Pre-Need Lot At Need Pre-need Trust Cash	On Acct Check	1	111 11		Trust Sales Tax	9022 — 60101 78390 —		
AC 212 (Du. E.O.)		ISSUED BY	Shums	<u>~</u>	TOTAL PAID	\$	500	00



MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Date 6-27-2002

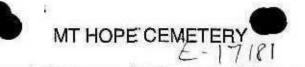
n a	Uner Type of Burtal Container	Fund	eral, date, time	
	pel, Graveside			Mortuary
All Funeral ca	ars must arrive befo	ore 3:30 p.m. of re	egular work day or an ext	re charge of \$
vill be applie	d and billed to unde	arsigned.	- Gn 3g	
		*		
ot 1o.	Grave	Row	Spection	Division/Blook
3rave space	& Care Fund	,		895.00
	aces and care fund		1 1 /	
es college page 0	sing & Setup		\ \ / /	375.00
	iner		\ X /	190.0
		1	1	14.5.0
	96			
lower vases	- Marker setting f	se/./	Λ	11/50
Recording ar	nd filing fee		City in the control of the control o	45.00
Sales taxes.				14.1=
	1	1	Total Due	1,664.7
	1	Paid rece	ipt number	- (85)
		\bigcirc	Be	lance due
hereby certi	ify I am the		of th	e above named deceden
ind this is yo	our authority to mai	e disposition of a	remains as above indicated Lagree to hold Mt. Hope	ed. I certify and represent Cemetery harmless from
my liability o	on account of said a	uthorization and	interment.	
grandt	norize the interment		BERRY SR.	
old under d	eed.	an act t	Signatura	
and the same of th	Sandan management and the		Address	
	led holder of deed		City	Zip Code
quature of record			Talephone	
gracure or record			404-805-209 F	
Quality of record			In later W	
* 12-200 FF 7700	E 171	30	Invoice #	

O Printed on recycled paper

54 V	
λ -	MT. HOPE CEMETERY
14.98 B. ST	INTERMENT ORDER
248 AR . 100	City of San Diego
At ha	Di
7.	

	/	0 0	10
Date	6	11-	01

To Crighta	b. De Leon 300
Type of Burial Container	Funeral, date, time + K) Chey VIII O'
Church Chapel Graveside	: HUMPNY-eQ5 Mortuary.
NI Funeral cars must arrive before 3.00 p.	m. of regular work day or an extra charge of \$ 150.00
vill be applied and billed to undersigned.	ADD 7 more
ot 62 Grave 4 Row_	Section Division/Block/
Grave space & Care Fund	A D
Additional spaces and care fund	\$55.00 TOOLUGE 200 WELL TO THE SECOND
Opening/Closing & Setup	JUL 0 3 2002
Surial Container	MT. HOPE CEMETARY (85.00)
landling Fees	CITY OF SAN DIEGO CA
lower vases – Marker setting fee	Grat DiEGO, CA
Recording and filing fee	<u>45.00</u>
Sales taxes	
R	- 551177. Total Due
n Po	id receipt number Down OK 443,00
hereby certify I am the HUShut and this is your authority to make disposit	Paid Balance due 1326.38 Paid N Full 1326.38 of the above named decedent indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
ERNESTO DE LEON 3	89 (=. 1) 2 (
hereby authorize the interment in lot I old under deed.	565 FHORIDA ST.
ignature of recorded holder of deed	IMPERIAL BEACH
	Totaphone 619-429-9820
Nork Order # E 17181	Invoice #
= 4 /4 () 4	



GRAVE BLIND CHECK FORM

		4 x		61	
			 		
iterment spac	e for: Myr	rna J.	Delec phrays Time: 1	00.	
or:Ga	Grave: 4	_ Row:	Sect:		0iv: <u>12</u>
	egal Card:			Y	Tag on
	fap: 🛘 Yes		No	Date:	1600
lind Check &	& Verified By:	DAKKE	syl.	Date:	7-300

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ISE REACY INCOME V. MAKE NO EDASTIDES WHITEOUTS OF OTHER ALTERATIONS

IA. NAME OF DECEDI		18. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SA. CITY OF DEATH		1 **	58 COUNTY OF DEATH				07/01/2002 MAILING ADDRESS AND 2	P CODE
SAN DIEGO			FLEET 07.00	N DIEGO	OF IN	ESTO DeLEON		•
A. TYPED NAME AND A	DORESS OF CALIFORN	NA-FUNERAL DIRECTOR OR PERSON			100000000000000000000000000000000000000	FLORIDA ST	Carried Williams	2011
HUMPHREY CI	Children of the Control of the Contr	MORTUARY ISTA, CA 91910		F APPLICABLE		ATHRE OF APPLICANT	268291932 Person taking permit, 88. DA	E SIGNED
ACKNOWLEDGMENT OF A	DOLLARANT 1 hereby	achievilodge as applicant that the proposed dis 0376 of the Health and Safety Code, and was auth	position stated herein is one of the	dispositions authorized by	> /	1741	AND THE RESERVE OF THE PARTY OF	3/2002
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISS	UED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED	SA. AMOUNT OF FEE P			9C, SIGNATURE OF LO 2211095	OCAL REGISTRAR ISSUIT	IG PERMIT
LOCAL REGISTRAR		NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	7.00	ARACELY FLO	RES	>		- 8
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION,	P.O. BOX	EGISTRAR OF DISTRICT OF DEAT 85222 CA 92186-5222				RICT OF DISPOSITION— OTHER DISTRICT IN CAUPO		_
10. AUTHORIZED DISP		The state of the s				FOR COR	RONER'S USE ONL	Y
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REN	[[AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA		Olsposition (Name and A	PENDING—REMAINS L Address)	OCATED AT
BURIAL	- CONTROL OF THE PROPERTY OF T	DDRESS OF CALIFORNIA CEMETE CEMETERY 3751 Ma CA 92102	F-10-1	7-5-02	1	SIGNATURE OF PER	ASON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMA	CORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECE	IVED 130	C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	arest point on shoreline, or o entify final place and ca <u>distr</u>		15B. DATE OF DISPOSITIO		C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

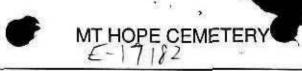
Date 6-28-02

The state of the s	1St BUTAL MA- TILL I
in a D to the Contained	Fulfieral, dale, time //On : SULY / // //
Church Chapel Graveside	CH BURIHE Mortuary.
All Funeral cars must arrive before 3:3	80 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	ed
Van r	1 6
Lot 10 Grave 3 Ro	ow Section 2 Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00 380.00
Burial Container	380.00
Handling Fees	3,20.00
Handling Fees	Z 8 700r
Recording and filing fee	PE CEMETARY SAN DIEGO, CA 29.445
Sales taxes CITY OF	SAN DIEGO, CA
	Total Due 20400
	Paid receipt number R-35146 3044. 45
	Balance due
I hereby certify I am the X Grand	Daugnter of the above named decedent
and this is your authority to make dist	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this author	
that I have the right to make this author any liability on account of said authorize	zation and interment.
that I have the right to make this author any liability on account of said author. LNDA CHILDY	ration and interment.
that I have the right to make this authorized any liability on account of said authorized	ration and interment.
that I have the right to make this author any liability on account of said authors. LNDA Childy I hereby authorize the interment in lot hold under deed.	res & finds childrens 360
that I have the right to make this authoral liability on account of said authoral LNDA CHILD. I hereby authorize the interment in lot	Signature Aque Daffer Dr. Accepted Dago azioz En Diego azioz En Diego azioz
that I have the right to make this author any liability on account of said authors. LNDA Childy I hereby authorize the interment in lot hold under deed.	res & finds childrens 360
that I have the right to make this author any liability on account of said authors. LNDA Childy I hereby authorize the interment in lot hold under deed.	Signature Aque Daffer Dr. Accepted Dago azioz En Diego azioz En Diego azioz

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

•	College). Borne	*			
Augusto,	3 50x	(4	5 X	é		
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Lot: 9 7	aid out by	y: NF				on no

E-1718Z

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

41

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B, MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH SHARE	OF DEATH 4. SEX
WILLIE		VEE	TOWNSEND			25/2002
SA. CITY OF DEATH)	9)-	58. COUNTY OF DEAT ENTER STATE SAN DIECO	386434663880043888695	NAME, RELATIONSHIP, FULL MAILING AT OF INFORMANT JEAN C. WILLIAMS-DA	MCHTED
CALIFORNI	LA CREMATIO	M & BURIAL CHA , SAN DIEGO, C	PEL. 7B. CA	LIF: LICENSE NUMBER F APPLICABLE	4013 TEXAS ST. #7 SAN DIEGO, CA 92104 A. SIGNATURE OF APPLICANT—Person being	(\$)
ACKNOWLEDGMENT OF A			used disposition stated herein is one of the was authorized pursuant to Section 7100 of the		LE ON TOD LANGUES	06/28/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I CORNIA HEALTH AND SAFETY IY FOR THE DISPOSITION SPE ID NIGHT OF DISPOSAL DIFFUSE OF CAL	\$7.00	White the second second	SSUED 9C. SIGNATURE OF LOCAL REG IO2 ARD 2210800	istrar issung permit
THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF D IN CAUFORNA BDS-P.O. BOX 8 CA 92186-5222	5222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA	9 Y
IO. AUTHORIZED DISP	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I			30-34 - 0 -	FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	SIDE OF GALIFORNIA	(Name and Address)	
BURIAL	MT. HOPE	DORESS OF CALIFORNIA CO CEMETERY 3751 O, CALIFORNIA	MARKET ST.	7/1/02	/ / // // // // // // // // // // // //	luis C
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIPPEI	D 14C ADDRESS AND SIGNATURE C OF PLACING WITH THE CARP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	JREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- 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.

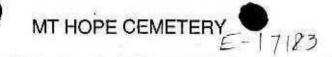
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-02

You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
of Jacquelyn Taylor 324	
in a Liner Funeral, date, time July 2 nd	2:00
Church, Chapel, Graveside Delwerchla RAYVIEW	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of	UN Ed OX
will be applied and billed to undersigned.	
LAY 48 Grave 10 Now Section 1 Division/Ble	m. 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
Handling Fees Flower vases - Marker setting fee	
Recording and hind the	45.00
Sales laxes MT. HOPE CEMEN. Cr CITY OF SAN DIEGO. Cr	14.73
CITY OF 5.1	1(do4.7.
Paid receipt number R - 55147	V064.7
Balance due	0
and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hepe Cemetery any liability on account of said authorization and interment. Lenneth Fallar I hereby authorize the interment in lot I	amed decedent and represent harmless from
hold under deed.	
Signature of recorded holder of deed City Telephone Telephone	Zp Code
Work Order # E 17183 Invoice #	



GRAVE BLIND CHECK FORM

1	2	3	4	5	le
7.	8	9	X OI	W	12
١	2	3,	77		

nterment space for: Jacquelyn Taylor
nterment Date: 70a Time:
ot: 48 Grave: 10 Row: Sect: 1 Div: 12
Grave Laid out by: NF ROBERT
Agrees with Legal Card: Tyes O No Flog on
Agrees with Map: Yes No
Blind Check & Verified By: Kenneth Collinate: 7/2/

E- 17/83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60

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

1A. NAME OF DECEDE JACQUET		18. MIDDLE	IC. LAST (FAMILY) TAYLOR			2. DATE OF BIRTH	3. DATE OF DEA	
SA. CITY OF DEATH	388		5B. COUNTY OF DEATH ENTER STATE	H-OUTSIDE CALIF. DIEGO	6. NAME,	RELATIONSHIP, FULL I	MAILING ADDRESS A	ND ZIP CODE
		A—FUNERAL DIRECTOR OR PER FUNERAL HOME,		IF. LICENSE NUMBER F APPLICABLE	TRATO	R, 5201 A IEGO, GA 92	RUFFIN RD	
BROADWA	AY, EL CAJO		and the second s	1709		TURE OF APPLICANT		DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	175 of the Health and Safety Code, and we	ed disposition stated herein is one of the a authorized sursuant to Section 7100 of th	e Health and Safety Code.	1/4	~ (1.1.		/28/2002
PERMIT AUTHORIZATION OF	BIONS OF THE CALIF	IED IN ACCORDANICE WITH PR ORMA HEALTH AND SAFETY C Y FOR THE DISPOSITION SPECI	PIED	94728/200		C SIGNATURE OF LO	ocal registrar is	SUING PERMIT
LOCAL REGISTRAR	ROTE: THIS PERMIT GIVES HE	D NIGHT OF DEPOSAL DUTSEE OF CALFO	Marie Contract Contra	TC MITCH	2000000			
ANY CHANGE IN DISPOSI	IF DEATH OCCURRE	222, SAN DIEGO,	1 18 1	DRESS OF REGISTRAR DISPOSITION IS TO GCCL				
10. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS	Y.			FOR COL	RONER'S USE C	MLY
B. CREMATION		NNS OTHER	E. TEMPORARY ENVA	XNEA		I. DISPOSITION (Name and i	i PENDING REMAIN Address)	is LOCA
BURIAL		ORESS OF CALIFORNA CEA EMETERY, 3751 M CA 92102		7-2-02	1	SIGNATURE OF PER	SON IN CHARGE O	OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMAT	TED 12C	SIGNATURE OF PER	SON W CHARGE OF	FCREMATION
SCIENTIFIC USE	18A NAME AND AD	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138. DATE RECEI	VED 190.	SIGNATURE OF PE	RSON IN CHARGE C	OF FACILITY,
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B, DATE SHIPPE	ED 14C.	ADDRESS AND SIGN OF PLACING WITH		N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION OTHER			15B. DATE OF DISPOSITION	15C.	SIGNATURE OF PER CHARGE OF DISPO	SITION OF	ENSE NUMBER CREMATED RE- INS DISPOSER F 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 6-28-02

1,000		7 0	1 14/ 1-1
in a Type of Burial Container	_ Funeral, date, time	July 3	nd weats i
Church, Chapel, Graveside	<u>K</u> e	associ	e_Mortuary.
All Funeral cars must arrive before 3.00 p.n	n. of regular work day or a	n extra charge	01\$ 150.00
will be applied and billed to undersigned.			
Lot 128 Grave 3 Row_	Section/	Division/8	nock _//_
Grave space & Care Fund			895.00
Additional spaces and care fund			
Opening/Closing & Setup			375.00
Burial Container	0110		190.00
Handling Fees			145.00
Flower vases - Marker setting fee	M 2 8 2002		**
Recording and filing fee	*************************		45,00
Salas tavas MT. I	IOPE CEMETARY		14.73
CITY	OF SAN DIEGO, CA	ue	1664.73
Pai	d receipt number R-55	3149	1664.73
#87.		Balance du	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above in on and I agree to hold Mt.	of the above dicated. I certi Hope Cemete	named decedent fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Suprinie Cot	Debil	Tem 39
Signature of recorded holder of deed	Telephone	0-158	9194/ 3- Zip Code



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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		_				
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Agrees v	with Legal	Card:	J Yes C	J No. X	199	fore
Agrees v	with Map:	☐ Yes		No	U.	
Blind Ch	eck & Ve	rified By:			Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE Eugene	1C. LAST (FAMILY) DeBethan		2. DATE OF BIRT	
5/	Le Mesa		3	58. COUNTY OF DEATH	H-OUTSIDE CAUF., Diego	OF INFORMANT	DeBetham. Wife
7	TYPED NAME AND AL	DRESS OF CALIFORNA	FUNERAL DESCRIPTION OF F	ERSON ACTING AS SUCH 78. CAL	PER LITTLE CONTRACTOR OF THE PERSON OF THE P	3766 Citrus La Mesa, CA	DeBetham, Wife Street 92941
8	an Diego,	CA 92102		FD-1	329		NT—Bifrom taking permit 88 DATE SIGNED
	ACKNOWLEDGMENT OF A			posed disposition stated herem is one of the lives authorized pursuant to Section 7100 of the	he Health and Safety Code.	ALLEDGE TH	V/sr 107/02/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE DIGHT OF DISPOSAL DISTRICT OF CA	S7.00	07/03/20 W. Jacks	02	F LOCAL REGISTRAR ISSUING PERMIT
7	Y CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	GISTRAR OF DISTRICT OF TAS, P.O. BOX CA 92186-522	85222		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN C	
10	. AUTHORIZED DISP	OSTRON(S) CHECK A		-		FOR C	CORONER'S USE ONLY
TO SERVICE STREET, STR	B, CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE 11A. NAME AND AD	PRESS OF CALIFORNIA C	F. TEMPORARY ENVA	ORNIA	(Namé a	PERSON IN CHARGE OF BURIANCE
200	BURIAL	San Diego,			7-3-02	SUM	1- limes
BLE ITEMS	CREMATION	12A, NAME AND AD	ORESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF	PERSONAL CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	ORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE DF	PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		oress in receiving sta Cremated remains are	TE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPP		SIGNATURE OF PERSON IN CHARGE TH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN BI A CEMETERY			OR OTHER DESCRIPTION SUF- A DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS	

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

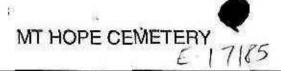
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-02

ERNEST A	d instructed, subject to your rules and regul .RBAYO 237824	11:30
na BBL Bapt N	(B) Funeral, date, time FR (C	try July 5th
Church, Chapel Graveside	.Featine	ning ill Mortuary F
All Funeral cars must arrive be	efore 3:30 p.m. of regular work day or an ex	tra charge of \$
will be applied and billed to un	dersigned.	
ot <u>4703</u> Grave	Row Section	Division/Bleck
Grave space & Care Fund	E-3949	_&_
Additional spaces and care fur	nd	
Opening/Closing & Setup		375,00
Burial Container	bepth Chypr (12 bulin	4) <u>3</u> 80.0
landling Fees	byth Clypt (12 belin	320.
Flower vases – Marker setting	fee	1 170
Recording and filing fee	JUL N 1 2002	45
Sales taxes	MT HOPE CEMETARY	29.73
a met bling	CITY OF SAN DIEGO Par Due	1,149.45
ATT CO	Paid receipt number 55/59	1,145,49
Cli - ,	, _	alance due
hereby certify I am the W	of I	he above named decedent
	is authorization and I agree to hold Mr. Hop	
any namany on account or call	227820 -222	100000
hereby authorize the interme	Signature	ARBAY O
Many White	Esuse Bornes 15	The same street to be a second and
lignature of recorded holder of deed		ACH, CA 93075
Brock	(858) 75C	1296
(VAPPLEME) (APP	○ ■ Invoice #	
Nork Order # E 171	.85 Acct. #	- 3



GRAVE BLIND CHECK FORM

		4703		
			j _e	T _i
		Time:	Contract Contract	Lave Sids
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frave Laid out grees with Leg	gal Card: 🗖		Flag) dole

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX
Ernest		Elfego	Arbayo			/2002 H
SA. CITY OF DEATH			50. COUNTY OF DEAT	-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING ADD	DRESS AND ZIP CODE
San Diego			ENTER STATE SA	n Diego	of MFORMAN Michael Arbay	yo, Brother
Featherin	gill Mortu		1 7	F LICENSE NUMBER APPLICABLE 1083	PO Box 1542 Solana Bo CA 92075 8A SKINATURE GEAPPLICANT—Prism tolone po	
ACRIMONALEDGMENT OF A			sed disposition stated herem is one of the as authorized pursuant to Section 7100 of th		· K Fil	07/02/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PI FORMA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPEC D NIGHT OF DISPOSAL DIFFISION OF CAUSE	AFIED 2 00	98. DATE PERMI 07/02/20 K. Zare	TISSUED 9C. SIGNATURE OF LOCAL REGIS 2210930 EZER	STRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D IN CAUFORNIA 22, San Diego,	1 #1		R OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA	
B. CREMATION	DOES ENTOMBMENT) OF CREMATED REMEMENTERY	•	E. TEMPORARY ENVA	PRNIA	FOR CORONER'S I. DISPOSITION PENDING- (Name and Address)	AND THE RESERVE OF THE PARTY OF
BURIAL	Mt. Hope (DORESS OF CALIFORNIA CE Cemetery, 3751 , CA 92102	METERY Market St.,	7-5-02	1 // -	HARGE OF BURNA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA GREMATORY			128. DATE CREMA	TED 12C. SIGNATURE OF PERSON BY CH	ARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138, DATE RECE	IVED 13C, SIGNATURE OF PERSON IN CI	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRIE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

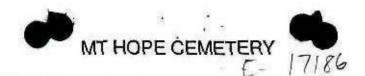
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-02

	334			*
You are her		cted, subject to your rules a		to inter the remains
of	CHRISTIN	A STANSE	BERRY	
in a	LINER Type of Burlet Compliner	Funeral, date, time	weds,	July 3 16
Church Cha	apel, Graveside		RAGSDA	ALE Mortuary.
All Funeral o	cars must arrive before 3:3	30 p.m. of regular work day	or an extra char	ge of \$
will be appli	ed and billed to undersign	ed.		
138	7 Grave 12 R	ow Section	/ Division	VBlock_/2_
				895.00
Additional s	paces and care fund			
Opening/Clo	osing & Setup			375.00
Burial Conta	ainer	DAID		190,00
Handling Fe	es	PAID		145.00
Flower vase	es - Marker setting fee	JUN 2 8 2002		
Recording a	and filing fee	MT. HOPE CEMETAL		45.00
Sales taxes		MT. HOPE CEMETAL CITY OF SAN DIEGO	RY	14.73
	- AND THE PROPERTY OF THE PROPERTY OF	CITY OF SAN DIEGO	tal Due	16604.7
		Paid receipt number	55150	16647
		Paid receipt fiditioerts	2000	
and this is y that I have t any liability	ntify I am the K CRA your authority to make dis the right to make this author on account of said author CARL STANS		ve indicated. I co d Mt. Hope Ceme	re named decedent ertify and represent etery harmless from 33
I hereby aut hold under o	thorize the interment in lot deed.	Signanue / Signanue	49% 5	X . T
Signature of recor	rded holder of deed	Cay (619)	1264-3	A. 92107 755
	Was a Section of the section	Invoice #		
Work Order	" E 17186	Acct. #		
REA-104 (7-96	i) This	information is available in	alternative form	nats upon request.



GRAVE BLIND CHECK FORM

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d brog	14000000000	tf	12-X	Jacks 1	-	
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			ristina			Wads
	The state of the s					oiv: 12
Grave L	aid out by:					
Agrees v	with Legal	Card: 🗖	Yes 1	□ No	F19	9 on grave
Agrees v	with Map:	☐ Yes		No		grave
Blind Ch	eck & Ve	rified By: _			Date:	

E- 17/86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Christina	hristina Nicole Stansberry			12726/1983	0672672002 F
A. CITY OF DEATH Albuquerqu	•	SB. COUNTY OF DEATH	Marten	NAME, RELATIONSHP, FULL NOF INFORMANT Barl Stansberry	AMLING ADDRESS AND ZIP CODE
And the second s	ORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PER	THE RESERVE OF THE PROPERTY OF	IF. LICENSE NUMBER	3349 Beast Flam	
Anderson-Ra	gsdale Mortuary, 5050 Fed	eral Blvd	APPLICABLE		
San Diego,	CA 92102		1329	A. SIGNATURE OF APPLICANT	BOOM STORE PERMIT BE. DATE SIGNET
ACKNOWLEDGMENT OF A	PLICANT I perely acknowledge as applicant that the propose Section 19375 of the Health and Safety Code, and was	ed disposition stated herein is one of the is authorized pursuant to Section 7100 of th	dispositions authorized by Health and Selety Code.	MUSTEL 16	07/01/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT. NOTE: THIS PERMIT DIVES NO RIGHT OF DEPOSUL DISTRICT OF CALLED	FIED \$7.00	98. DATE PERMIT'S	22108	OCAL REGISTRAR ISSUING PERMI 53
and the same of th	BO. ADDRESS OF REGISTRAR OF DISTRICT OF D IF DEATH OCCURRED IN CAUPOINIA	DEATH DE AD	ISPOSITION IS TO OCCUR	F DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAUPO P.O. Box 85222	, San Diego
D. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS		32100=3222	FOR COR	ONER'S USE ONLY
D. SCIENTIFIC US			Artists on the second	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL
679563707-3	San Diego, CA 92102		7-3-02	sein F	kammi
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	EMATORY	128. DATE CREMATES	12C. SIGNATURE OF PER	SOUTH CHARGE OF CREMENT
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	D' 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
TRANSIT	TRANSIT			14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, O FICIENT YO IDENTIFY FINAL PLACE AND CA. C		15B. DATE OF DISPOSITION	15C. SKINATURE OF PER CHARGE OF DISPO	

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-02

ALBERT SEA	+ PORT THES. July 9th 9:00
n a 1.0. VOCC 1	Funeral, date, time
Church) Chapel, Graveside	: XA65DALE Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned.	
V. 1.	A 1477
ot 6 Grave 10 Row	Section Division/Bleck
	\$95.00
Grave space & Care Fund	10 to 10 00
additional spaces and care fund \$11.000	extende 600,00
Ppening/Closing & Setup	373.00
Burial Container	11 03 70 230.00
landling Fees	185.00
landling Feeslower vases - Marker setting fee	MT. HOPE CEN DIEGO, CA
Recording and filing lee	
	10.20
	72/9 30
Barbant totech Paid	Total Due
Paid	receipt number 14-55113 4367-30
Messer	Balance due
hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authorization	
	Waster M. Jacker
hereby authorize the interment in lot I old under deed.	310 Somere Tonestal Blue
	Address SC TENERAL INCH
ignature of recorded holder of deed	City OFFILE UIEGO CH 92/2
	419 263-3141
	- Copyright
E 47407	Invoice #
Cork Order # E 17187	Acct. #

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

-1718

GRAVE BLIND CHECK FORM

	+	10 X		40	
				4	
Interment D	ate: 7 -	HUBERT SE 6-02 TI 10 Row:	me:	00	5#T.
		Yes [J No		
Agrees with Blind Check		Part of the same of	5510	Date:	7.5-02
		Wa	ren		c+



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

ALBERT R. SEAPORT 4404 KANSAS STREET SAN DIEGO CA 92116 In Reply Refer To: 377/211A

C 27 358 588 SEAPORT, A R

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

GAT MILL

Date of Birth: November 21, 1951

Sincerely yours,

G. A. Morris

Veterans Service Center Manager

F- 17187

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50

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

	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST OF	CONTRACTOR OF THE PROPERTY OF		ATE OF DEATH 4: SEX	
Albert Richard			Seaport		11/21/1951 06/29/2002 M			
5A. CITY OF DEATH			5B. COUNTY C	OF DEATH—OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING OS. INFORMANT.			
2	San Diego				San Diego	Joann Seaport, Wi	-A 19 1	
			A—FUNERAL DIRECTOR OR PER LUARY, 5050 Fed		7B. CALIF LICENSE NUMBER —IF APPLICABLE	4404 Kansas Stree San Diego, CA 921		
-	San Diego,	CA 92102			FD-1329	BA. SIGNATURE OF APPLICANT-Purson tale	ng permit 88. DATE SIGNED	
	ACKNOWLEDGMENT OF AP		cknowledge as applicant that the propose 375 of the Health and Safety Code, and wa			*/lehale links	07/05/2002	
	PERMIT UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY O Y FOR THE DISPOSITION SPECI D BORT OF DISPOSAL GRITSDE OF CALFO	FIED \$7.00	F FEE PAID 88. DATE PERM 07/08/20 W. Jacks	/ ////	EGISTRAR ISSUING PERMIT	
1	IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	Vatal Reco	rds, P.O. Box 8	2010		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNIA		
10	. AUTHORIZED DISPO		CA 92186-5222 PPLICABLE ITEMS	1	M.	FOR CORONER	'S USE ONLY	
Annual Section Section Section 1	B. CREMATION		ains other	F. DISINTERN	RY ENVAULTMENT MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA	(Name and Address	NG REMAINS LOCATED AT	
-	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Harket			et 7 9 -3	0	CHARGE OF BURIAL	
	: H#80355000	San Diego, CA 92102			7-9-62	Morman Fe	rghear	
COMPLETE ALL APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN	CHÁRGE OF CREMATION	
	SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			MAINS 13B, DATE RECE	IVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			RE 14B. DATE SHIP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		riest point on shoreline, c entify final place and ca <u>i</u>			15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER — SE APPLICABLE	

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





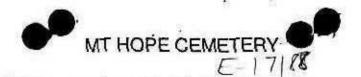


MT. HOPE CEMETERY INTERMENT ORDER

City & San Diego

Date 7-2-02

330	Date
[1] [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	subject to your rules and regulations, to inter the remains
or_ ELOYCE GRAY	All States and the state of the
in B LINER	Funeral, date, time FRI, JULY 5 th 1.00
Church Chapel, Graveside	: KAGSDAUE Mortuary.
All Funeral cars must arrive before 3:50 p.r	n, of regular work day or an extra charge of \$ <u>「らい い</u> る
will be applied and billed to undersigned.	
V	No. 100
Lot Grave Row _	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	90.00
Handling Seas	14500
Handling Fees JUL	J 5 2002
Flower vases – Marker setting fee	E CEMETARY LISTOD
Recording and filling fee	AN DIEGO CA
	14.73
zkarer	Total Due 1004.20
On INDUE of Pai	d receipt number R - 55172 1664.5
Go bring C	Balance due
I harring and I make A RACE	DALE MORT of the above named decedent
and this is your authority to make dispositi	on of remains as above indicated. I certify and represent
any liability on account of said authorization	
Desmon d	ackson 1 Confirm In Charles
I hereby authorize the interment in lot I hold under deed.	Signature
- SW 31-70-4-40 C 3-24	Loorese
Signature of recorded holder of deed	<
	City Zip Code
	Telephone
Same of Carrier Selection	Invoice #
Work Order # E 17188	Acct. #



GRAVE BLIND CHECK FORM

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Jul.	d	9	ID X		Wilk	er!
			YCE			
						Div: 12
Grave L	aid out by	NF	ROBER	$\widehat{\mathfrak{J}}$		
Agrees v	with Legal	Card:	Yes	□ No	I/aa	gave
				No	7 1	1 draw
Blind Cl	neck & V	erified By:	DAKKE	YC_	- Date	2030

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

BY

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

38	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	IC. LAST (FAMILY)			S. DATE OF DEATH
Eloyce Strickland		Strickland	Graham			06/30/2002 F	
SA. CITY OF DEATH			58. COUNTY OF DEATH-OUTSIDE CALIF., 6.		ILING ADDRESS AND ZIP CODE		
Spring Valley			San Dieg		OF MEGRMANT H. Sco		
74	Anderson-F	tagedale Mo	A—FUNERAL DIRECTOR OR PER TRUETY, 5050 Fe	detal bivd	F APPLICABLE	7432 Conestogs / San Diego CA	92120
_	San Diego,		V 200 - 00-0000	FD-1	7	A. SIGNATURE OF APPLICANT—PY	the taking permit 6B. DATE SIGNED
_	ACHNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, and wa	ed disposition stated herein is one of the is authorized pursuant to Section 7100 of th	e Health and Safety Code.	Nemil Act	An 107/05/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PR CORNIA HEALTH AND SAFETY O ITY FOR THE DISPOSITION SPECI ID NIGHT OF DISPOSAL OUTSIDE OF CALIFF	FIED \$7.00	98. DATE PERMIMS 07/05/2002 W. Jackson	110	40
AP		Vital Reco	rds, P.O. Box 8	1 15		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFOR!	AIA
76	. AUTHORIZED DISP	San Diego.	CA 92186-5222			FOR CORO	NER'S USE ONLY
	B. CREMATION		ains other	E. TEMPORARY ENVA	DRNIA.	I. DISPOSITION P (Name and Add	ENDING—REMAINS LOCATE drass)
	BURIAL	Mt. Hope Cemetery, 3751 Market Street			118. DATE BURIED	1	ON IN CHARGE OF BURIAL
60		San Diego, CA 92102			Will Kan		
BLE ITEMS	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMATE	D 12C. SIGNATURE OF PERSO	ON-HI CHARGE OF CREMATION
COMPLETE ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B, DATE RECEIVE	13C, SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSICHARGE OF DISPOSIT	

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

plemed City of San Diego

Date 7-2-02

your rules and regulations, to inter the remains
date, time
, Mortuary.
ar work day or an extra charge of \$
*1
Section 2 Division/Block 12
PAID 875.00
NOV 1 9 000
NOV 1 8 2005
S
MOUNT HOPE CEMETERY
211/2
59410
/ Total Dug
umber R-55165 22400
Balance due 671,00
of the above named decedent
ins as above indicated. I certify and represent gree to hold Mt. Hope Cemetery harmless from
ment.
Soulette U. (santord-K
91991 (A) A SHARET
LOND ONLY
619)527-2226 Zip Code
voice #

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

For Paulette, Richard, Angela or Paula Gildon		E-17189	
CRAWFORD, PAULETTE Y. (aka) GILDON	DEBIT	CREDIT B	BALANCE
7-2-2002 Opened Pre-need			895.00
LOT 169 GRAVE 8 Section 2 Division 12			
25% Down Payment R-55165		224.00	671.00
8-1-02 R-55261 4 (Returned)		a8.00	643.00
9-18-02 R-55426 \$48.00/ #1 Payment again + charge	3		643.00
WOI/02 PAID BY VISA # 2 TO		28.00	615.00
11/20/03 Price by 1,50 of 3 No compon	100	28,00	56720
1/3 03 Paid Dy Visa #4. No coupon	of Carper	28100	55500
akvo3 Japon Nisa+5		28,00	531,00
616103 No Chapon #6		28.00	50300
1/3/103 Do cuipon paid by uso 7.		38 00	47500
10-all of componed by Uka 8+9		5400	41900
No coupon		B800	39100
6-4-by " by Uso-Am		2800	3,300
7-16-04 11 11 by Usa ATM		56.0	36700
8-12 04 11 . " his usa Atm	1 P P D D	28,00	279
10-9-04 " Visa Byttm	4	2008	251.00
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E-17189 CRAWFORD, PAULETTE (AKA) GI	LOON 9		

E-17189 CRANTORD - PAULETTE Y GILDON 9173 CATAINO LAGO VISTA Balance Forwarded Visa Card payment "Nocarpin" R- 59416

CITY OF SO-HT HOPE CENETERY #64 3751 WARKET STREET SAM DIEGO CA 92182-4527 519-527-5478 438132215665644

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DITY OF SO-MT HOPE CEMETERY #64 3751 HARKET STREET SAN DJE60 CA 92182-4527 619-527-5474 4301322156665644

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I AGREE TO PAY ABOVE TOTAL AHOUNT ACCORDING TO CARD ISSUER AGREEMENT (HERBANNI AGREEMENT IF PREDIT VOUCHER)

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aritetti. Y OF SO-HT HOPE CENETERY #64 3751 MARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4301322156665644 84/25/85 88:49:19 KEYED INMITTEE # AUTH 698742 AUS: AD AUS REDSTED REF# 65982881 HAIL/PHONE INTOI 68.88 THIRTE TO THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT CHERCHANT AGREEMENT IF CREDIT PLEASE COME AGAIN TOP COPY-HERCHANT DOTTHEY CORP CUSTOMER 137. 18608 bal due

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CITY OF SD-HT HOPE CEMETERY 864 3751 HARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4381322156665644

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TOP COPY-MERCHANT BOTTON COPY-CUSTOMER

WHITE	TO CUSTOMER
CANARY	
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CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

. 7	perep
N Llaw	diameter is
1	

From: <u>Paule He Crawford - Gildon</u> Jewenty - Jew and 00	Da Address: <u>On reco</u>		(\$ <u>22 —</u>)
1	payment on pre-ne	- War	Division /2
Acct. No	PAIL NOV 1 8 2005	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlar 100 Containers 77182	
Pre-Need Lot X At Need I On Acct I Pre-need Trust I Cash I Check I X AC-212 (Rev. 10-02) GO Co Y	MOUNT HOPE DEFINE IS	Recording 8 100 Misc. Fees 77183 Pre-Need 63033 Trusk 77186 Sales Tax 60101 78390 TOTAL PAID \$	22

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

P-1-07

From: Paulette Cran Tuenty Eright		0 m	Record	ollars (\$	28.00	
In Payment of	Pu-neck	Row Se	oction_2		Division Block	12
Acct. No	— PAID IN THIS SPECE. AUG (2002 CEMETARY	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	ચે∦	00
Pre-Need Lot—R At Need On Acct. Pre-need Trust Cash Check AC-212 (Rev. 594)		15 Mi	Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	28	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-02

or Myrna Jean	KigShy uneral, date, time FI	21. July	12. 1/2
Type of Burial Container	Q N		a Mortuary.
Church Chapel, Graveside	دىد: ـــــــ	10011	92-309 O
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or a	extra charge o	15
will be applied and billed to undersigned.			
Lot _ 86 Greve _ 1 Row	Section 2	Division/Ble	ek_ []
Grave space & Care Fund			89500
Additional spaces and care fund	~ · · ·		375.00
Burial Container	O 3 2002		1000
Handling Fees			145.00
Handling Fees	PE CEMETARY		
Recording and filing fee	SAN DIEGO, CA		=45.00
Sales taxes	Ţ	·····	14.78
	Total D	ue \	661.73
Pairl ra	celpt number R-55	170	6647
7	copt number p		1
V 5/9 OIV.	N .	Balance due	
I hereby certify I am the Y and this is your authority. 6 make disposition of	of remains as above inc	of the above na dicated. I certify	and represent
that I have the right to make this authorization any liability on account of said authorization an	and I agree to hold Mt. I ad interment.	Hope Cemetery	harmless from
OSCAR JULIEN	1120	1.5.	277
I hereby authorize the interment in lot I hold under deed.	OKS HOUSE	1.00 11	11/1/ 8/
Tions arraot assau.	25/00-4	15/1800 K	NINOL
Signature of recorded holder of deed	15001	9, 99	1/4
	16 19. 2.4	4.44	93
Work Order # E 17190	Invoice #		

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

1E-17190

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

45

JSE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS ON OTHER ALTERATIONS

MYRNA	NT-FIRST (GIVEN)	IB. MIDDLE JEAN	RIGSBY		2. DATE OF BIRTH	3. DATE OF DEATH 07702/2002	4. SEX
SAN DIEGO	-				NAME, RELATIONSHIP, FULL DECEMBER HINES-DA		P CODE
SAN DIEGO	MEMORIAL C	AND THE RESIDENCE OF THE PARTY	l _d , w	HE APPLICABLE	4025 PARKHAVEI SAN DIEGO CA S	92113	154
ACKNOWLEDGMENT OF AP	necessry 1 beneby s	SAN DIEGO CA 9 schenietge as applicant that the prop 1376 of the Health and Safety Code, and	2104 used dispertien stated herem is see of was authorized sursuant to Section 7100 o	the dispositions sufficiently by	Trosa Han	Person taking permit; 8B. DATI Property permit; 8B. DATI	
UTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH F FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC TO MINIT OF INSPOSIL OUTSIDE OF CALL	PROVI- CODE CIFIED 9A. AMOUNT OF FEE	PAID 98. DATE PERMIT IS	90. SIGNATURE OF L	LOCAL REGISTRAR ISSUIN	G PERMI
The state of the s	P.O. 80X	EGISTRAR OF DISTRICT OF B5222 O CA 92186-522		ADDRESS OF REGISTRAR OF IF DISPOSITION IS TO OCCUR I			
B. CREMATION C. DISPOSITION	DES ENTOMBMENT) OF CREMATED REM		E. TEMPORARY EN		10-9000-10-90	DRONER'S USE ONLY IN PENDING—REMAINS LO Address)	
D SCIENTIFIC US	11A. NAME AND A	DDRESS OF CALIFORNIA CO	_	ITSIDE OF CALIFORNIA	1 11C. SIGNATURE OF PE	ERSON IN CHARGE OF BL	URIAL
BURIAL		e cemetery Arket St San Di	EGO CA 92102	7-12-02	Kun	Flower	4
	12A. NAME AND A	DDRESS OF CALIFORNIA CI	REMATORY	128, DATE CREMATED	12C. SIGNATURE OF PE	RSON OF CHARGE OF CRE	EMATION
CREMATION				ì	i >		
CREMATION SCIENTIFIC USE	13A. NAME AND A	ddress of California F	ACILITY RECEIVING REMAINS	13B. DATE RECEIVED	1 19C. SIGNATURE OF PE	ERSON IN CHARGE OF FA	ACILITY
SCIENTIFIC	14A. NAME AND A	DDRESS OF CALIFORNIA FA	TE OR COUNTRY WHERE	138. DATE RECEIVED	1	SNATURE OF PERSON IN	

VS 9 (REV.

Ala Day Hust

REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	-		-37	5200	0	- 52
Sant Street Street	-	-	2	0	0.0)
Date	1000		12	- ()	0	-

of assert Ju	Clear Season	
na D.D. Cruptu	Funeral, date, time	
Church, Chapel, Graveside	4	Mortuary.
All Funeral cars must arrive before 3:30 p.m	m. of regular work day or an extra charge of \$ _	
will be applied and billed to undersigned		
Lot <u>96</u> Grave 10 Row_	Section Q Division/Black	11
Grave space & Care Fund		15.00
Additional spaces and care fund	PAID 5	
Opening/Closing & Setup	PAID 5	75.00
Burial Container		80.00
	JUL 0 3 2002 3	20.00
Flower vases Marker setting fee	MT. HOPE CEMETARY	1- 1-
Recording and filing fee	TTY OF SAN DIEGO, CA	4500
Sales laxes		21.45
Pak	Total Due \mathcal{U} iid receipt number $R-55/01$	244.45 244.4
	Balance due	2
I hereby certify I am the Seff	of the above named	decedent
that I have the right to make this authorization	ion of remains as above indicated. I certify and tion and I agree to hold Mt. Hope Cemetery harn on and interment.	represent niess from
any liability on account of said authorization OSCOR Julien	Ballila.	2
	Constant Tooklyn Address	5+ 9)"
OSCOP Julien hereby authorize the interment in lot I	Bellien 6565 1Brooklyn	5+ 921/4 12 ^{24 Code}

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This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-3-03_

You are hereby authorized and instructed, subject t	
of Helen N. Sche	1be 1 366
Toron of Broom! Constraints	al, date, time MON July 8th
Church, Chapet Graveside WITNESS	Teathering II Monuary
All Funeral cars must arrive before 3:30 p.m. of reg	ular work day or an extra charge of \$
will be applied and billed to undersigned	<u>*</u>
Lot 3 Q Grave 3 Row —	Section L Division/Block 7
Grave space & Care Fund	797 _ &_
Additional spaces and care fund	<u>" — - 0</u> 0
Opening/Closing & Setup	1D 315.00
Duliai Containei	
Handling Fees JUL 0	3.7002 14500
riower vases - Marker setting ree	
Recording and filing fee	DEMETARY 45.00
Sales taxes	14.15
Paid receip	tnumber R-55168 769.73
	\sim
douclite	Balance due
and this is your authority to make disposition of re	of the above named decedent
that I have the right to make this authorization and I	agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and in	ament -/ a A/
I hereby authorize the interment in lot 1265	would thinger
hold under deed.	58 70 LAKE WELLEY BIM
Washing the company of the second	Addiss IN ON CO SOURCE
Signature of recorded holder of deed	City Bagger
(019)4	Telephone
	Invoice #
Work Order # E 17192	Acct. #
REA-104 (7-96) This information i	s available in alternative formats upon request.

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GRAVE BLIND CHECK FORM

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

v ====================================		8			
		3 _X		2000	
		20			
nterment space					
.ot: <u>13</u> 2-G	rave:_3_	Row:	Sect:	Allow Co. Political St.	iv:
Grave Laid out	by: NF	Ro Ben	<u> </u>		
Agrees with Le	gal Card: [Yes	J No		
igioco mai ce			365		
Agrees with Ma	p: 🗆 Yes		No		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

20

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B, MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX
Belen	Norsh	Scheibe	(MONTH, DAY, YEAR MONTH, 04/27/1917 07/0	2/2002 F
SA, CITY OF DEATH		58. COUNTY OF DEAT	HOUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING AD	ORESS AND ZIP CODE
San Diego		ENTER STATE	n Diego	OF NEORMANT CARISTING A.	Linton,
	IDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON	N ACTING AS SUCH 7B. CAL		Baughter, 5870 Lake M La Mesa, CA 91942	mrray Blvd.,
	ill Mortuary		NAMES TO BE A STATE OF THE STAT		
	jon Blvd., San Diego, CA 92		1083	8A. SIGNATURE OF APPLICANT—Person taking a	
ACKNOWLEDGMENT OF AF	Section 10376 of the Health and Safety Code, and was auth	terized pursuant to Section 7100 of th	e Health and Salety Code.	To the	07/03/2002
PERMIT AUTHORIZATION OF	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. DIES NO MIGHT OF REPOSIA. OUTSIDE OF CALIFORNIA. MOTE: THE FEMAL CRES NO MIGHT OF REPOSIA. OUTSIDE OF CALIFORNIA.		07/03/2 K. Zere		STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT F DEATH OCCURED IN CALIFORNIA PO Box 85222, Sam Diego, CA 32186-5222	TH- 9E. AD	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	(Name and Address)	REMAINS LOCATED A
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETE Mt. Hope Cemetery, 3751 Man San Biego, CA 92102		7-8-02	1/ -	HARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON OF CH	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DISTI		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dale 7-5-02

ofWilliam	ted, subject to your rules and regulations, to inter the remains 6 Fant 863
ina liner	Funeral, date, lime MON July 8th [
Church, Chapel, Graveside	: ROBOIDE MORTUBRY.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigns	202
/	
	w Section 2_ Division/Black 13
Grave space & Care Fund	8 15.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	190.00
Handling Fees	JUL 0 5 2002 [ÀS:00
Flower vases - Marker setting fee	HOPE CEMETARY
	Y OF SAN DIEGO, CA 4500
Sales taxes	
	Total Due
	Paid receipt number 2 - 5.5181 [.664.7
	Balance due
I hereby certify I am the	Can
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz I hereby authorize the interment in lot I	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from the particular and interment.
and this is your authority to make disp that I have the right to make this author	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from the particular and interment.
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz I hereby authorize the interment in lot I hold under deed.	of the above named decedent position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from the testion and interment. September 13 LA PRESA AVE Address PRESA VALIEY, CA 91977

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

39



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

77	NAME OF DECEDE	NT-FIRST (GIVEN) 18.	MIDDLE	IC. LAST (FA	a.v)			TE OF DEATH 4 SE	×
5/	CITY OF DEATH	- 10 - 10 m		58 MOUNTY-O	DEATH SUTSIDE CALIF.	6. NAME! RELATE	ONE P. FULL MAILING A	DORESS AND ZIP CODE	3
7,0		Ragadale Mort	MERAL DIRECTOR OF PE BATY, 5050	RSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBE —IF APPLICABLE FD-1329	, 1	7940 Univers La Mesa, CA	91941	
_	San Diego,					-111111	F APPLICANT Person taking	permit, 88. DATE SIGN	ED
1	ACKNOWLEDGMENT OF A	Section 19376 of th	he Health and Solety Code, and a	ms authorized pursuant to Section	ne of the dispositions authorized to 7100 of the Health and Safety Code.	MUDAL	JUKAA	07/08/200	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN SIGNS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THE PERMIT WAS NO REST	HEALTH AND SAFETY THE DISPOSITION SPEC	SIFIED \$7.00	07/08/2 W. Jack	002	2211162	GISTRAR ISSUING PERM	HT
ា	IT CHANGE IN DISPOSH ION REQUIRES A NEW FRAIT TO SHOW FINAL	OD. ADDRESS OF REGISTI VITAL RECORDS	P.O. Box		9E. ADDRESS OF REGISTI IF DISPOSITION IS TO C				
70		San Diego, CA		- disposal	- + + +)++ + + +	FOR CORONER	S LISE ONLY	
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	Œ		4. 1000000000000000000000000000000000000	CALIFORNIA O OUTSIDE OF CALIFORN		DISPOSITION PENDING (Name and Address)		1000
100	BURIAL	Mt. Hope Cem		Market Street	7-8-6	1	TUBE OF PERSON IN	CHARGE OF BURIA	
BLE ITEMS	CREMATION	12A. NAME AND ADDRES	SS OF CALIFORNIA CR	REMATORY	12B DATE CRE	MATED 12C. SIGNA	TURE OF PERSON IN	HARGE OF CREMATIO	N
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRES	SS OF CALIFORNIA EA	CELITY RECEIVED REM	AINS SB. DATE RE	CEIVED 19C. SIGNA	ATURE OF PERSON IN	CHARGE OF FACILITY	1000
COMPLETE A	TRANSIT	14A. NAME AND ADDRES REMAINS OR CREM	SS IN RECEIVING STATI IATED REMAINS ARE		E 148, DATE SH		ESS AND SIGNATURE LACING WITH THE CAR		Æ
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST FICIENT TO IDENTIFY		OR OTHER DESCRIPTION DISTRICT OF DISPOSITION		TION 15C, SIGNA	ature of Person in age of Disposition	150. LICENSE NUMBEI OF CREMATED RI MAINS DISPOSER —IF APPLICABLE	E.

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



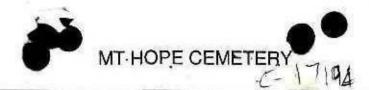
REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

	City of San Diego		
shes RIGHT	SVI VE OUR ALKERS AND I	Date 7 -	5-2002
Missi			service and the latest
You are hereby authorized and instruc	C 11	es and regulations, to	
of Makine	Cantiel	WE WE	Ds Augla
ina ASH VAULT	Funeral, date, ti	me VIIIV-10	"ives "
Church, Chaper, Graveside	tness :	F 5	Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra charge	of S
will/be applied and billed to undersigne			6 8
while applied and billed to drider signe			
1/30/9		Division/E	. 10
Not O(0) Grave Ro	w Section	Division/E	Bleck / U
Grave space & Care Fund			
Additional spaces and care 🙌 🗘.	םו	**************************	
Opening/Closing & Selup	• =		105.00
Burial Container			
The state of the s			- x - 1
Handling Fees	EMETARY		60.00
Flower vases - Mark@ppki@pbsAN	DIEGO, C.		" - L - KD
Recording and filing fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		45.00
Sales taxes		**************	26
		Total Due	2926
herry large and	Paid receipt number		369.20
herry lange 109-302-2871	Paid receipt number	V 12/1	9010
109-30-		Balance du	e
hereby certify I am the		of the above	named decedent
and this is your authority to make disp that I have the right to make this author			
any liability on account of said authoriz	ation and interment.	3,000,000,000,000,000,000,000,000,000	(*CA1000C) 1507-001921 & CON
Thomas a financial for the second section of the section of the second section of the section of the second section of the secti	X		
I hereby authorize the interment in lot I hold under deed,	Signatura		
	Address		-
Signature of recorded holder of dead	- X	-	Zip Code
	V		
	Tologhone		
- 100 St 100	Invoice #		
Work Order # E 17194	Acct. #		

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This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

	×	, 411				
	1	Harw oll		Bryakt	Willowse	
	1 3 de p	828E 1638E	3869	3470	3871	3812. Davis
Interment	space fo	r: <u>' M</u> a	xine	Can-	field	
Interment	Date:	7-16-	02	Time:	2:30	
Lot: 38	69 Grave	e:	Row:	Sect:		iv: 10
Grave Lai	d out by:	NFK	(EN)			
Agrees wi				□ No.	AC.	3 or
Agrees w			Λ	No	ap	era
Blind Che	ck & Vei	rified By:	PARRE	41	Dates	7-15-03

C- 17194

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	MT_FRST (QUEN	18. MIDDLE	IC. LAST (FAMILY)	THILLOUIG ON OI	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Maxine	in This (aren)	Joan	Canfield		MONTH DAY, YEAR 08/19/1918	MONTH DAY, YEAR 06/04/2002	F
Anahein		71. 30/7/37/19	58. COUNTY OF DEAT ENTER STATE Orange	THE SERVICE STREET, SAN AND STREET, SAN	B. NAME, RELATIONSHIP, FULL M OF INFORMANT LATTY CANFIELD		P CODE
	DORESS OF CALIFORN	lflower	RSON ACTING AS SUCH 78. CA	TANK TO SEE THE PARTY OF THE PA	Larry Canfield 256 Braadway St. Costa Mesa CA, S	Contract and an area.	
9903 E. I	Plower St.	Bellflower CA	,90706 FD	750	BA. SIGNATURE OF APPLICANT-	erson taking parmit, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	Section 10	1376 of the Health and Safety Code, and wa	sed disposition stated herem is one of the as authorized pursuant to Section 7100 of t	the Health and Safety Dade.	SOUTH THE	7/13	102
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 10. AUTHORIZED DISPI A. BURIAL (INCLU-	SIONS OF THE CALIF AND IS THE AUTHORS IN THIS PERMIT. HOTE THE PERMIT GRES I BO. ADDRESS OF R F DEATH OCCURRE F DEATH OCCURRE CATTER AND SENTE AND SENTE AND CONTION(S) CHECK A	CONNA HEALTH AND SHEPT OF YEAR THE DISPOSITION SPECT OF MISSING OF DISTRICT OF I ED IN CAUFORNIA TY. Health Dept. CA 92702—0234 PPLICABLE ITEMS	PO Box 234 Mousing San	DIESO OF REGISTRAR DISPOSITION IS TO OCCUPANT HOPE CEME DIESO, CA 9	PAGE TRUCT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUSE LETY 3751 Market 2102 FOR COR	ONER'S USE ONL'S	the
D. SCIENTIFIC US	SE 11A. NAME AND A Mount H	DDRESS OF GALIFORNIA CEI lope Cemetery 37 ago, CA 92102-		SIDE OF CALIFORNIA	11C SIGNATURE OF PER	SON IN CHARGE OF BI	URIA
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMATI			EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		vrest point on shoreline, c entify final place and ca !		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	ITION I OF CREM	AATED RE-

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

MT. HOPE CEMETERY

0'	÷	TE	R	WENT	
VIS	١	NIL	-11	The second secon	

City of San Diego

Date_ 7-8-02

or CHANDRA	MIZELL 9.50 8/X
Type of Burial Container	Funeral, date, time 1,30 10
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 264 Grave 9 Row	Section 3 Division/Block 17
Grave space & Care Fund	
	INTERMENT FEE 1000-0
Opening/Closing & Setup	
Burial Container PAID	
Handling Fees	
Flower vases - Marker setting fee	
Recording and WTO HOPE CEMETAL	R)
Recording and MT6 HOPE CEMETAL Sales taxes CITY OF SAN DIEGC	aid receipt number R-55186 1000 0
Sales taxes. CITY OF SAN DIEGO.	aid receipt number R - 55 86 000 - 0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization.	aid receipt number R - 55 86 000 - 0
I hereby certify I am the and this is your authority to make dispositinat I have the right to make this authorization of said authorization of the s	aid receipt number R - 55 86 000 - 0



THE CITY OF SAN DIEGO 17/95

AUTHORITY TO DISINTER. REMOVE OR REINTER

7-8-03 MONTH YEAR

from Lot 364	Grave 0	Section a	Row	Block	*
		move the same to and i			
Grave	Section	Row	Block	Division	
Cemetery	Bradfor	d - Sunter	S. Ca	roleira	
of the remain related to the hold Mount H	s and have the decedent as lope Cemetery , disinterment	rtify and represent the right to make this au ndicated below. The harmless from any lie, removal, and reinter	athorization, undersigne ability on ac ment.	and that the d further agre count of said	y are ee to d
of the remain related to the hold Mount H	s and have the decedent as lope Cemetery , disinterment	right to make this au ndicated below. The harmless from any li	athorization, undersigne ability on ac ment.	and that the d further agre count of said	y are ee to d
of the remain related to the hold Mount H	s and have the decedent as lope Cemetery , disinterment	night to make this au ndicated below. The harmless from any li removal, and reinter	undersigne ability on acoment.	and that the d further agre count of said	y are ee to d
of the remain related to the hold Mount Hauthorization	s and have the decedent as lope Cemetery , disinterment	right to make this audicated below. The harmless from any line, removal, and reinternative feet. Relation to decease	undersigne ability on acoment.	and that the d further agree count of said	y are ee to d



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

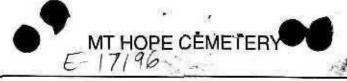
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 7-8-02

ina DOUBLE DEPTH	Funeral, dale, time THUR 7-11 1:00
Church, Chapel, Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before 3:30 p.m. will be applied and billed to undersigned.	n. of regular work day or an extra charge of \$
Lot 10 3 Grave 11 Row_	Section 2 Division/Bleck 17
Grave space & Care Fund	845.00
Additional spaces and care fund	<u> 380.00</u>
Handling Fees 11 0.8.2002	320.00
Flower vases - Marker setting fee MT. HOPE CEMERARY ON Recording FTY TOP SAN DIEGO	
Sales taxes Paid	Total Due 2464.45 1 receipt number R-55187 2464.45
X Hada	Balance due
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
and this is your authority to make dispositio that I have the right to make this authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment. X Willia J. Day



GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	GILBERT	10	163 X 11	MANS OF		
GARC. A	STANK		. A	9001 je		
	space for:				e)	
Lot: 103	t Date: <u>↑</u> † Grave:	_//_	Row:	Sect:		iv:_\ ²
	id out by:			d	Oy o	Come
35 A. Store	vith Map: [10.000			
Blind Che	eck & Verif	ied By:_	A M	MS	_ Date:_	

E-17196

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	IC. LAST (FA	UILY)			DE OF DEATH	4. SEX
Chula Vi	sta	2.	58. COUNTY O	F DEATH—OUTSIDE CALIF., ATESan Diego	B. NAME, RELATION OF INFORMANT	SHP, FULL MAKING A	DORESS AND Z	P CODE
		A-FUNERAL DIRECTOR OF PERSON PERSON FEDERAL PROPERTY IN THE PERSON FEDERAL PROPERTY IN THE PE	ENGLISHED OF THE PARTY OF	78. CALIF. LICENSE NUMBER —IF APPLICABLE		anview Bly		
San Diego,	CA 92102			FD-1329	SA SIGNATURE OF	APPLICARIS Person tales	peinit 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknewledge as applicant that the proposed disp 376 of the Health and Salety Code, and was autho	rized perseent to Section	7100 of the Health and Safety Code	Melest	July	20	0/200
PERMIT AUTHORIZATION OF	AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF	98. DATE PERM 07/10/20	002	2211379		G PERMIT
LOCAL REGISTRAR LINY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE	o mont of devests outside of california. Egistriar of district of death of in california DECE 92186 BOX 852	- 1	9E. ADDRESS OF REGISTRAF	OF DISTRICT OF D	ISPOSITION—	20	
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'	S USE ONLY	
B. CRIMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	11A. NAME AND A	Control of the Contro	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO	CALIFORNIA O OUTSIDE OF CALIFORNIA 118. DATE BURNE		DISPOSITION PENDING (Name and Address)		
		CA 92102	et blice	7-11-0	Z Sus	1 F	leany	1
CREMATION	The second secon	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 12C. SIGNAT	URE OF PERSON IN C	CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AL	odress of California Facility	RECEIVING REM	AINS 138 DATE RECE	IVED 13C SIGNAT	URE OF PERSON IN	CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		E 14B DATE SHIPF		SS AND SIGNATURE ICING WITH THE CAR		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA <u>DISTR</u>				ure of Person in e of Disposition		MATED RE- DISPOSER

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



REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dale 7-8-02

ASH VALLEY		
Type of Buriel Container	Funeral, date, time	March 1990
Church, Chapel, Graveside	i	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned		
_ot_133		Hook 12
Grave space & Care Fund E - 8	5.32	<u> </u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container	um 9 9 2002	_5500
Handling Fees	JUL 5.3 5005	60.00
Flower vases – Marker setting feeM7	L HOPE CEMETARY	
Recording and filing fee CIT	Y OF SAN DIEGO, CA	45.00
Sales taxes		4,2
	Tgtal Due	2692
Paid	receipt number R-552 33	269
	Balance du	<i>&</i> _
hereby certify I am the Sel	of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mt. Hope Cemete	ify and represent ry harmless from
hereby authorize the interment in lot	L See Con)
hold under deed.	Signature	, ,
	Address	
Signature of recorded holder of dead	City	Zip Code
	Telephone	<u>%</u>
and the second second	Invoice #	36.55
Work Order # E 17197	Acct. #	

A Proximi on recyclal paper

This information is available in alternative formats upon request.

Pre-reld

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-8-02

ina ASH VAULT	1	eral, date, time				
Type of Burel Comminer Church, Chapel, Graveside		1			M	ortuary
All Funeral cars must arrive before	3:30 p.m. of r	regular work day	of an	extra charge (15	
will be applied and billed to undersig	gned			- 3		-
Lot 133 Grave 1	Row	Section	3_	_ Division /Bl	50k	12
Grave space & Care Fund						
Additional spaces and care fund					200200	
Opening/Closing & Setup			,		105	00
Burial Container						50
Handling Fees				••••••	600	. 00
Flower vases - Marker setting fee						
Recording and filling fee			*****		4	5.0
Sales taxes						4,
3 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		To	tal Dur	S	26	22
	Paid reci	eipt number				
	1,000,000		400	Balance due		
I hereby certify I am the	SOIF				3 . 8	ceden
and this is your authority to make d that I have the right to make this aut any liability on account of said author I hereby authorize the interment in I	thorization and orization and	intermed	TJ	ope Cemelery	harmle	ss fron
hold under deed.		Eddard .		Roe Ave		TO A CO
Signature of recorded holder of cleed	-	SAND 619-28 Telephone	1-1	-CA 93 4665	115	Zip Cod
		Invoice #				
Work Order # E 17197	Ŋ.	Acct. #				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-07

You are hereby authorized and instruction X 10 - LIN 6	eted, subject to your rules and regulation	ns, to inter the remains $a:30$
ina LINER	Funeral, date, time FRI Au	a. 201 10:00
Church Chape Graveside	· Pan's Fr	dency Montuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra	charge of \$
will be applied and billed to undersign	ed	
Lot Grave \0 Ro	w \\ Section \ Div	CHINES
Grave space & Care Fund	0 1 5 24	
Additional spaces and care fund	es divisioness	mmanie
Opening/Closing & Setup	DAID	375.00
		190.00
Handling Fees	JUL 2 9 2002	145.00
	APT ALI V	
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes	E .	14-73
01010	Total Due	769, 73
1089	Paid receipt number	769.73
Sales taxes	Of the state of th	nce due
I hereby certify I am the	10000	bove named decedent
and this is your authority to make disp	osition of remains as above indicated.	I certify and represent
I hereby authorize the interment in lot hold under deed.	X X-Segrephine	
	Address	
Significate of recorded holder of deed	CHY	Zip Code
	Talephone	
Work Order # E 17198	Invoice #	
Work Order # <u> </u>	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.

	-			- h- 14-	
Man 8 Hai	Hryged A Hryged	10 _X	11	17	
nterment space fo	or:Xí	u- L	IN G	, yu	
nterment Date.F	re: 10	Row: · [Time:	10:60 ct:l+	Chmes
Grave Laid out by Agrees with Legal			J №	7 0 v	Jarma
Agrees with Map: Blind Check & Ve	☐ Yes	水	No :	X4	Ochran

E-17198

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH LING XIU LIANG 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT ENTER STATE FOO PAINTER-DAUGHTER IN EL CAJON SAN DIFGO 1059 GLEN HILL ROAD 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER -- IF APPLICABLE EL CAJON. CA. 92020 PARIS FREDERICK MORTUARY 374 N. MAGNOLIA AVE. EL CAJON, CA. 92020 FD 795 BA. SIGNATURE OF APPLICANT-Person taking person 188. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT ection 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 07/30/2002 2212410 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT \$7.00 LOCAL REGISTRAR MITTE: THIS PERMIT GIVES INIT DECENT OF COMPOSAL OUTSIDE OF CALEDINAA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 DIEGO. C 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE/OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED MT. HOPE CEMETERY BURIAL 3751 MARKET ST. SAN DIEGO, CA. 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-02

na LINER	05 KY Funeral, date, time Mon. 7 - 15 10
	1855 PINKHAM MiTchelmonua
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned.	1
ot 149 Grave 5 Row	Section Division/Block
Grave space & Care Fund	ne-nud D-9300 -0
Opening/Closing & Setup	375.0
Burlal Container	140.0
landling Fees	145.6
lower vases - Marker setting rea	alv via 23.7
Recording and Rg A I D	<u>45. 0</u>
Sales laxes	14.7 Total Due
JUL 1 1 2002	Total Due
MT. HOPE CEMETARY P	Paid receipt number MC 793.
CITY OF SANVIEGO	Balance due
hereby certify I am the SON	of the above named decede
and this is your authority to make dispos	sition of remains as above indicated. I certify and represe zation and I agree to hold Mt. Hope Cemetery harmless fro
my liability on account of said authorizat	ation and interment.
JOHN B. RKI	KOSKX 14 Placey
haraby authorize the informant in lot I	Shoture Amara And
	Y 354 HUNGA DIVE
hereby authorize the interment in lot I old under deed.	- X TONOR ATAN BEACH 919
old under deed.	- X IMPERIAL BEACH 919
old under deed.	X SS9 DVARXAGE X SMPK NIA BEACH 919 X STOPPENTAL BEACH 919 X STOPPENTAL BEACH 919
	City ZmC

O Printed on recycled paper

5 58h - 65h

E-17199

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			OF BEHON MIN ONE!	-MAKE NO ERASURES,	WHITEOUTS ON O	THEN ALTE	HATIONS	
1,4	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		MO	NTH, DAY, YEAR MONT	THE OF DEATH 4. SEX
5/	CITY OF DEATH	IL BRACH		58. COUNTY OF DEA ENTER STATE SAN DIRGO	TH-OUTSIDE CALIF.,	6. NAME, REL OF INFORM	ATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
74	. TYPED NAME AND AD	DRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR F	PERSON ACTING AS SUCH 78. C.	ALIF. LICENSE NUMBER HF APPLICABLE	354 DO	MAX AVE	1022 1
		-HITCHELL	THE RESERVE OF THE PARTY OF THE		-1170			M permit, SB. DATE SIGNED
	ACHONOMEDICATED OF AP	PLICANT hareby Section 1	0376 of the Health and Selety Code, and	posed dispusition stated heren is one of t was authorized pursuant to Section 7100 of		>//	SHIK	07/12/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALI AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPI NO INCHT OF REPOSIE, DUTSEE OF CA	CODE	98. DATE PERMI	002	SIGNATURE OF LOCAL RI 2211553	EGISTRAR ISSUING PERMIT
1	NY CHANGE IN DISPOSE SON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P. O. BOX			DORESS OF REGISTRAF DISPOSITION IS TO OCC		OF DISPOSITION— DISTRICT IN CALIFORNIA	
10	. AUTHORIZED DISPO	- Special - Carlo Designation		IC.			FOR CORONER	'S USE ONLY
1	A. BURIAL (INCLU	ASSESSED ASSESSED ASSESSED		E. TEMPORARY ENV	AULTMENT	Ir	1. DISPOSITION PENDI	NG-REMAINS LOG
	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US		MAINS OTHER	G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA		☐ (Name and Address)	X
	BURIAL	MOUNT HOP	DORESS OF CALIFORNIA C PE CEMETERY CET ST., SAN DI		7-12-02	ED 11C. SI	GNATURE OF PERSON IN	CHARGE OF BURIAL
BLE TEMS	CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	ITED 12C, SI	GNATURE OF PERSION IN	CHANGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND A	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. S	gnature of Person in	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP	PED 14C. AI	DDRESS AND SIGNATURE F PLACING WITH THE CA	OF PERSON IN CHARGE RRIER 1
8	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		arest point on shoreline Entify final place and c	, or other description suf- a <u>district</u> of disposition	158. DATE OF DISPOSITIO		GNATURE OF PERSON IN HARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-07

You are hereby authorized and instructed, sul			ions, to inter	the remains
ina DOUBLE DEPTH	Funeral, date, time	-	7-12	11:00
Church, Chapel, Graveside Selivery	ONLY	AZTL.	AN	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work da	y or an extr	a charge of	
will be applied and billed to undersigned				
Lot_5 Grave_1 T Row	Section	_ D	ivision/Black	. 13
Grave space & Care Fund				26.00
Additional spaces and care fund			_	
				123.00
Opening/Closing & Setup	14 / 1		j	23.0
Burial Container	8-2	-02		
Flower vases - Marker setting fee	2007/2			
Recording and filing fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			45.00
Sales taxes				9,53
Manerl		otal Due		126,54
920 (100 to 100 to	eceipt number		- 76	e c
n ususes		Bal	ance due _	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to ho	ove indicate	d. I certify a	ed decedent nd represent armiess from
I hereby authorize the interment in lot I hold under deed.	Signature		_	
	Address			
Signature of recorded holder of deed	Cey			Zip Code
	Telephone			-
	Invoice #	3659	49	
Work Order # E 17200	Acct. #	0009	32	

REA-104 (7-96)

This information is available in alternative formats upon request. 7-16-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS Found 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 0670272002 12/28/1952 Ontario Marcus SA CITY OF DEATH SB. COUNTY OF DEATH—OUTSIDE CALIF. B. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego Darmall Price-Deputy Public Guardian San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 001-A Ruffin Rd. Funeraria Aztain -- IF APPLICABLE San Diego, CA 92123 7856 La Mesa Blvd., La Mesa, CA 91941 Pd-1658 SAL SIGNATURE OF APPLICANT-Person taking permit, 68. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 07/09/2002 ACKNOWLEDGMENT OF APPLICANT in 10376 of the Haulth and Safety Code, and was authorized pursuant to Section 7100 of the Haulth and Safety Code. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** \$ 7,00 2007 Nancy LOCAL REGISTRAR SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOS tal Becords P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION San Diego. CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS YYA. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURNED Mt. Hope Cemetery, 3751 Market St. BURIAL San Diego, CA 92102 7-12-07 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED CREMATION 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-11-02

ina Liner	_ Funeral, date, time Mon. July 15	411:01
Church, Chapel Graveside	(Mortuary
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$_	
will be applied and billed to undersigned.		
		7-25
Lot 177 Grave 8 Row		12
Grave space & Care Fund	E-16031 2000	0
Additional spaces and care fund	HOPORTES	
Opening/Closing & Setup	K->1451	
Burial Container	11	
no transcriptoria	VS .	
Handling Fees	Galvipaid =	
Flower vases - Marker setting fee	-	
		11
Sales taxes		_
a withter side lize not 3-616-5124/home 234-2357	Total Due	0
and 1/24/home 25	aid receipt number	2.00
1-616-5127	Balance due	Ø
I hereby certify I am the	of the above named	deceden
and this is your authority to make dispos	ition of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery harr	represent
any liability on account of said authorizati	ion and interment.	
I hereby authorize the interment in lot I	*	
hold under deed.	Signature	
	Address	-
ALL CONTROL OF THE STATE OF THE		
Signature of recorded holder of deed	Sey.	Zip Code
Bignature of recorded holder of deed	Cay Freephone	Zip Code
Signature of recorded holder of deed	Y Telephone	(23,563,20)
Bignishure of recorded holder of deed Work Order # E 17201	<i>p</i>	(23,563,20)



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
		8 x	1		
	ce for: 7				
Lot: 177	Grave: <u>8</u>	Row:	Sect	<u>2</u> c	iv: 12
Grave Laid or	ut by:				
Agrees with L	egal Card:	Yes 1	J No		
Agrees with N	fap: 🛛 Yes		No .		
Blind Check	& Verified By:.		-	Date:	

WHITE	TO CUSTOMER
CANARY	
PINK	

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

54457

	X-31 X 3-20 - 313 3	N 10	01
From Mattie R. Goly	Left Address: PO. Box 13	23, S.D.	CA 92112-13
Seven Hundred in July Payment of Pr	e-need Trust on	Dollars (S	793.00,
Payment or 7	d d		Division /)
Lot Grave *	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 -	-Block
Acct. No E - 603	- PAID IN MISSEAGE.	80% Sales 100 of Lots 77184 - Opening/ 100 Closing 77181 -	
W.O. BALANCE DUE		Burlai 100 Containers 77182 100	13 00
Pre-Need Lot ☑ At Need ☐ On Acct		Recording & 100 Misc. Fees 77183 - Pre-Need 63033	7769 25
Pre-need Trust Cash Check	aulitta sulford	Trust 9022 - Sales Tax 50101 78390 - TOTAL PAID \$	723 02
AC-212 (Flov. 5-04) 9263	5 Issued Bri	TOTAL FAIL	11300

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



62 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH IB MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 4 SEX 07/09/2002 COLUMNITY MATTIE REPORT OF 12/11/1939 5B. COUNTY OF DEATH-OUTSIDE CALLE SA. CITY OF DEATH B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO TIZEROR - DAINZETER SAM DIMON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF. LICENSE NUMBER 21 16TH STREET -IF APPLICABLE GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DINGO, CA 92101 FD 843 SAN DIEGO, CA 92102 BA. SIGNAPURE OF APPLICANT—Person taking person, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated terms is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 07/12/2002 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROY- BA. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUED PROMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED VICHRIA AZZARO 2211516 IN THIS PERMIT. \$7.00 AUTHORIZATION OF 07/12/2002 LOCAL REGISTRAR MOTE: THIS PERMIT GIVES HIS INCH! OF DISPOSAL OUTSIDE OF CALFORNIA. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUPORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186 5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBRIENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BUILDING 11B. DATE BURNED NOTE CEMETERY - 3751 MARKET STREET BURIAL SAN DIEGO. CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE

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

14B. DATE SHIPPED

DISPOSITION

15B. DATE OF

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-

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REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

TRANSIT

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DISPOSITION OTHER

THAN IN A CEMETERY

15D. LICENSE NUMBER

OF CREMATED RE-

MAINS DESPOSE

-IF APPLICABLE

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

INTERMENT ORDER

City of San Diego

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Date_ 1 - 12 - 62

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Type of Burial Container	Funeral, date, ti	me Man	11	111
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vill be applied and billed to undersi	gned			
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Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup	PAID			
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Recording and filing fee				15.00
Sales taxes	***************************************			7 B - C
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22-0874	7/460		lance due	-0
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Barbara & Kathleen Spehar Conservators & Executors For The Estate of Kathryn T. Rodgers

Phone (702) 869-8727 Or (702) 233-0874 2808 Quail Lakes Court

(702) 433-4892 Fax 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 Spekar Barbara Spekar

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

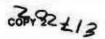
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DATE SIGNED (AND. Dev. Yr.) HOUR OF DEATH 210. BEFORE 1:35 PM 220. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or PRE) 214. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Princ.) 236. REGISTRAR 246. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), ApiD (c).) DUE TO, OR AS A CONSEQUENCE OF: Interval between onest and de (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onest and de (c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or NO 27. Yes or NO 27.		UNERAL DIBBITOR - SUPPLIFIC Or Person acting as 1	47	- PL	UNIERAL DIF	RECTOR NAME A	NO ADDRESS OF	n, Le	s Yegas, N	e Herti Iguada	1077 – Jul 1914	les .		
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7-17-02 No.211184 BURIAL PERMIT

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 14

1	A. NAME OF DECEDE	NT-FIRST (GIVEN)	18 MIDDLE	IC. LAST (FAMIL	מי		2. DATE OF BIRTH	3. DATE OF		4. SEX
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50	Las Vega			ENTER STATE	EATH-OUTSIDE CALIF	OF INF	RELATIONSHP, FULL MA ORMANT een Spehar,		SS AND ZW	CODE
7/	TYPED NAME AND AD	ODRESS OF CALIFORN	A FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78		2808	Quail Lakes	Ct.		
	Featheringi	11 Mortuar	y		IF APPLICABLE		egas, NV 89			
	6322 El Caj	on Blvd.,	San Diego, CA	92115	FD1083		TOPRE OF APPLICANT		88. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	Section 1	0376 of the Health and Safety Code, as	oposed disposition stated herein is one id was authorized persuant to Section 710	O of the Health and Safety Code	10	zul		STATE OF THE PERSONS	8/2002
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALE AND IS THE AUTHORI IN THIS PERMIT.	MED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET ITY FOR THE DISPOSITION SP TO BIGHT OF DISPOSAL OUTSIDE OF C	Y CODE ECIFIED	07/18/2 C. MAGG	002	9C. SIGNATURE OF LOG 2211837 ▶	CAL REGISTE	RAR ISSUM	3 PERMIT
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11	. AUTHORIZED DISP	OSITION(S) CHECK A	APPLICABLE ITEMS			****	FOR COR			i i
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0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		E, OR OTHER DESCRIPTION S CA <u>DISTRICT</u> OF DISPOSITION	UF- 158. DATE OF DISPOSITIO	15C	SIGNATURE OF PERS CHARGE OF DISPOSE		SD. LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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





INTERMENT ORDER

City of San Diego

Date 7-12-02

Lowell Act	cerman ,
na T.S. Vault Fi	uneral, date, time FR1 7-19 12.00
Church, Chapel, Graveside	! YWKHAM-Mitchelmortuary.
All Funeral cars must arrive before 3:50 p.m. o	CATHY 423・478 f regular work day or an extra charge of \$ 1,50,0
vill be applied and billed to undersigned.	
113 Grave 5 Row -	Section Division/Black
Grave space & Care Fund Pre- ne	ed E-10324 0
Additional spaces and care fund	
Opening/Closing & Setup	<u> 37500</u>
Burial Container	250.00
landling Fees	185.00
lower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	_1938
	Total Due 274, 38
BAID Paid re	ceipt number R-55307 874.38
PAID Paid re	Balance due
heraby cortify ham the 5 2002	\$2000000000000000000000000000000000000
ind this is your authority to make disposition of	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
ny liability make the adult to make this authorization an	and lagree to held int. Hope Cemetery narmiess from
CITY OF SAN DIEGO, C.	Stand Afr
hereby authorize the interment in lot I old under deed.	Sprakre
	Address 2 (9/832
	pup. Bit. le 1112
sgnature of recorded holder of deed	Cay 200000
symmute of recorded holder of deed	G18 424 8466 Telephone
ignature of recorded holder of deed	Telephone #

& Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-17203

GRAVE BLIND CHECK FORM

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ntermer	nt Date:	FRi 7.	HOW: ROBER	Time: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	:00	Div: 11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YE	3. DATE OF DEATH	
LOWELL		L.	ACKERMAN		07/03/1929		M
SA. CITY OF DEATH			58. COUNTY OF DEAT		NAME, RELATIONSHIP, FUL DE INFORMANT	L MAILING ADDRESS AND	ZIP CODE
IMPERIAL B	EACH		ENTER STATE	A DAROO	DAVID ACKERMA	N (SON)	
7A. TYPED NAME AND A	DORESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER	765 THIRD ST	The state of the s	
	TCHELL MORT		10	F APPLICABLE	IMPERIAL BEAC		
808 13th S	TREET, IMPE	RIAL BEACH, C	A 91932 F)1178 BA	SIGNATURE OF APPLICAN	T—Person taking permit, 8B. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICART I hereby a Section 100	cknowledge as applicant that the pr 1976 of the Health and Safety Code, ar	reposed disposition stated herein is one of the nel was authorized pursuant to Section 7100 of the	dispositions authorized by the Health and Safety Code.	USland	2 07/	16/200
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORIT	JED IN ACCORDANCE WITH ORMA HEALTH AND SAFET BY FOR THE DISPOSITION SE		O7/16/2002		LOCAL REGISTRAR ISSU	ING PERMIT
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TION REQUIRES A NEW	P.O. BOX		; "	DISPOSITION IS TO OCCUR II	N ANOTHER DISTRICT IN CA	LIFORNIA	
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INTERMENT ORDER

GRAVE OF	City of S	San Diego Da	ate 7-11-	02
You are hereby authorize	and instructed, subject Sandlin	of to your rules and re	egulations, to inte	er the remains
in a Reco : ASK	TVAULT FUN	eral, date, time FR	18-16	11,100
Church, Chape, Gravesi	Curamer	FAMI		Mortuary.
All Funeral cars must arr will be applied and billed		egular work day or a	n extra charge of	5
Lot 547 Grave _		- _{Section} <u>3</u>	Division /Bloc	8
Additional spaces and ca	re fund			
Opening/Closing & Setup	D	PAID		105.00
Burial Container Handling Fees	***************************************	VIIO 4 - 0000		55.00
Handling Fees		AUG 16 ZUUZ	······································	60.00
Flower vases - Marker s	etting fee	HOPE CEMETA	ARY	
Recording and filing fee .	CIT	OF SAN DIEGO), 	45.00
Sales taxes				4.26
	Paid rece	Total D	Balance due	269.26 269.26
I hereby certify I am the and this is your authority that I have the right to ma any liability on account o	to make disposition of ake this authorization and f said authorization and	remains as above in d I agree to hold Mt. interment	of the above nar dicated. I certify Hope Cemetery t	med decedent and represent narmless from
I hereby authorize the int hold under deed.	terment in lot (Signature	1-14	yman
Signature of recorded holder of deed		Telephone	323-54	
E 4 :	7004	Invoice #		
Work Order # <u> 1</u>	7204	Acct. #		
REA-104 (7-96)	This informatio	n is available in alte	rnative formats L	ipon request.

GRAVE BLIND CHECK FORM

block m existing		X". Place the appr	e the nopriate	name's, lot space(s)	# and grav	e # of all ljacent to
	Ashes	e.e N	ter	+59		
3y4 ———	315	276	S47X	5V8	549	इंड०
Intermet	nt space for;	8-1	Ь		11:00	
	Grave					Div:
Agrees	with Legal Ca	ard: 🛛 Y	es	□ No	W.	yon
Agrees	with Map: [J Yes	ſ	J No	المق	

217704

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)	Management (1990-1997)		E OF DEATH 4. SEX
Sylvia SA CITY OF DEATH Elk Grove		Joan	58. COUNTY OF DEA	TH-outside CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANTCHERY! Pairs	DORESS AND ZIP CODE
7A. TYPED NAME AND AT	amento Fund		PERSON ACTING AS SUCH 78. C	a manufactured limited and access	9765 Bond Ro Elk Grove, (ad A 95624
ACKNOWLEDGMENT OF A	new sectors 1 hereby a	chronizing as applicant that the o	reposed disposition stated herein is one of the of the contract of the contrac	he dispositions authorized by the Health and Safety Code	AMALL DIQU	05/23/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION B O NIGHT OF DISPOSAL DUTSING OF (PECIFIED \$7.00	PAID 98. DATE PERM Rita Hot 05/24/20		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	7001 East	EGISTRAR OF DISTRICT OF PLAN CALIFORNIA SQ.15 (CA. 95823)	650	.O. Box 852	OF DISTRICT OF DISPOSITION— US ANOTHER DISTRICT IN CALIFORNIA 92186—3222	**
B. CREMATION	OF CREMATED REM:		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF		I. DISPOSITION PENDING (Name and Address)	
BURIAL	Ht. Hope (Wile Printed Discontinued in the contract of t	CEMETERY Diego, CA 92102	118. DATE BURIE	ZV 1/11 d	MARGE OF BURIAL
CREMATION	Borth Saci	poress of California Camento Nemos: mino Avenue, 1		128. DATE CREMA	TED 12C SIGNATURE OF PERSON IN C	morgan
SOMENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B DATE RECE	IVED 13C. SIGNATURE OF PERSON IN	CHARGE OF FORITY
TRANSIT	14A. NAME AND ACREMAINS OR	DDRESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE (OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SUF- 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 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

of FRANK	Superal data time TUE 7-23 T.O
IN B CINE K	- Fulletian, baile, billio
Church Chapet Graveside	EL ASON BENEVICE
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge of \$
will be spolied and billed to undersign	ned
123 Grave 7 A	ow Section Division/Blesk
Grave space & Care Fund	0 12,00
Additional spaces and care fund	557-0
Opening/Closing & Setup	PAID 375,00
	140.00
Handling Fees	JUL 18 2002 14 5,00
Flower vases - Marker setting fee	HT HORE CENETAR
Recording and filing fee	CITY OF SAN DIEGO
Recording and filing fee	CITY OF SAN DIEGO
Recording and filing fee	CITY OF SAN DIEGO 11-73
Recording and filing fee	CITY OF SAN DIEGO 14.73
Sales taxes Favor	CITY OF SAN DIEGO 19-73 Total Due 1664-73 Paid receipt number 55216
Sales taxes Favor Check XW. S	CITY OF SAN DIEGO 14.73 Total Due 1664-73 Paid receipt number 55216 Balance due 0
Sales taxes Favor Cived Whereby certify am the and this is your authority to make dis	CITY OF SAN DIEGO 14-73 Total Due 1664-73 Paid receipt number 55216 Balance due 0 of the above named decedent aposition of remains as above indicated. I certify and represent
Sales taxes Favor Check I hereby certify I am the and this is your authority to make distant I have the right to make this author	CITY OF SAN DIEGO 14-73 14-73 14-73 16-4-73 Paid receipt number 55216 Balance due Of the above named decedent sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
Sales taxes Favor Cived Whereby certify am the and this is your authority to make dis	CITY OF SAN DIEGO 14-73 14-73 14-73 16-4-73 Paid receipt number 55216 Balance due Of the above named decedent sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
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Recording and filing fee Sales taxes Favor Chec Chec Thereby certify am the and this is your authority to make dis that have the right to make this authority any liability on account of said authority I hereby authorize the interment in lot	Paid receipt number 55216 Balance due of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
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C Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NU

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FA	WILY)			3. DATE O	
	FRANK		H	CALLE	3		06/02/1958	07/14	
5/	, CITY OF DEATH				F DEATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA	LING ADDRE	ESS AND ZIP CODE
	SAN DIEGO		(2)	ENTER STA	SAN DIEGO	ELI	ZABETE J. CAJ	LLES -	WIFE
7.0			A-FUNERAL DIRECTOR OF BRUIDOUGH CHA	R PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	100000000000000000000000000000000000000	DIEGO, CA 92	2113	(312) .
			SAN DIEGO, C		VD-480		ATURE OF APPLICANT—For		8B. DATE SIGNED
2 8/	ACKNOWLEDGMENT OF AP	MANUEL I hereby a	chrowledge as applicant that the	proposed disposition stated herein is and was authorized personnt to Section			mette Vale	- 350	07/22/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WIT ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION :	SPECIFIED \$7.00	P Valen	002	9C. SIGNATURE OF LOC 2211959	AL REGISTI	RAR ISSUING PERMIT
4		90. ADDRESS OF RE IF DEATH OCCURRE VITAL RE	GISTRAR OF DISTRICT	OF DEATH— OX 85222	9E. ADDRESS OF REGISTRAF	OF DISTR	HICT OF DISPOSITION— OTHER DISTRICT IN CAUPORI	NIA	•
82	A BURNAL CHICKUM B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	≟ 3.1-+-	F. DISINTERMI	Victory Care West	3	FOR CORD	ENDING-R	EMAINS LOCATED A
	BURIAL	MT BOPE C	DRESS OF CALIFORNIA EMETERY, 375 , CA 92182		7-23-0	1	SIGNATURE OF PERSO	ON IN CHAI	RIGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	A CREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PERSO	ON IN CHAR	GE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AL	IDRESS OF CALIFORNIA	A FACILITY RECEIVING REM	AINS 13B. DATE RECE	IVED 190	; SIGNATURE OF PERSO	ON IN CHAI	RGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AF	STATE OR COUNTRY WHER RE TO BE SHIPPED	E 14B. DATE SHIPF	PED 140	ADDRESS AND SIGNA OF PLACING WITH TH		
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITIO			SIGNATURE OF PERSONAL CHARGE OF DISPOSIT		SD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 7-16-02

50 일 : 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	f, subject to your rules and regulations, to inter the remains ONDAL L
ina LINER	Funeral, date, tigne 2 7-20 10:01
Type of Burel Contents Church, Chaper, Graveside	Scatteringill Mortuary.
All Funeral cers must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 23 Grave 5 Row	Section MAS Division/Block J
Grave space & Care Fund	Bu-nul -0
Additional spaces and care fund	Sat, overtime 600.00
Opening/Closing & Setup	375.00
Burial Container	<u>190.00</u>
Handling Fees	145.00
Flower vases Marker setting fee	125.00
Recording and PATD	45.00 14.73
JUL 16 2002	Total Due
MT. HOPE CEMETAE	aid iscelpt ildilities
CITY OF SAN I hereby certify I am the and this is your authority to make dispos that I have the right to make this authorizati any liability on account of said authorizati	Balance due Of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery parmiess from ion and interment.
I hereby authorize the interment in lot I hold under deed.	X838 SAN Jose PI
Signature of recorded holder of deed	799 -061 (858)
F 17206	Invoice #

GRAVE BLIND CHECK FORM

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

		f e			
	C. 6	²³ X ⁵	ч	20	J. ? HARRIS
	13	The second second	10	G. 9 HARRIS	M 8 HARRIS
Interment space	. MAGGA	864 704	IDAI	1.	L.
Interment space Interment Date:			e: 10		
Lot: 23 (Sect: _	115 D	iv: <u> </u>
Grave Laid out	by: <u>И Р</u>	BBER1		3.	
Agrees with Leg	gal Card: 🛛 Y	es 🛘	No	92	B•0
Agrees with Ma		D No	./	-	, , , , <u>, -</u>
Blind Check &	Verified By:	DEVID 1	11.	_ Date: 4	-17-02

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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 DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10. LAST (FAMIL	n		3. DATE OF DEATH 4. SEX
Margaret		Catherine	Jonda	11	09/09/1907	07/14/2002 F
SA. CITY OF DEATH				EATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MA	LING ADDRESS AND ZIP CODE
San Diego			ENTER STATE	San Diego	OF NEORMANTVICKY Su	tton, Grand-
Feathering	ill Mortua	A—FUNERAL DIRECTOR OR PER Ty San Diego, CA 9		CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	daughter, 831 Sa San Diego, CA 92 8A SIGNATURE OF APPLICANT—PM	109
ACKNOWLEDGMENT OF A	I hereby a	cknowledge as applicant that the propose 375 of the Health and Safety Code, and was	od disposition stated herein is one	of the dispositions authorized by 0 of the Health and Safety Code.	1 2 3ml	07/17/2602
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROPERTY COMMAND SAFETY COMMENTED THE DISPOSITION SPECIFIC RESISTOR OF CALIFORNIA OUTSING O	ODE FIED	07/18/20 K. Zaret		al registrar issuing permit
ANY CHANGE IN DISPOSE TIOP REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D D IN CAUFORNIA 222, San Diego,	10		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORN	44
B. CREMATION	OF CREMATED REM		E. TEMPORARY I F. DISINTERMENT G. SHIP IN TO CA		I. DISPOSITION P (Name and Add	ENDING REMAINS LOCATED RIGHT
BURIAL		CORESS OF CALIFORNIA CEN Cemetery, 3751 M CA 92102		7-20-0		ON IN CHARGE OF BURIA
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CRE	EMATORY	128. DATE CREMA	ATED 12C SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
SCIENTIFIC	ISA. NAME AND AD	DORESS OF CALIFORNIA FAC	LITY RECEIVING REMAIN	IS 138. DATE RECE	13C. SIGNATURE OF PERSI	ON IN CHARGE OF FACILITY
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIP	PED 14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A COMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			JF- 158. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSION CHARGE OF DISPOSIT	

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

INTERMENT ORDER

City of San Diego

Date 628-02

In a ASH LAULT Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Chapel Graveside DUTAISS Funeral, date, time LOO 7-3-02 Laurent Church, Church, Chapel Graveside DUTAISS Funeral, date, time Loo 7-3-02 Laurent Church,	You are hereby authorized and instructe	ed. subject to your n	ales and regulation	ns. to inter the remains
Church, Chapel Graveside All Funeral cars must arrive before 3 p. m. of regular work day or an extra charge of \$ 500. Will be applied and billed to undersigned. SH IRLY A LOA MORENO Lot 48 Grave	of VAN. HOOSE.	AILDA	æ	
All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 50. Will be applied and billed to undersigned. \$\frac{\text{SH}}{\text{EF}} \text{ALDA} \text{MoRENO}\$ Lot \$\frac{\text{B}}{\text{Grave}} \text{Grave} \text{Row} \text{Section} \text{Division/Block} \text{7} Grave space & Care Fund \text{ALDA} \text{Fig. 10.95} \text{.993} \text{.00} Additional spaces and care fund \text{Opening/Closing & Setup}. Burlal Container \text{ASH} \text{VATALT} \text{APADO} \text{PADO} Plandling Fees \text{IDN PEADO} \text{IDN PADO} Flower vases - Marker setting fee \text{JUN 2.8 7002} \text{VATALT} \text{APADO} Sales taxes \text{MT. HOPE CEMETARY} Paid receipt number \text{Balance due} ABISDO Cr. Paid represent that I have the right to make this abthorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. \text{JUN 2.8 TOTAL NORMAL OF The Pado APADO APAD	ina ASH VAULT	Funeral, date,	time 1:00	7-3-02/40700
Lot	Church, Chapel Graveside DITA	ress	FAMILY	SHU Mortuary
Grave space & Care Fund Section Division/Block Additional spaces and care fund Opening/Closing & Setup Surface Section	All Funeral cars must arrive before 3.40	p.m. of regular work	k day or an extra	charge of \$ 150.
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes MT. HOPE CEMETARY Paid receipt number Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. It hereby authorize the interment in lot I specified to make this authorization and interment. It hereby authorize the interment in lot I specified to make this authorization and interment. Shall F. A. L. A. — Modern O specified Control of the subove indicated. I certify and represent that I have the right to make this authorization and interment. It hereby authorize the interment in lot I specified Control of the subove indicated. I certify and represent the right of the subove indicated. I certify and represent that I have the right to make this authorization and interment. It hereby authorize the interment in lot I specified Control of the subove indicated. I certify and represent that I have the right to make this authorization and interment. It hereby certify I am the Shall be subove indicated. I certify and represent that I have the right to make this authorization and interment. It hereby certify I am the Shall be subove indicated. I certify and represent that I have a subove indicated. I certify and represent that I have a subove indicated. I certify and represent that I have a subove indicated. I certify and represent the right to make this subove indicated. I certify and represent that I have a subove indicated. I certify and represent that I have a subove indicated. I certify and represent that I have a subove indicated. I certify and represent the right to make the subove indicated. I certify and represent the right to make this subove indicated. I certify and repres	will be applied and billed to undersigned	SHIELEY	ALCOA A	10RENO
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Shakure of Tecorded holder of deed Sand Siege Sand S	that I have the right to make this abthori:	zation and I agree to	hold Mt. Hope C	emetery harmless from
Shall under deed. Shall under deed. Shall under or deed.		SHIP	LEV ALL	A-MORKED
(\$58) 484-74/7 Zip Code Invoice #		Signature 133	56 ENTE	EKEN AUF
(\$58) 484-74/7 Zip Code Invoice #	Shally Culdy U	SAN	Nied	CA 92129
E 17207	. 9	EST TOPPHONE) 484-7	14/7 Zip Gode
Work Order # E 17207	200 AND	Invoice	*	
Total Cloth = 1 1 1 1 1	Work Order # E 17207	Acct. #	NA.	SI

REA-104 (7-98)

This information is available in alternative formats upon request,

E17207

MT HOPE CEMETERY

olock r	n the name narked with g marker's i rial space.	"X". Plac	e the nam	e's, lot # a	and grave	# of all
₹	Polley	EVNS	S	HANT 20	5	
8 Ducku	7770	10	98 X 11	- Statement Statement		
			ULLLIAA	5_	-	
nterny	ent space for: ent Date: <u>SA</u> Grav	t 6-1	<u> </u>	lime:	00,1/	7
Grave I	Laid out by: - with Legal C	NF	ROBER	ľ	. .	y on
grees	with Map: [J Yes		No.	(,
Slind C	Check & Ver	ified By: =) ARKEY	S ARE	Date:	7-030 RIED.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 1620 560

NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY	2. DAT	E OF BIRTH 3. DAT	TE OF DEATH 4.
AILDA		-	2000	HOOSE	11/2	DAY, YEAR MONTH	DAY, YEAR
SAN DIEGO			58. COUNTY (OF DEATH-OUTSIDE CALIF., ATE SAN DIEGO	6. NAME, RELATIO	ONSHIP, FULL MAILING	DORESS AND TIP OF
STATE OF STA	DECC OF CALIFORNI	A EINEDAL MOCCTOD OD D	EDSON ACTING AC CINCU	78. CALIF. LICENSE NUMBER	12256 PM	ALLUA FUKEN	U - DAUGHT
HUMPHREY C	HULA VISTA			FD 964	SAN DIE	NTREKEN AVEN 30, CA 92129 FAPPLICANT—Population	88
ACKNOWLEDGMENT OF A	ani mauri Thereby a		ased disposition stated hereis is	ore of the dispositions authorized by	· (1)	Lores	06/20/2
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH I FORMA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE		66/20/20 06/20/20	02 9C. SIG	NATURE OF LOCAL REG 360	GISTRAA ISSUING PI
OCAL REGISTRAR	NOTE: THE PERMIT GIVES IN	O RIGHT OF DESPOSAL OUTSIDE OF CAL	7.00	ARACELY FI	ORES D		
Y CHANGE IN DISPOSI- ON REQUIRES A NEW SRAIT TO SHOW FINAL DISPOSITION.	P.O. BOX			BE. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			5
AUTHORIZED DISP	OSITION(S) CHECK AF	PPLICABLE ITEMS				FOR CORONER'	S USE ONLY
			T E TEMPORAR	RY ENVAULTMENT		DISPOSITION PENDIN	
A A. BURIAL (INCLI	JDES ENTOMBMENT)						
X B. CREMATION	OF CREMATED REMA	AINS OTHER	F, DISINTERM G, SHIP IN TO	ENT		(Name and Address)	3 (13)0000 - 22:0 500.0
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMA EMETERY SE		F, DISINTERM G, SHIP IN TO	ent California O outside of California	D 110 SIGNA	(Name and Address)	
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REMARKED SE	DORESS OF CALIFORNIA C Cemetery 3751 CA 92102	F, DISINTERM G, SHIP IN TO H, TRANSIT T	ENT CALIFORNIA O OUTSIDE OF CALIFORNIA 118. DATE BURIE	M	TUPE OF PERSON IN	CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMARKED SE 11A. NAME AND ACMIT. Hope (San Diego 12A. NAME AND ACMIT. NAME AND ACMIT. OCEANVIEW	DORESS OF CALIFORNIA C Cemetery 3751 CA 92102 DORESS OF CALIFORNIA C	F, DISINTERM G, SHIP IN TO H, THANSIT T EMETERY Market Street	et 7-3-02	TED 12C. SIGNA	(Name and Address)	CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMARKERY SE 11A. NAME AND ACM Mt. Hope (San Diego) 12A. NAME AND ACCEANVIEW 1625 GISLE	DORESS OF CALIFORNIA C Cemetery 3751 CA 92102 DORESS OF CALIFORNIA C CREMATORY	F, DISINTERM G, SHIP IN TO H, THANSIT T EMETERY Market Street REMATORY MESA, CA 9262	et 7-3-02 128. DATE CREMA	TED 12C. SIGNA	TUPE OF PERSON IN	CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKERY SE 11A. NAME AND ADMIN HOPE (San Diego 12A. NAME AND ADMIN HOPE (San Diego) 12A. NAME AND ADMIN HOPE (San Diego) 12A. NAME AND ADMIN HOPE (San Diego) 13A. NAME AND ADMIN HOPE (San Diego)	DORESS OF CALIFORNIA CI Cemetery 3751 CA 92102 DORESS OF CALIFORNIA CI CREMATORY ER AVE, COSTA 1	F, DISINTERM G, SHIP IN TO H, THANSIT T EMETERY MARKET STREET REMATORY MESA, CA 926: ACILITY RECEIVING REM	et 7-3-02 128. DATE RECE	TED 12C. SIGNA VED 13C. SIGNA ED 14C. ADDRI	TURE OF PERSON IN	CHARGE OF BURIA



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-18-02

744 \ 2444 (6	FFEY- XXXXX
Type of Burial Containet	Funeral, date, lime # 200 FGS 7-2-02
urch Chapel, Graveside BA-YU/S	CYPLES VIEW Mortuary.
Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
be applied and billed to undersigned.	
approce and bines to andoragnes.	
358 10	1 12
t 258 Grave 12 Row	
ave space & Care Fund P/n/	LUT & TRUST Ø
	E-17136
154	0/1
ening/Closing & Setup	SA BAID -
rial Container DSU / DS	PEH CRYPT - B
ndling Fees	20,000
	Planto Lo Live ac no
wer vases – Marker setting fee	PLOOP PLOUSE SENETARY 35.00
cording and filing fee	MT. HOPE CEMETARY
les taxes	CITY OF SAN DIEGO, 5. 1, 93
*. v	Total Due 4/6.93
I TAR I Y	ALCIHU WILGZ
LITARY IL	aid receipt rumber
8	Balance due
ereby certify I am the Wife	of the above named decedent
d this is your authority to make dispos	ition of remains as above indicated. I certify and represent
If I have the right to make this authorizate it is authorizated the said authorizated.	ation and I agree to hold Mt. Hope Cemetery harmless from
	to to a stagget
ereby authorize the interment in lot I	LOIS L. SHAFFEL (125
d under deed.	69. MADRONE AUE
ois I shaffer	- 5 Lucio Co 01114
sature of recorded holder of deéd	The State of Total Zaptode
55	(619) 264-05/8

E-17208

\$10

GRAVE BLIND CHECK FORM

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

Franco

	il Allen	¢. V³X	TABARE	s ausom	
	-P				
nterment Date	for: Ros. 7-1-06 Grave: 12		Time: 1/	00 AM	
rave Laid out	by: <u>NF</u>	Resea		_	51
grees with Le	gal Card: 🗖 Y	res [O No (100/6	Ros
agrees with Ma			No	U	
Blind Check &	Verified By: _	Konnell	Collu	Date:	7/1/0

F17208

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

64

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	8		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT		EDOCETT	SHAFFER	SHAFFER			06/27/2002	M
A. CITY OF DEATH		No. 1990 Carlotte		ATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL N	MAILING ADDRESS AND 2	OP CODE
SAN DIEGO			ENTER STATE	SAN DIEGO			FFER - WIFE	
		CYPRESS VIEW		CALIF. LICENSE NUMBER —IF APPLICABLE	6988	MADRONE AVE		
		AN DIEGO, CA 92	San (1977-198	-670			Person taking permit, 68. DA	TE SIGNET
ACKHOWLEDGMENT OF AP	n many hereby	acknowledge as applicant that the prope 0376 of the Health and Safety Code, and y	sed disposition stated herein is one of	the dispositions authorized by if the Health and Safety Code	D P	amente. Vale	06/2	8/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC	CODE SPIED \$7.00	06/28/20	002	9C. SIGNATURE OF LC 2210786	CAL REGISTRAR ISSUI	NG PERMIT
LOOKE THE BIOTHER	D. ADDRESS OF R IF DEATH OCCURR VITAL RE	CORDSPO BOX	85222	ADDRESS OF REGISTRA F DISPOSITION IS TO OCC	A OF DIST	RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	09600	ika L
O. AUTHORIZED DISPO	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	O, CA 92186-522	2				ONER'S USE ON	\$1. 2.
D. SCIENTIFIC US	11A. NAME AND A MT HOPE (DORESS OF CALIFORNIA CE	METERY	TSIDE OF CALIFORNIA	ED 110	C. SIGNATURE OF PER	SON IN CHARGE OF B	BURIA
CREMATION		DDRESS OF CALIFORNIA CF	REMATORY	128. DATE CREM		C. SIGNATURE OF PER	SON IN CHARGE OF CI	REMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECE	EIVED 13	C SIGNATURE OF PER	SON IN CAMPIGE OF I	ACIUTY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		T46. DATE SAIP	PED 2	OF PLACING WITH	DEUTE OF RESSON O	ALMC
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		168, DATE OF DISPOSITIO		SIGNATURE OF PERO		

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

INTERMENT ORDER

Bre-	W	in the
EE	0	tamt

REA-104 (7-96)

Bre- meet city	of San Diego Date 7-1	6-03_
D = 1 = D = == 11	ubject to your rules and regulations, to SUTO & CARMEN	/ MUJICA
Type of Burier Container Church, Chapel, Graveside	Funeral, date, time	Mortuary-
All Funeral cars must arrive before 3:30 p.m.		
will be applied and billed to undersigned.		
	Section 2 Division	Heck 12
Grave space & Care Fund		895.00
Additional spaces and care fund	314	750.00
Burial Container		
Handling Fees		
		N
Recording and fill Fie A D 2 q		
JUL 16 2002	Zotal Due	<u> </u>
MT. HOPE CEMETARYaid	receipt number R- 55213	1509.45
CITY OF SAN DIEGO, C.	Balance du	· _ -0 _
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certi n and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Shammer 712	ujica
Signature of recorded holder of deed	13/7-D. are # 2	91950
Work Order # E 17209	Acct. #	

O Printed on recycled paper

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CAMARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Joseph Barbarta	Address: 2732 What	ate: 7.16-	07 ,20 sen Diego 93111 llars (\$ 2589.45)
Lot 205 Payment of A	re- med der a mus	Mulying 3	marla Letting &
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPI "PAID" IN THIS SPACE.	20% Sales Cere 80% Sales of Lots Opening/ Closing Burial	67007 \7 1 00 77184 7 6 0 0
Pre-need Trust Cash Check	111111	Handling Fee Recording & Misc. Fees Prs-Need Trust Sales Tax	77185 100 177183 100 177183 83033 9022 80101 78130
AC-212 (Rev. 5-94)	ISSUED BY D DANAMANA	TOTAL PAID	2589 45

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	Ţ.	Description of	Contract Items	Price	Tax	Allowance	Addl. Desc.	*0
1 Graves	Div	ision 12-2		895.00	0.00			
2 Opening/Cl	osing 2nd	Burial Dbl D	epth	750.00	0.00			
1 Burial Vaul	ts Dou	ible Depth La	wn Crypt	380.00	29.45			
1 Handling Fo	e D/D	Crypt Handl	ing fee	320.00	0.00			
2 Misc Fees	Rec	ording Fee	155	90.00	0.00			
1 Misc Fees	Mai	rker Setting F	ee	125.00	0.00			
Property								m
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl		
D	ivision 12	2		205	1	A		

INTERMENT ORDER

City of San Diego

Date 7-17-02

7 11 104 5	ubject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time SAT 7-20 11:00
Church, Chapel Graveside	EA 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.	
Lat 66 Grave Row	Section Division/Glack
Grave space & Care Fund	898.00-
Additional spaces and care fund Xalux	day overline 600.00
Opening/Closing & Setup	375.00
Burial Container	190.00-
Handling Fees	145.00-
Flower vases - Pari A setting eeT.R.	101/ , 46.93
Recording and filing fee	<u>45.00</u>
Sales taxes JUL 1.8 2002	14.73
MT. HOPE CEMETAR) CITY OF SAN DIEGO Paid	CHENTOWN AND S TO AT
I hereby certify! am the \(\frac{1}{2}\) 5469-5 and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent of and I agree to hold Mt. Hope Cemetery harmless from and Interment.
I hereby authorize the interment in lot I hold under deed.	* Jahonard M. Howh. * Signiffug 18 SKy Ly 40 DR. Assigned DR.
Signature of recorded holder of deed	TEMON GROVE CA. 11745 \$(619) 253-12-30 Zip Code
S	W 151 . W
Work Order # E 17210	Invoice #
Work Order # = 1/21U	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12

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

	ENT-FIRST (GIVEN)			recommend Section and the contract of the co				2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	
CARL		D.	JAM	ES		01/06/1930	07/16/2002	M		
. CITY OF DEATH		160-	(100 TO 100 CONT. 100 O	OF DEATH-OUTSIDE CALIF.,	8. NAME,	RL ATIONSHIP, FULL	MAILING ADDRESS AND	ZIP CODE		
SAN DIEGO	Ĺ		SAN DI	EGO	HOWAR	D"HOOKER-ST	repson, 1818	accommon and a second		
CALIFORNI	A BURIAL CH	The state of the s		IF APPLICABLE	SKYLI	NE DR.,LEMO	ON GROVE, CA 9	1945		
2200 RIGE	AVE.,	NATIONAL CITY, CA	91950	FD-1689	BA. SIGNA	TURE OF APPLICANT-	Person tyling permit 88. D	ATE SIGNE		
ACKNOWLEDGMENT OF A	Section 10	classwiedge as applicant that the propose 1376 of the Health and Safety Code, and was	s authorized pursuant to Section	on 7100 of the Health and Safety Code.	-Cu	audette	Kuss 07/	SECURITY SEC		
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRICORNIA HEALTH AND SAFETY COME FOR THE DISPOSITION SPECIFIC DIRECTOR DESCRIPTION OF CALFOR	00E FIED \$7.00	O7/19/20 C.RUSS	002	9C. SIGNATURE OF L ▶ 2211861	OCAL REGISTRAR ISSU	JING PERMI		
RY CHANGE IN DISPOSI- TOM REQUIRES A NEW FRMIT TO SHOW FINAL	BD. ADDRESS OF RI IF DEATH OCCURRE VITAL RECOR	EGISTRAR OF DISTRICT OF D	EATH-	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC	AR OF DISTR	ICT OF DISPOSITION-				
	OSITION(S) CHECK A			1	_	FOR CO	RONER'S USE ON	LY		
A. BURIAL (INCL.) B. CREMATION	UDES ENTOMBMENT)		E. TEMPORA	RY ENVAULTMENT		I. DISPOSITION (Name and	N PENDING—REMAINS Address)	LOCATED		
B. CREMATION	OF CREMATED REM EMETERY ISE 11A. NAME AND A MT. HOPE C	DDRESS OF CALIFORNIA CEN	F. DISINTERN G. SHIP IN TO H. TRANSIT	MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BUR	IED 11C	(Name and		A.5804270		
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REM EMETERY ISE 11A. NAME AND AI MT. HOPE C 3751 MARKE	DDRESS OF CALIFORNIA CEM	F. DISINTERN G. SHIP IN TO H. TRANSIT	MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BUR	OZ D	SIGNATURE OF PE	Address)	BURIAL		
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT. HOPE C 3751 MARKE	DDRESS OF CALIFORNIA CEMETERY T STREET, SAN D	F. DISINTERN G. SHIP IN TO H. TRANSIT METERY DIEGO, CA 921	TO CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BUR 12B. DATE CREM	02 LATED 120	SIGNATURE OF PE	Address) RSON IN CHARGE OF	BURIAL		
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY ISE 11A. NAME AND AI 12A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI	DDRESS OF CALIFORNIA CEMETERY T STREET, SAN D	F. DISINTERN G. SHIP IN TO H. TRANSIT: METERY DIEGO, CA 921 EMATORY ELITY RECEIVING RE	MENT O CALIFORNIA TO OUTSIDE OF CALIFORNIA 11B. DATE BUR 12B. DATE CREM	DZ MATED 120	SIGNATURE OF PE	RSON IN CHARGE OF	BURIAL DEMATION		

INTERMENT ORDER

City of San Diego

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Ashe Rie	5	0	N
100	4	T	
N . 6	1E	- 1	

Date_ 7-18-02

You are hereby authorized and instructed, subject to your rule	s and regulatio	ns. to inter the r	emains
BRET B. HARR'S	4		
n a Type of Burlal Container Funeral, date, tin	ne FRI	7-19	10:
Church Chapel, Graveside	Lane H	nege M	ortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work of	day or an extra	charge of \$	
will be applied and billed to undersigned.			
ot 480 Grave Row Section	J Div	ision/ Block	8
Grave space & Care Fund			0.00
Additional spaces and carping ID		1 125	.00
Surial Container 10 1 8 2002			
Handling Fees			
CITY OF SAN DIEGO, CA		11 5	,00
Sales taxes		······································	0 00
8	Total Due	107/115-004	0.00
Paid receipt number	VISA	\5	0.00
X		nce due	0
hereby certify I am the FATIER and this is your authority to make disposition of remains as a hat I have the right to make this authorization and I agree to h any liability on account of said authorization and interment.	bove indicated	above named do I certify and re emetery harmle る。Hょん	present ss from
hereby authorize the interment in lot I	4.93	SET BU	
	295.	92 2013	103 Zip Code
- It will not take (relephone #			
Nork Order # E 1/211 Acct. # _	72.0		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDE	NT—FIRST (GIVEN)	18. MOOLE	IC. LAST (FAMILY	5-3	1	2. DATE OF BETTH MONTH, DAY, YEAR 05/05/1965	3. DATE OF DEATH MONTH, DAY, YEAR 87/14/2002	R L
SAN DIEGO		, , , , , , , , , , , , , , , , , , , ,	A STATE OF THE STA	SAN DIEGO	S. NAME, OF INF	RELATIONSHIP, FULL NORMANT	MAILING ADDRESS AND	
HUMPHREY	CHULA VIST	RNA FUNERAL DIRECTOR OR PERSON / FA MORTUARY A VISTA, CA 91910	ACTING AS SUCH 78.	CALIF. LICENSE NUMBER —IF APPLICABLE FD 964	SAM	29TH STREE DIEGO, CA 9 ATURE OF APPLICANT—	2104	ATE SIGNED
ACKNOWLEDGMENT OF A	DI L'ANT I hereb	y acknowledge as applicant that the proposed dispo 10375 of the Health and Safety Code, and was author		the dispositions authorized by	D (17/11/		18/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR MY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS IS SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT. NOTE: THIS PERMIT CHES OF IF DEATH OCCUR. P.O. BO	SUED IN ACCORDANCE WITH PROVI- IFORMA HEALTH AND SAFETY CODE INTO PORT THE DISPOSITION SPECIFIED IND MRIT OF IMPOUND DUTSEE OF CAMPOUND. REGISTRAR OF DISTRICT OF DEATH INTED IN CAUFORNIA INT. 85222 ICO CA 92186—5222	9A. AMOUNT OF FE	ADDRESS OF REGISTRAL	TORES.	2211854 PICT OF DISPOSITION—	(A)	NG PERMIT
B. CREMATION	11A. NAME AND	MAINS OTHER ADDRESS OF CALIFORNIA CEMETER	ıy .	West (204 to 2017) 56	-	Disposition (Name and A		
BURIAL	San Diego	Cametery 3751 Mario CA 92102 ADDRESS OF CALIFORNIA CREMATO		7-19-0	Application of the Control of the Co	SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
CREMATION					_ _	0		2 WPANGE
SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	3 138. DATE RECE	TVED 13G	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		ADDRESS IN RECEIVING STATE OR R CREMATED REMAINS ARE 10 BE		14B, DATE SHIP	PED 14C	ADDRESS AND SIGN OF PLACING WITH T		n Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		EAREST POINT ON SHORELINE, OR OTH DENTIFY FINAL PLACE AND CA DISTRIC		F 15B, DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CR	SE HUMBER EMATED RE- DISPOSER PPLICAME

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



INTERMENT ORDER City of San Diego

	0.000	Wita S	
TAX 8000	1-	18-	01
Date	1	1.00	1000

n a	Funeral, date, t	ime		
Type of Burial Container		The same		Mortuary.
Church, Chapel, Graveside		0.00	and the second	***************************************
II Funeral cars must arrive before	3:30 p.m. of regular work	day or an e	extra charge o	1\$
rill be applied and billed to undersi	gned			
154,		.1		
ot 464 Grave	Row Section	. 1	Division/Ble	ek o
473	3 2 300	10 CM C	22000000000	900.0
irave space & Care Fund	J			100.0
dditional spaces and care fund				
pening/Closing & Set	Ð			
urial Container				
lower vases - Marker setting fee . MT. HOPE CEN	METARY			
lower vases - Marker setting fee. MT. HOPE CEI	METARY JEGO, C.			
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lower vases - Marker setting fee. MT. HOPE CEI	METARY IEGO; C	Total Due		950 0
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landling Fees	METARY IEGO, C. Paid receipt number	Total Due	Balance due	900,00 900,00
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lower vases - Marker setting fee MT. HOPE CEI ecording and cling fee SAN D ales taxes	METARY IEGO, C. Paid receipt number isposition of remains as	Total Due	Balance due	900,00 900,00
hereby certify I am the not this is your authority to make the right to make this authory liability on account of said authory liability liabil	METARY JEGO, C. Paid receipt number disposition of remains as thorization and I agree to orization and interment.	Total Due	Balance due	900,00 900,00
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hereby certify I am the not have the right to make the notation of said authorize the interment in the notation of said authorize the	Paid receipt number lisposition of remains as thorization and I agree to orization and interment.	Total Due VISA of above indic hold Mt. Ho	Balance due I the above na ated. I certify pe Cemetery I ACL B F2624-	900:00 900:00 med decedent and represent harmless from
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lower vases – Marker setting fee MT. HOPE CEI lecording and cline fee SAN D ales taxes	Paid receipt number lisposition of remains as thorization and I agree to orization and interment.	Total Due VISA above Indic hold Mt. Ho	Balance due I the above na ated. I certify pe Cemetery I ACL B F2624-	900:00 900:00 ——————————————————————————

Mt Hope Cemetery Agreement Confirmation

07/25/2002

greement 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: ers: 3

Counselors:

SUE SHACKELTON

Qty Category	Description of Contract Items	Price		Tax	Allowance
3 Graves 1 Property	Division 8	900.00		0.00	
Division	Section Blk / Row	Lot 454 464	Grave	Depth/Lvl A	
	4	473	252	A	
BASE PRICE	900.00		55		
SALES TAX	0.00				
TOTAL CASH PRICE	900.00				
TOTAL DOWNPAYMENT	900.00		417	- 12	
TRANSFER ALLOWANCE	0.00 -				
DISCOUNT OR ALLOWANCE	0.00 -				
FINANCE CHARGE	0.00			56	
TOTAL OF PAYMENTS	0.00				
DEFERRED PAYMENT PRICE	900.00				
NUMBER OF INSTALLMENTS	1				
RELAR PAYMENT OF	0.00				
ODD PAYMENT OF	0.00				
DATE FIRST PAYMENT DUE	08/25/2002			70	
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

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 o	f Contract Item:	s Prie	e	Tax	Allowance	Addl. Desc.
3 (raves	Division 8		900.0	00	0.00		
Propert	/							
i instruction	Division	section	Blk / Row	L	ot C	irave	Depth/Lvl	
		4		45	4		A	
		4		46	4		A	
38		4	-2007-200-200	47	3		A	
PRIC	Е		900.00		NUMBE	R OF I	NSTALLMENTS	12
SALES TAX	(0.00		REGULA	R PA	YMENT OF	0.00
TOTAL CA	SH PRICE		900.00		ODD PA	YMEN	NT OF	0.00
TOTAL DO	WNPAYMENT		900.00 -		DATE FI	RST P	AYMENT DUE	08/25/2002
TRANSFER	ALLOWANCE		0.00 -		PAYME	NT PL	AN: MONTHLY	
DISCOUNT	OR ALLOWANCE	3	0.00 -					
					SOURC	E:	Family Member He	re
FINANCE C	HARGE		0.00@	0.000%	AMORTIZ	Œ		
TOTAL OF	PAYMENTS		0.00					
DEFERRED	PAYMENT PRICE	3	900.00					
	CONTRIBUTIONS		AMOUNT	FRACTION				
R L Perp.	Care		180.00					
R S Equit			720.00					
A Intere			0.00					
R S Tax F	tecovery		0.00					
	of Goods		0.00					
R Ate	Charge		0.00					
ONTRACT	ENTERED BY:							

INTERMENT ORDER

City of San Diego

Date 7-18-02

ina LINER	Funeral, date, time TUES 7-23 11:00
Church Chapel Graveside	RAGSDALE Mortuary
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	L Silveri
Lot 63 Grave 3 Row	Section Division/Block
Grave space & Care Fund	895.00 ID —
Additional spaces and care fund	325.00
Opening/Closing & Setup JUL 18	70072 3 75.00 190.00
Burial Container	
Handling Fees Mr. HOPE CE CITY OF SAN (Flower vases - Marker setting fee	DIEGO, CA.
Recording and filing fee	45.00
Sales taxes	14.73
	Total Due
Daughter	Paid receipt number <u>R-55215</u> <u>1664.7</u> 3
X	Balance due
I hereby certify I am the	of the above named decedent sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
Landa de la landa	× naoni Adkin 376
I hereby authorize the interment in lot I hold under deed.	X Significant 4906 Suffer. Cl
Signature of recorded holder of deed	- × 51) 92154
5	X 61 9 6 71 -1859 2000
_ , _ , _ ,	Invoice #
F 17213	

CDAL	/E	RI	INID	CHECI	/ E	CODA	A
CHAV		DL	טעוו	UHEUI	\ r	CHIV	4

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

- W II - 3	- 0,632,632,6	0 - 7		Sec. 11.0		300
- A		5	63 _X 3	4	, 8	6
	7	- 8	SAVELA	10	DAVIS	/2
			STINE			24
			Row:			iv: <u>12</u>
	d out by: th Legal Ca	1000	es [J No	1901112	+
	th Map:					•

Blind Check & Verified By: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX	
Earnestine -		Wilson			10/11/1942 FMD 07/16/2002 F		
SA. CITY OF DEATH			58. COUNTY OF DEATH	OUTSIDE CALIF. 6.	NAME, RELATIONSHIP, FULL MA	ILING ADDRESS AND ZIP CODE	
San Dieg	Contract of the Contract of th	A MARK OF BUILDING AND	ENTER STATE SAL		OF INFORMANT KROWI A		
Anderson	DRESS OF CALIFORNI Regedale M	A—FUNERAL DIRECTOR OR PERS OFTERARY, 5050 Fe	SON ACTING AS SUCH, TB. CAL Becral Blvd, —!	IF, LICENSE NUMBER FAPPLICABLE	4906 Suri San Diego	wliff Point	
San Diego,	CA 92102		PD-	1329		son taking permit, 8B. DATE SIGNED	
ACKNOWLEDGMENT OF A	Section 10	schrowledge as applicant that the proposed 1376 of the Health and Safety Code, and was	authorized pursuant to Section 7100 of th	e Health and Selety Code.	Sell and	ele 107/19/2002	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CORNA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF ID NIGHT OF IMPOSIN, OUTSIDE OF CALFOR	9ED \$7.00	98. DATE PERMIT IS 07/23/200 8. Campbe	SUED 9C. SIGNATURE OF LOC 2 11 9211995	al registrar issuing permit	
Control Control of Section 21 at 2017	Vital Re	EGISTRAR OF DISTRICT OF DID IN CAUFORNIA COTOS, P.O. BOS O. CA 92186-522	85222 F		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALFOR	NA.	
IO. AUTHORIZED DISPO			- *		FOR CORC	NER'S USE ONLY	
TAL BURIAL INCLU	DES ENTOMBMENTO		E. TEMPORARY ENVA	ULTMENT	DISPOSITION F	ENDING-REMAINS LOCATED AT	
B. CREMATION			F DISINTERMENT	13 d A 2 d A	(Name and Ad		
C. DISPOSITION THAN IN A CE		AINS OTHER	G. SHIP IN TO CALIFO				
		Cemetery, 3751	H Y	118. DATE BURIED	11C SIGNATURE OF PERS	ON IN CHARGE OF BURIAL	
San Diego, CA 92102			Market Direct	7-23 02	- Kessi	- kmm	
	12A. NAME AND AS	DDRESS OF CALIFORNIA CREE	MATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION	
CREMATION	-		ŔŶ	1		//	
SCIENTIFIC	20 Line 1			138: DATE RECEIVED	13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, of Entify Pimal Place and Ca <u>Di</u>		158. DATE OF DISPOSITION	15C SIGNATURE OF PERS CHARGE OF DISPOSE		

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



INTERMENT ORDER

You are hereby authorized and instructed, su of 30 H N DDE	pject to your rules ar PA 2001 \	nd regulations, to inter R33 ME	the remains
in aI	Funeral, date, time	WED 7-21	1:0
Church, Chapel, Graveside	;		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra charge of \$	E
will be applied and billed to undersigned			•
Lot 5 Grave 4 T Row_	Section	Division/Block	_13_
Grave space & Care Fund			
Additional spaces and care fund		······························	
Opening/Closing & Setup			
Burial Container			
Handling Fees DISINTERME	MT FEE		000.00
Burial Container Handling Fees DiSINTERME Flower vases - Marker setting fee		Ī	
Flower vases - Marker setting fee		Ī	
Flower vases - Marker setting fee	***************************************	Ţ	
Flower vases – Marker setting fee		<u></u>	
Flower vases – Marker setting fee	Tot	al Due	<u>/000.0</u> (
Flower vases – Marker setting fee	Tot	<u></u>	<u>/000.0</u> (
Flower vases – Marker setting fee	Tot	al Due	<u>/000.0</u> (
Flower vases – Marker setting fee Recording and filing fee Sales taxes AL VIINE EDICAL EXAMINER Paid: OFFICE 858 2898 I hereby certify I am the	Tot receipt number	Balance due _	0 00 °0 (
Flower vases – Marker setting fee Recording and filing fee Sales taxes AL VIINE FOICHLEXANINER Paid OFFICE 858 98	Tot receipt number	Balance due of the above name indicated, I certify a	000 0
Flower vases – Marker setting fee Recording and filing fee Sales taxes AL VIINE FDICKLEXANINER Paid: OFFICE 858 2898 Thereby certify I am the and this is your authority to make disposition	Tot receipt number	Balance due of the above name indicated, I certify a	000 0
Recording and filing fee Sales taxes. AL VIINE FDICKLEXANINER Paid OFFICE 858 1 hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	Tot receipt number	Balance due of the above name indicated, I certify a	000 0
Flower vases – Marker setting fee Recording and filing fee Sales taxes AL VIINE FDICKLEXAMINER Paid OFFICE 858 1 hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Tot receipt number	Balance due of the above name indicated, I certify a	000 0
Flower vases – Marker setting fee	Tot receipt number	Balance due of the above name indicated, I certify a	000 0
Flower vases – Marker setting fee Recording and filing fee Sales taxes AL VIINE FDICKLEYANINER Paid OFFICE 858 1 hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at I hereby authorize the interment in lot I	Tot receipt number of remains as above and I agree to hold and interment.	Balance due of the above name indicated, I certify a	000 0

Work Order # E 17214

Invoice # 366207 Acct. # 109837

Jonet 858 694-2961

		IRIAL **	- NO P	ARKER				E-16321	
Name .	DOE,	LAST	FIRST	1233		парі		ASHES	
Burled			4T_					13	
		LOT	GRAVE	ROW	SECT	HOI	BLK.	DIV.	
FOUND	09-09	9-2000	04-13-	-2001	_ Age	UNK	CNOWN	UNKNOWN	
DAT	E OF D	EATH	DATE OF BURIAL			YRS	. 0	TE OF BIRT	
SAN I	DIEGO,	CA						M	
	PL	ACE OF DEA	TH		RACE	-		SEX	
Remov	ed					_			
Remark	s RON	IA STRONA	CH/PUBLI	C ADM	IN./R	AGSI	ALE		



County of San Diego

MICHAEL ELLANO, ID. #5

MEDICAL EXAMINER'S OFFICE 5555 Overland Ave. Bidg. 14 San Diego, CA 92123-1270 M.S. O-10 **Investigations**:

(858) 694-2905

Main: (858) 694-2895 Fax: (858) 694-8975

Email: melanmx@co.san-diego.ca.us

E17214 Bell to: Sen Diepo Co. Medical Economica forst Enright 5555 Overland are Blag 14 Sen Dripo Ce 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:

Blackbourne, 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 Eliano will be at gravesite for the exhumation and recovery of tissue for DNA testing. The remains were inturned 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.

> Michel A Edons 07/54/62_

INTERMENT ORDER

City of San Diego

Date 7-19-02

in a DOUBLE DEPTH	Funeral, date, time MON 7-23	110
Church, Chapel, Graveside Delivery	ONLY MERKLEY MITCHAR	nant U
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		*
7 28 -		-
Lot 10 Grave 3 D Row	Section Division/Block	5
Grave space & Care Fund	126.	00
Additional spaces and care fund		
Opening/Closing & Setup	1 ya3.	00
Burial Container	193,	0
	10	No. of Sec.
Handling Fees		
Flower vases - Marker setting fee	-ਪਟ:	Oa
Recording and filing fee		3
Sales taxes	7	<u> </u>
MARCO	Total Due	12,
DeLATOBA Paid	receipt number	
6. V.	Balance due	
I hereby certify I am the	of the above named dece	
	of remains as above indicated. I certify and repre and I agree to hold MI. Hope Cemetery harmless in and interment.	
I hereby authorize the interment in lot I hold under deed.	Sgrature	-
	Address	***
Signature of recorded holder of deed	City Zg	Code
	Telephone	
5	Invoice # 366373	.0 .
	Invoice # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OF
Work Order # E 17215	0000-	W

C Printed on recycled paper



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
HERMAN		UNK.	BRANCH		08/18/1932 07/14/2002 H
A. CITY OF DEATH	SAN DIRE		ENTER STATE	SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DE LA TOBA-PUBLIC
A. TYPED NAME AND A	DORESS OF CALIFORN TCHELL MORT	IA-FUNERAL DIRECTOR OR F	PERSON ACTING AS SUCH 7B.		ADMINISTRATOR, 5201 A RUFFIN RD. SAN DIEGO, CA 92123 8A. SIGNAJURE OF APPLICANT—Person taking parmit, 8B. DATE SIGNET
ACKNOWN.EDGMENT OF A			posed disposition stated herein is one of west authorized persuant to Section 7100 o		► Bre >11 Zell 007/18/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHOR!	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID MIGHT OF DISPOSAL OUTSIDE OF CA	COPRED \$7.00	98. DATE PERM 07/18/20 R.M. ZUL	IT ISSUED, 9C. SIGNATURE OF COCAL REGISTRAR ISSUING PERMIT 002 2211857
TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA 5222, SAN DIEGO	5222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP		Contract of the Contract of th			FOR CORONER'S USE ONLY
B. CREMATION	SE				
BURIAL	MOUNT HOPE	DDRESS OF CALIFORNIA OF CEMETERY, 375 CA 92102		7-22-0	
CREMATION		DORESS OF CALIFORNIA C	REMATORY	12B. DATE CREM/	
SCIENTIFIC USE	13A, NAME AND A	DORESS OF GALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 13D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 7-19-02

of	ALV IS	RUNNELS		uons, to inter me n	25020070052
in a	LineR	Funeral, date,	time MoN	7-27	11:00
Church C	Type of Buriel Comelner hapel Graveside		RAGS DI	ALE_M	ortuary.
All Funera	cars must arrive before	3:30 p.m. of regular wor	k day or an extr	a charge of \$	
will be app	olled and billed to under	signed,			-
1.	en can		V		1
Lot 50	2_ Grave	Row Section	n <u> </u>	Division/Block	4
Grave spa	ce & Care Fund			79	5,00
Additional	spaces and care fund	PAL)		$\overline{}$
Opening/C	Closing & Setup			3 /:	5.00
Burial Con	tainer	JUL 19 20	UZ .	790	00,0
		MT. HOPE CEME		<u> 1</u> 45	000
		CITY OF SAN DIE	0.000.000.000		
		The region of the company of the property of the company of the co		पड	00
Recording	and filing tee			14	73
Sales taxe	MARKER SET	- N G		STATE OF THE PARTY	1 72
Y IV	155.00		Total Due	19 150	0.00
LEE	- des	Paid receipt number	VISA	· 1 - 61	1-73
	Y	.1./		lance due ᆜ	0
I hereby o	ertify I am the	Mede/	of th	e above named de	cedent
and this is that I have	your authority to make the right to make this a	disposition of remains as uthorization and I agree to	above indicate hold Mt. Hope	ed. I certify and rep Cemetery hapmles	present ss from 1
		horization and interprest.	0	501	0
I hereby a	uthorize the interment in	Noti Mars	Kala	Titures	else
hold unde	r deed.	> 20	AMa	rest of	71
-			Malli a	9102 2	229
Signature of rec	corded holder of deed	Ser / /	A HEAD	81870	Zip Coxe
6		stephone	1-107	-100	
2	.0	W. 31 J	200		
CV BESIGNATURE	E 1721	6 Invoice	# <u>%</u>		
Work Orde	er# hand hand	Acct. #			

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REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

						,
G	ATE S	2	58 X 3	4	3	Hown
	7	б	9	/0	11	

							fu:
nterment s	pace for: _	ALVi	SRU	NNEL	5		i.e
nterment E					11:00)	
				Se	ect: 1	_ Div	:_7/
ot: 58				APP	ect: _\	_ Div	:

Agrees with Map: Yes No
Blind Check & Verified By

>_ I

Date: 7-78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8

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

TA. NAME OF DECEDE	ENT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Alvis		Runnels	07/19/1933 HD 07/16/2002 H
SA. CITY OF DEATH		58. COUNTY OF DEATH—OUTSIDE CALIF., 6	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
San Dieg	jo	ENTER STATE San Diego	OF INFORMANT Rode Runnels, Wife
man Post Long and Springer	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER Laggedale Mortuary, 5050 Fe	AF APPLACAGE	3059 Market Street . San Diego, GA 92102
	가게 들어왔다. 이 사람들이 가게 되었다면 하지 않는데 하는데 하는데 그 아이들이 되었다면 하는데 가셨다. 하는데		A SIGNATURE OF APPLICANT—Person taking pormit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I Revely acknowledge as applicant that the propose Section 10376 of the Health and Safety Code, and ma	of disposition stated barein is one of the dispositions authorized by a pathernal disposition that of the Health stockatety Color.	Chierroll \$ 67/18/200:
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PE	SON BA. AMOUNT OF FEE PAID SB. DATE PERMIT I	SSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT. WITE: THE PERMIT CHES NO MICH! OF DEPOSIA OUTSIDE OF CALIF.	PIED 07/18/200	12 2211812
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF REGISTRAR OF DISTRICT OF I IF DEATH OCCURRED IN CALIFORNIA VICE RECOTES, F.O. BOX	DEATH- SE. ADDRESS OF REGISTRAR C	OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
3	San Diego, CA 92186		
	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
A. BURIAL (INCLI	UDES ENTOMBMENT)	E. TEMPORARY ENVAULTMENT	L DISPOSITION PENDING REMAINS LOCATED AT
B. CREMATION		F. DISINTERMENT	(Name and Address)
C. DISPOSITION THAN IN A CI O SCIENTIFIC U		G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	
	11A. NAME AND ADDRESS OF CALIFORNIA CEN	AETERY 118. DATE SURIED	THE SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery, 3751	Market Street	
*1	San Diego, CA 92102	17-22-02	Nella t know
8	12A. NAME AND ADDRESS OF CALIFORNIA CRE	EMATORY 128, DATE CREMATE	D 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION		. i •	1
		V V V V V V V V V V V V V V V V V V V	There is a second to be
8	13A. NAME AND ADDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS TO USE DATE MICEIVI	ED 136 SIGNATURE OF PERSON IN CHARGE OF FACETY
SCIENTIFIC		4.4	
USE	- 01	31	
₹			I De legação de la companie de la co
5	14A, NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		O LAC. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
TRANSIT			
Š.			
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, C		CHARGE OF DISPOSITION 150. LICENSE HUMBER
OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND CA I	DISTRICT OF DISPOSITION DISPOSITION	MAINS DISPOSER
THAN IN A CEMETERY	-	1	-IF APPLICABLE
The state of the s	-		

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	1	-	2	2	- 1	7
Date	- 1	in the second	-	1		

na	Funeral, date, time
Type of Burial Container Church, Chapel, Graveside	·
THE CONTRACTOR OF THE PROPERTY	0 p.m. of regular work day or an extra charge of \$
ill be applied and billed to undersigned	d
- 318 Cross	wSection
그는 생님들이 100대 시간들이 보고 있었다. 그렇게 되었다. 그 사람은 사용을 보았다.	300.00
dditional spaces and care fund	D 105.00
pening/Closing & Setup PAI	105.00
urial Container	(http:)
andling Fees JUL 4740	002
	METARY
ecording and filling fee OF SAN DIE	EGO, C. 45.00
ales taxes	
	11 -/
	Paid receipt number R-55223 450.0
55.	Balance due
havet and the land the	of the above named decedent
hereby certify I am the and this is your authority to make disponent I have the right to make this authori any liability on account of said authorizations.	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	GERALD M. PURDY
old under deed.	Signature 369 E. MAIN ST
	EL LASON 92021
Company Compan	
gnature of recorded holder of deed	Cay 1 19 447 - 3387 ZID COULD
gnature of seconded holder of deed	City 619 447-3387 Zip Civile Telephone
ghalure of recorded holder of deed	Telephone 1917-3381
Nork Order # E 17217	619 447-3381

@ Printed on recycled paper

THINGS TO DO TODAY

7-15-2002 Faid - Full " fot 218, see 4 Der 8 300 LA 105 0/2 45 recording fee 45000

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:

El Cajon, CA 92021

Child Protection: N

Beneficiary:

Counselors: 3

SUE SHACKELTON

Qty	Category	Description o	f 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		122
Prope	nty							1
	Divisi	ion Section	Blk / Row	Lot	Grave	Depth/Lvl		
	3	4	The Carlot of th	218	**************************************	A_		0.000
BASE PR	ICE	450.0	00					
SALES TA	AX	0.0	00					
TOTAL C	ASH PRICE	450.0	00					
TOTAL D	OWNPAYMENT	450.0	00 -					
TRANSFE	R ALLOWANCE	0.0	00 -					
DISCOUN	T OR ALLOWANC	E 0.0	00-					
FINANCE	CHARGE	0.0	00					
TOTAL O	F PAYMENTS	0.0	00					
DEFERRE	D PAYMENT PRIC	E 450.0	00					•
NUMBER	OF INSTALLMENT	rs	1					1
REGULAR	R PAYMENT OF	0.0	00					
ODD PAY	MENT OF	0.0	00					
DATE FIR	ST PAYMENT DUE	08/22/200	02					
PAYMEN'	T PLAN	MONTHL	Y					
								100

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

Mt Hope Cemetery

INTERMENT ORDER

City of San Diego

Date 7-22-02

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the	he remains
or Jose A.	. Rosas lin 230202	
ina D. D. Crupt (8	3) First Buria! Weds Ju	1239
Church Chapel Graveside	CA BURIAL	Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge of \$	Jane
will be applied and billed to undersigne	əd	
	8	
Lot 250 Grave 9 Ron	w Section 2 Division/Black	12
Grave space & Care Fund	ENCHOO HOLL	0
Additional spaces and care fund		8_
Opening/Closing & Setup		0
		0
		0
victimizero di anticione i i confessioni della consessioni di consessioni		0
		e
Sares taxos	Total Due	0
	Paid receipt number	
	Balance due	9
I hereby certify I am the	of the above name	Inchesels b
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	osition of remains as above indicated. I certify and rization and I agree to hold Mt. Hope Cemetery har	d represent
I hereby authorize the interment in lot I hold under deed. $\rho_{ N}$		40
Signature of recorded holder of deed	- <u>L</u>	Zip Code
	Kelephona -	
- 47040	Invoice #	
Work Order # E 17218	Acct. #	
REA-104 (7-96) This is	information is available in alternative formats upo	on request.

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817718

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

g

	Üs	BE BLACK INK ONLY-	MAKE NO ERASURES, Y	HITEOUTS OR OTH	HER ALTERATION	IS		
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF	VEAR MONTH	OF DEATH	4. SEX
JOSE		A.	ROSAS		08/28/1	910 07/1	9/2002	MALE
SAN DIEGO	D.	*	SB. COUNTY OF DEAT ENTER STATE SAN DIE	30 - 100 CONTROL OF 120 CONTROL OF 1	NAME, RELATIONSHE OF INFORMANT MARIA ROSA		oress and z	IP CODE
A. TYPED NAME AND AD	ODRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER	3620 BYRD	57 CONTROL OF THE PARTY OF THE		
		SAN DIEGO, CA	•	FAPPLICABLE F-1357 8	SAN DIEGO.	CA 92154		
ACHIOWLEDGMENT OF A	Thereby a	acknowledge as applicant that the propo-	sed disposition stated herein is one of the res authorized pursuent to Section 7100 of the	dispositions authorized by	A SIGNATURE OF APP	Remark		23/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORINA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC ID MIGHT OF DISPOSAL OUTSIDE OF CALS	ROVI- CODE CIFIED	98. DATE PERMIT D 07/23/200 J. BENYARD	2		STRAR ISSUM	IG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	EGISTRAR OF DISTRICT OF DIN CAUPORNIA BOX 85 CA 92186-5222		ORESS OF REGISTRAR O				
JTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			I FO	R CORONER'S	USE ONL	Y
B. CREMATION	11A. NAME AND AL MT. HOPE	DORESS OF CALIFORNIA CE	CONTROL CONTRO	ORNIA	(Nan	OF PERSON IN C	XX	2
CREMATION	F	O, CA ¶2102 DDRESS OF CALIFORNIA CR	REMATORY	128. DATE CREMATE	D 12C. SIGNATURE	OF PERSON IN C	ARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138, DATE RECEIVE	ED 13C. SIGNATURE	OF PERSON IN C	HARGE OF F.	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED		AND SIGNATURE O S WITH THE CARR		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER		VREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE CHARGE OF	OF PERSON IN	150. LICENSE OF CREA	NUMBER MATED RE-

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

Phe New INTER

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 in	ter the remains
of IVIUDIS L-	wiggui	0.44	
n 8 Type of Burial Container	_ Funeral, date, time		
Church, Chapel, Graveside	- i -		Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work da	y or an extra charge o	of \$
will be applied and billed to undersigned.			
Lot 93 Grave 12 Row	Section	2 Division/Ble	12 -
Grave space & Care Fund	الومين لايل	×102	895.00
Additional spaces and care fund	100 101 31	~	
Opening/Closing & Setup	MY CU.		
Burial Container	Ne all		
Handling Fees	JOHN.		
Flower vases - Marker setting fee	/ D	2005	
Recording and filing fee	MAR '	PE CEWETER	\
Sales taxes		DE CEIVIE.	_
2	50/2 MILH	otal Due	295.0
Pa	id receipt number	£55226	224.0
	io receipt number	Balance due	67100
9	016	VA.11.00.4-00.21.100.05	
I hereby certify I am the	tion and I agree to hol on and interment.	ove indicated. I certify	amed decedent and represent harmless from
hereby authorize the interment in lot I hold under deed.	Signature	e diwigg.	acr _
Signature of recorded holder of deed	15/4 x CLC Telephone	Sha Donton	12030 332
Work Order # E 17219	Invoice # Acct. #		

WIGIALD,	MABLE L. 1514 Shadow Knolls Drive, El Cajon,	DEBI	T	(619) 440-0332 CREDIT	BALANCE
17-22-2002	Opened Pre-need Lot Account,				
	Lot 93 Grave 12 Section 2 Division 12		895.00		895.00
	25% down payment R-55226. 2 /79			224.00	671.00
9-4-93	R-55369 Coupon# 1 so 7/6-			224.00 30.00	44300
0-29-02	R-55549 Conom # 293			56.00	587,00
5066-1	K 56842 412,460			8412	50300
2-96-03	R- 58948 March + april 03/7+8 R56277 9,10,411			9/900	407,00
	R56277 9,10,411/			840	32300
9-11 03	56463 12, 13,114			840	23900
2-26 64	617 62 15 14 19			14000	990
7-23-04	R-57827 20.21.22			84.00	15000
2-9+05	R-58489 25124			75-	P
3-15 05	R-57827 2021,22 R-58489 25124 R-58633 Balance pand 127	uel			
	PAID				
	MAR 1 5 200	5			
	MOUNT HOPE CEA	IETE	HY		
	E-17219 WIGFALL, MABLE L.	-			1111

OFFICIAL RECEIPT WHITE TO CUST CANARY CEMI PINK AU	MOUNT HOPE CE	METERY	572	53
From: Mable Wiggall	(619) 527-34 D Address: 1514 Shad	Pate: Majeb	24,20 EC 90	300
in Payment of	ple. nud	Dollars (Division /)
	VALID FOR PURPOSES STATED UNLESS MPED "PAID" IN THIS SPACE.	S. CREDIT 67007 20% Sales Care 77184 – 80% Sales 100 of Lots 77184 – Opening 100	60 60	-
BALANCE DUE 99.00	PAID	Closing 77181 – Bunal 100 Containers 77182 – 100 Handling Fee 77185 –		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	FEB 2 6 2004	Recording 8 100 Misc. Fees 77183 – Pre-Need 63033 Trust 77186 – Sales Tax 60101		
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.	DUNTAGRE Hebel	78390 - TOTAL PAID \$ _	(40	_

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

VIII ().	Date:	7	23	,2004
From: Made [. Wigta] Eighty-Four and in Dart Payment of P	Address: UN record Ve-need bot Acet.	5	Dollars (\$ 8^2	<u>(</u> .00)
Div 12 Sec	a Bik/ Lot	93	Grave	12
Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE,	CREDIT 20% Sales Care 80% Sales	100	84.100
W.O	PAID	of Lots Opening/ Closing: Burial Containers	77184 ——— 100 77181 ——— 100 77182 ———	
Pre-Need Lot At Need On Acct	JUL 2 2 2004	Handing Fee Recording & Misc. Fees Pre-Need	100 77185 ——— 100 77183 ——— 63033	
	ISSUMOUNT HOPE CEMETERY	Trust Sales Tax	77186 60101 78390	SUL 100
AC-212 (Rev. 4-04) This information is available in alternative formatis apon request	1 1	TOTAL PAID	\$	04.100

WHITE

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Mable W. Lighty Low	in	100000000000000000000000000000000000000	1514 Shoud	nu kn ol	Dollars	1, EC (\$ 84.00	920
in	yment of Grave	8	Row	Section	2	Division Blook	12
Invoice No		OT VALID FOR PU TAMPED "PAID" IN	RPOSES STATED UNLESS THIS SPACE:	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing	67007 9 77184 100 77184 100 77181	84	00
Pre-Need Lot At Need	On Acct			Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	77182 100 77185 100 77185 100 77183 63033		
Pre-need Trust Cash	Check	SSUED BY DOW	Hotce	Trust Sales Tax TOTAL PAID	77186 60101 78390	84	Ø

			***************************************		٤	17219
	OFFICIAL RECEIPT		CITY OF SAN DIE	GO, CALIFORNIA	Nº	55369
_	WHITE TO CANARY PINK	CEMETERY	MOUNT HOPE (619) 52	The State of the S		
	- Mable Wiafal	(on re	Date:	9/4	_,20 02
×	Twenty- Eight	and 180		9-19:	Dollars (\$ _ 2)	1_
4	COUDON #	e-ne	EG 101	account	bant	meni
•	Lot 93 Grave	13	Row_	Section 2	Div Blo	rision 12
	Invoice No	NOT VALID FOR "PAID" IN THIS S	PURPOSE STATED UNLESS SPACE.	STAMPED CREDIT 20% Sales Care 80% Sales	67007 77184	2800
	Acct. No			of Lots Opening/ Closing	77184	2010
	W.O			Burial Containers	100 77182	
_	BALANCE DUE TO 690,00			Handling Fee Recording & Misc. Fees	77185	
	Pre-Need Lat X At Need On Acct			Pre-Need 771	77183 ————————————————————————————————————	
	Pre-need Trust Cash Check 17	\mathcal{D}	auditta C	Sales Tax	60101 78390	2000
	AC-212 (Rev. 5-94) 2490	ISSUED BY	Myery C.	TOTAL PAID	***	Z8100

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E17-219 Nº 55549

	and 00 nent of Pre-	Address:_ -neec(Date: Coord Cocour	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	29 lars (\$ _5	,20 ^C	<u>o</u> ,
Coupon	2 4 3 Grave	12	Row	Section_	2		vision	2
Invoice No. Acct. No. W.O. E - 172 BALANCE DUE \$ 5	19 87.00	OT VALID FOR PURPOS AID' IN THIS SPACE.	E STATED UNLESS	20%: 80%: of Lo Oper Closi Buris Coni Hand Reco	Sales Care Sales ts ling/ ng il siners Illing Fee rding & Fees	67007 777184 100 777184 100 77181 100 77181 100 77185 100 77185	56	00
Pre-Need Lot At Need Pre-need Trust Cash AC-212 (Rev. 5-94)	□ On Acct □ □ Check ♀ □ (€76 is:	SUED BY Pau	lette	Pro-f Trusi Salor TOTAL	77186	63033 9862 60101 76390	56.	00

CITY OF SAN DIEGO, CALIFORNIA

55842

WHITE TO CUSTOMER CANARY CEMETERY

		Date: Som (10)	, 20 🛴
From mable Wigfall	Address: 1914 Anad	on knoklands.	E.C. 9202
Eight pour dollars q		Dollars (\$	84.00
in Payment of	ou med lat		Pt 12.3
Lot 93 Grave	12Row	Section _ 2	Block 17
	NOT VALID FOR PURPOSES STATED UNLE STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	1
Acct. No	PAID	20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	5H 10
W.O	JAN 22 2003	Opening/ 100 Closing 77181 —	34733
BALANCE DUE 503, 00	Water County and County And County	Burial 100 Containers 77182 — 100	
S	MT. HOPE CEMETARY CITY OF SAN DIEGO, C-	Handling Fee 77185 — Recording & 100 Misc. Fees 77183 —	
Pre-Need Lot. At Need □ On Acct □	On to SAN DIEGO, C.	Pre-Need 63033 Trust 77186 —	
Pre-need Trust Cash CheckX	ISSUED BY Ham Hetze	Sales Tax 60101 78390 —	
AC-212 (Rev. 10-02) This information is available in atternative formats upon request.		TOTAL PAID \$ _	84 (0)

From: Mable, minety & in part	Payment of Ru		ot Accou	nt _	On, loilars (\$	Division	jon C
Lot 90	Grave	12	Row	Section		Block /	4
Acct. No. E-172 W.O. E-172 BALANCE DUE	-19 4 07.00	iot valid for Pl Tamped "Paid" in	IRPOSES STATED UN I THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	9(e.00
Pre-Need Lot At		7) , ,	Pre-Need	63033 77186 — 60101		
Pre-need Trust [] AC-212 (Rev. 10-02)	Cash Check	SSUED BY	aubette C	TOTAL PAID	78390 — \$ —	96	00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56277

From: Mable Wigh all	Address: 1514, Shadi	may a may a will knowled	de
in gard Payment of Grave	12 mid las	Section 2	Division 18
	VALID FOR PURPOSES STATED UNLESS MPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	84 0
BALANCE DUE 323.00	MAY 2.2 20002 MT. HOPE CEMETARY	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check ISSU AC-212 (Rev 10-02)	CITY OF SAN DIEGO	Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	84 00

EI	7-219
	586

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CEMETERY

OFFICIAL RECEIPT

Fifteen and voc	Addres	s: <u>on</u> reco	rd 	3/16 po.		15.00	
n <i>FUII</i> Payment o	Kaud in hill	Bik/ Row_	counf	93	Grave	12	
nvoice No. = -11249 Acct. No. =	STAMPED "PAID	PAID AR 1 6 2005		CREDIT 20% Sales Car 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee- Recording &	67007 6 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	15)
Pre-Need Lot At Need On A	MOUNT I	HOPE CEMETE		Misc. Fees Pre-Need Trust Sales Tax	77163 — 63033 77186 — 60101 78390 —		
AC 212 (Rev. 4-04) 33	81 SOUEDBY I			TOTAL PAID	s	15.	00

INTERMENT ORDER

City of San Diego

Minho

Date 7 - 22-02

na ASH VAULI	Funeral, date, time	A
Type of Burial Container Church, Chapel, Graveside	*	Mortuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge o	1\$
will be applied and billed to undersign	ed	
	ow Section Division/84c	rck_8
Grave space & Care Fund	8935	0
Additional spaces and care fund Dening/Closing & Setup	BAID	
M 250 250 1.10(-		105 00
Burial Container	JUL 3:0 20U2	55 CO
tandling Fees	entre in the contract of the c	60.00
lower vases – Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, C	45.00
Sales taxes		4.26
	Jotal Due	269.20
0L1 57-4119	Paid receipt number K - 35253	269.20
	Balance due	03
7 30 1	balance due	_
hereby certify I am the and this is your authority to make displant I have the right to make this authority to make the authority to make the authority I ability on account of said authority.	of the above na position of remains as above indicated. I certify prization and I agree to hold Mt. Hope Cemetery	and represen
and this is your authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot	of the above na position of remains as above indicated. I certify orization and I agree to hold Mt. Hope Cemetery zation and interment.	and represen
and this is your authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot hold under deed.	of the above na position of remains as above indicated. I certify orization and I agree to hold Mt. Hope Cemetery zation and interment.	and represent
and this is your authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot hold under deed.	of the above na position of remains as above indicated. I certify prization and I agree to hold Mt. Hope Cemetery zation and interment.	and represen
and this is your authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot hold under deed.	of the above na position of remains as above indicated. I certify orization and I agree to hold Mt. Hope Cemetery zation and interment.	and represent harmless from
and this is your authority to make disp hat I have the right to make this author any liability on account of said authori hereby authorize the interment in lot	of the above naposition of remains as above indicated. I certify orization and I agree to hold Mt. Hope Cemetery zation and interment. I Signature Address City	and represent harmless from Zip Code

6 Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1,4	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE
	ROBERTA	LYNN	HUDSON	MONTH, DAY, YEAR MONTH, DAY, YEAR 06/28/1945 07/20/2002 FE
5,4	CITY OF DEATH		58 COUNTY OF DEATH-OUTSIDE CA	
	CARDIFF		ENTER STATE SAN DIEG	OF INFORMANT
74	. TYPED NAME AND A	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON		JULIE SURBER NIECE 7335 BIRCHWOOD PLACE
	ACCU-CARE	CREMATION CENTER 2562 STA	TE ST.	HIGHLAND, CA 92346
	#E	CARLSBAD, CA 92008	FD 1528	BA. SIGNATURE OF APPLICANT—Person taking cormit, BB. DATE SIGN
a de	ACKNOWLEDGMENT OF A	Second 10375 of the Heart and Safety Code, and was author	rized pursuant to Section 7100 of the Health and Safety C	Ede Deneur Selbert 07/24/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT ONES NO DENT OF DISPOSAL DUTSIDE OF CALIFORNIA.		PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERM TOLBERT 24/2002 > 2212132
AN	OV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CAUFORNIA P.O. BOX 85222	9E. ADDRESS OF REG	SISTRAR OF DISTRICT OF DISPOSITION-
_		SAN DIEGO, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS	8	FOR CORONER'S USE ONLY
1	X A. BURIAL ONCL	UDES ENTOMBMENT)	E. TEMPORARY ENVAULTMENT	I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
	X B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U		F. Disinterment G. Ship in to California H. Transit to Outside of Califo	
I I	C. DISPOSITION	SE TIAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 N	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORN 118. DATE MARKET STREET	BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BLE HEMS	C. DISPOSITION THAN IN A C D. SCIENTIFIC U	ITAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 M SAN DIECTOR OF CALIFORNIA CREMATER 12A. NAME AND ADDRESS OF CALIFORNIA CREMATER	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 118. DATE ARKET STREET GO, CA 92102 128. DATE ACACIA AVE.	BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
LA ATTENDED HEMS	C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	ITAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 M SAN DIECTOR SAN DIE	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA 11B. DATE 12B. DATE 12B. DATE 12CA 92831 12CA 92831	BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CAMPLE IE ALL APPLICABLE HEMS	C DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	ITAL NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 N SAN DIEC 12A. NAME AND ADDRESS OF CALIFORNIA CREMAT GATEWAY CREMATORY 1410 S #D FULLERTON,	G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFO RY I1B. DATE GO, CA 92102 8-5-5 ORY ACACIA AVE. CA 92831 RECEIVING REMAINS 13B. DATE COUNTRY WHERE 14B. DATE	BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

COPY 1

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

V89 (REV. 8/91)

INTERN	IENI ORDER
ne-need INTEHN	of San Diego
tot?	Date 12202
(311)	bject to your rules and regulations, to inter the remains
TO THE HELD AND THE	ALLIAMS 311
TSMOUT	3(3)
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 S Grave Row	Section Division/Block 12
Grave space & Care Fund	89500
Additional spaces and care fund	
Opening/Closing & Setup	37500
Burial Container	250.00
Handling Fees	180.00
Handling Fees Flower vases – Marker setting fee	PECEMETE: 185.00 19.38 19.38
Recording and filing fee	CEMEIL 4500
Sales laxes.	19.38_
MOUNT	7-1/ (Total Due
	100 00 WR 55230 442 00
	Balance due 1327-39
I haraba and the Lam the	of the above named decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
AND THE RESERVE OF THE PARTY OF	Vamen & Williamosil
I hereby authorize the interment in lot I hold under deed.	Signature 444 Houth St
Signature of recorded holder of deed	SAN DIESOCK 92107
organisms of I Socialized States in 1988.	City 2m Code
	Telephone
	Invoice #
Work Order # E 17221	Acct #

This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

WILLIAMS. JAMES E. E-17231

INTERMENT ORDER

ASHES TO MEDICE	Date	12-02
You are hereby authorized and instructed of VIOLET RIC	h and S	ter the remains
in a HOH VACCI	_ Funeral, date, time 2H1: dv ly	11.00
Church, Chaper, Graveside	; tamily	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge o	of \$
will be applied and billed to undersigned.	-	
Lot 65 Grave 2 Row	Section Division/9h	oek <u>6</u>
Grave space & Care Fund	A-6031	-0
Additional spaces and care fund		
Opening/Closing & Setup		1 05.00
	PAID	55.00
Burlal Container		100.00
Handling Fees	JUL 2 7 2002	
Flower vases - Marker setting fee		11000
Recording and filing fee	MI. HOPE CEMETARY	4500
Sales taxes	CITY OF SAN DIEGO C	4.26
1 6	Jotal Due	269.26
()	Paid receipt number $K = 5523/$	2692
jovertime Fee) p	aidby Myc Balance due	21300
D		amed decedent
	artion of remains as above indicated. I certification and I agree to hold Mt. Hope Cerneter ion and interment.	y and represent
72.50 XXX 25.50	Appres 00 00 000	27.0
Signature of recorded holder of deed	- Major Ca 94	55 X Zip Code
	Talephone	
- 17222	Invoice #	
Work Order # E 17222	Acct. #	

CITY OF SO-NT HOPE CENETERY #64 3751 HARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4381322156665644

87/25/82

15:03:50

KEYED

INVOICEN

HC

AUTH# 985931 AUS: NO AUS REDSTED REF# 14802081

HAIL/PHONE

\$ 218.88

TOTAL

\$ 218.88

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

MAIL/PHONE

THANK YOU PLEASE COME AGAIN

Over-time fee for Ash burial on SAT. July 27th 2002 at 11:00 for Violet Richards E-17222

E17222

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SE. MONTH, DAY, YEAR MONTH, DAY, YEAR		
SAN DIECO		SB. COUNTY OF DEATH—OUTS ENTER STATE AN DIE	OF DEATH-OUTSIDE CALIF., 8, NAME, RELATIONSHIP, FULL MAILING ADDRESS		DDRESS AND ZIP CODE	
7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON AMERICAN CREMATION CERVICE 6136 MISSION ED \$210 SAN DIRECTO, CA 92120		CORGE DO F APPLICABLE		19 KELLEBREWECT. NAPA, CA 94558		
- 0.700000	MLEDGMENT OF A	I Dente educate a set of the time of the		s authorized by	SIGNATURE OF APPLICANT—Person laking	98. DATE SIGNED 07/24/200
AUTHORIZ	RANT ZATION OF 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	9A. AMOUNT OF FEE PAID 98	SA RE- BARRELING THE PROPERTY.	2212118	STRAR ISSUING PERMIT
PERMIT TO S	URBES A NEW	PO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA PO BOX 85222 SAN DIECO, CA 92186-5222			DISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CALIFORNIA	
O. AUTHO		OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
C. P D. S	CREMATION DISPOSITION THAN IN A CE SCIENTIFIC US URIAL		F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF KET ST		(Name and Address)	CHARGE OF BURIAL
CRE	MATTON	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR CREMATION SERVICES INC. 2570 PORTUNE WAY, VISTA, CA	1.,	DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMA
d l						
200	ENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY (RECEIVING REMAINS 13B.	DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
Will with	77 Sept. 77 (1-2-1)	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY (14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S	OUNTRY WHERE 148.	DATE RECEIVED DATE SHIPPED	19C. SIGNATURE OF PERSON IN (14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARR	OF PERSON IN CHARGE

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

INTERMENT ORDER

City of San Diego

a LINEF	Funeral, date, time THUR 7-26 10,0
nurch, Chapel, Graveside	GOODBODY Mortuary.
	p.m. of regular work day or an extra charge of \$
	2.00
Il be applied and billed to undersigned	
3267 Grave Bow	Section Division Block
	8 South C-5733
rave space & Care Fund	= 310
ditional spaces and care fund	375.01%
pening/Closing & Setup	2/300
urial Container	110.00
	11 2,00
ower vases – Marker setting fee	77.75
ecording and filing fee	<u>48.00</u>
ales taxes	14-73
	Total Due
	Paid receipt number 55334 769. ?
(y.)V	Balance due
nereby certify I am the	of the above named decedent
nd this is your authority to make dispo-	sition of remains as move indicated. I certify and represent tation and I agree to hold Mt. Hope Cemetery harmless from
y liability on account of said authoriza	
nereby authorize the interment in lot I	XICHARD W. NOSENBERG
old under deed.	74161 60 TH ST.
res v voorwe been	5ANDIEGO 92115-630
nature of recorded holder of deed	1419-265-0982 Zp Code
	V/10-765-AGGA

O Printed on rangeled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

		-	*	<u> </u>	-	4
BOLL 3254	3260 MARCH DESCUZA	SZ bILD DOWNLD ROSEN ROSEN	3463 X	3263 40 99	3264 HUSS	3265
5,5					2,	32
	nt space for: nt Date: \(\frac{7\psi}{6} \) Grave					Div: 10
Grave L	aid out by: _	NF	Rate			_
Agrees v	with Legal C	ard: 🗆 Y	es í	J No	*1.	1(00
Agrees v	vith Map:	J Yes		No	3.000	1600
Blind Ch	neck & Veri	fied By: 9	DAVID	N.	- Date:	ii _

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT—FIRST (GIVEN) 18. MIDDOLE	IC. LAST (FAMILY)		144	DATE OF BIRTH		DF DEATH	4. SEX
VIRGINI	A LEE		BERGER	1	1/95/1920	-	/2002	F
SA. CITY OF DEATH		68. COUNTY OF DEATH- ENTER STATE		6. NAME, RE	ELATIONSHIP, FULL I	AAILING ADDI	NESS AND 28	P CODE
SAN DIE		SAN	DIEGO	RICHA	RD ROSENBE	RCER -	SOM	
	DIDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON		APPLICARI E	4161	60TH STRE	ET		
COODBODX	MORTUARY: 5027 EL CAJON BOUL	State Contract 1	700	-	IECO, CA 9			
	SAN DIEGO, CA 9211	Show the support to the supplier of the suppli	790	BA. SIGNATI	URE OF APPLICANT		A STATE OF THE PARTY OF THE PAR	
ACKNOWN EDGMENT OF A	Section 10376 of the Paralth and Safety Code, and was author	ized pursuant to Section 7100 of the	Health and Salety Code.	1/16	etorical		07/2	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	BA. AMOUNT OF FEE PAI	DATE PERMI	777655		CAL REGIST	FRAR ISSUIN	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	07/24/2	The Contract of the Contract o	2212105			
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO MOUNT OF INSPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH			21.77	T OF DISPOSITION-			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRED IN CAUFORNIA				IER DISTRICT IN CAUFO			
PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222		-					
	SAN DIEGO, CA 92186 5222 OSITION(S) CHECK APPLICABLE ITEMS			-	FOD 001	ONEDIC	USE ONLY	. 1
		- 4		3	FOR COR	ONEN 3	DSE ONL	
A BURIAL (INCL)	UDES ENTOMBMENT) T	E. TEMPORARY ENVAU	LTMENT		L DISPOSITION		REMAINS LT	CATED A
B. CREMATION	<u> </u>	F. DISINTERMENT			treams and	ladi eday		
THAN IN A CI	OF CREMATED REMAINS OTHER EMETERY	G. SHIP IN TO CALIFOR						
D. SCIENTIFIC U	SE L	H. TRANSIT TO OUTSIE	E OF CALIFORNIA					
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	RY	11B. DATE BURIE	D 110.	SIGNATURE OF PER	ISON IN CH	ARGE OF BL	URIAL
BURIAL	MOUNT HOPE CEMETERY		-	1	1	1-	1	4
	3751 MARKET STREET, SAN DI	EGO, CA 92102	1-26 0	ZID/	VIII 1	1	ima	
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C.	SIGNATURE OF PER	SON IN CHA	AGE OF CRE	EMATION
CREMATION			1	i i		/		
					/			
- destata concessiono	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 19C. 5	SIGNATURE OF PER	ISON IN CH	ARGE OF FA	CILITY
SCIENTIFIC		9		6				
USE			2					
	14A. NAME AND ADDRESS IN RECEIVING STATE OR		148. DATE SHIPP		ADDRESS AND SIGN			CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE	SHIPPED		1	OF PLACING WITH	THE CARRIE	R	
TRANSIT			!	4.5				
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH	HER DESCRIPTION SUF-	158. DATE OF	15C. S	SIGNATURE OF PER	ISON IN	150. LICENSE	NUMBER
JUAN DENING AT SEA	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		DISPOSITION		CHARGE OF DISPOS		OF CREM	ATED RE-
OR	FIGURE TO IDENTIFY FRANCE PEROC AND ON DISTRIC	or disrosition.	DISPUSITION	6 3		A STATE OF THE STA	MAINS D	ISPOSER.
DISPOSITION OTHER THAN IN A CEMETERY	FIGURE 10 DOMESTIC FERRE NEW ON DESIGNATION	or bisrosition	disposition				MAINS D	

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



INTERMENT ORDER

City of San Diego

Date 4 24 02

ina T.S. VAULT Funeral,	date, time FRI. July 26th 11'.00 Ar
Church, Chapel Graveside	Featheringill Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular	ir work day or an extra charge of Condo
will be applied and billed to undersigned.	
Lot 101 Grave 9 Row S	Section Division/Block []
Grave space & Care Fund	<u>895.00</u>
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 eAID	
JUL 2 4 2002	1938
MT. HOPE CEMETARY aid receipt no	umber Credit Card 1769.38
CITY OF SAN DIEGO, CA	Balance due
I hereby certify I am the 500 and this is your authority to make disposition of remains that I have the right to make this authorization and I ag	pree to bold Mt. Hopa Cemetery harmless from
any liability on account of said authorization and internal lines authorize the interment in lot I hold under deed.	TOP LYNDN RO.
Signature of recorded holder of deed	(m) 296-2381
F 1/224	voice #

E17224

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)				ATE OF DEATH	4. SEX
Eleanor		Marie	Wiegand		0	71271926 67	23/2002	F
SA. CITY OF DEATH		-100M2 (FIE)	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RE	LATIONSHIP, FULL MAILING	ADDRESS AND Z	IP CODE
San Diego			ENTER STATE S	an Diego	OF INFOR	MANTWilliam Wi	egand, So	on .
7A TYPED NAME AND AD			PERSON ACTING AS SUCH! 7B. CA		92103	Lyndon Rd., Sa	in Diego,	CA
		San Diego, CA	92115 PD	1083	es cious	IRE OF APPLICANT—Person tel	Jan na	T OICHED
ACKNOWLEDGMENT OF M	ne many bereby a	acknowledge as applicant that the pro-	posed disposition stated herein is one of the fires authorized persuant to Section 7100 of the	dispositions authorized by	M. SIGNAT	32		5/2 00 2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA MEALTH AND SAFETY BY FOR THE DISPOSITION SPE IN MERT OF DEPOSAL OUTSIDE OF CA	ECIFIED	07/25/20 K. Zare	002	2212179	EGISTRAR ISSUM	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO Box 8522	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA 22, San Diego,	F DEATH— BE. AD IF -5222	DRESS OF REGISTRAR DISPOSITION IS TO OCC		T OF DISPOSITION— ER DISTRICT IN CALIFORNIA		500
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	'S USE ONL	Y
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFF. H. TRANSIT TO OUTS	ORNIA	İ	L DISPOSITION PEND (Name and Address		OCATED AT
BURIAL		DORESS OF CALIFORNIA C Cemetery, 3751 , CA 92102		7-26-6		SIGNATURE OF PERSON I	CHARGE OF B	URIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA C	CREMATORY	12B. DATE CREMA	TED 12C. 8	SIGNATURE OF PERSON I	CHARGE OF CR	EMATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. 8	SIGNATURE OF PERSON H	N CHARGE OF F	ACILITY
TRANSIT TOWN		DDRESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		SIGNATURE OF PERSON I CHARGE OF DISPOSITION	OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

•	
Record INTERN	PE CEMETERY
INTERN	IENT ORDER
Orall Men City	of San Diego
Ap 's	Date 7-24-07
70	
C 1	bject to your rules and regulations, to inter the remains
or Yor Henry	Wiegard 309
ina T.S. Vault	Funeral, date, time
Type of Burel Contener Church, Chapel, Graveside	Featheringill Mortuary.
All Funeral cars must arrive before 3:30 p.m.	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
will be applied and billed to undersigned.	STATUTE CONTROL CONTRO
2016 4 - 20 5 10 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Lot 10 Grave 8 Row	Section Division/Bleck-
Grave space & Care Fund	895.00
Additional spaces and care fund	-
Opening/Closing & Setup	and an
Burial Container	A A
Handling Fees	
Flower vases - Make Atting La	11 1
Recording and filing fee Sales taxes JUL 2 4 2002	1340
Sales taxes JUL 2 4 2002	19.38
MT. HOPE CEMETARY	Total Due
CITY OF SAN DIEGO, GAid	receipt number Wed Tard 116(3)
C	Balance due
I hereby certify I am the 20	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to look Mt. Hope Cemetery harmless from
any liability on account of said authorization a	Mail (1) 1 310
I hereby authorize the interment in lot I	Sports
hold under deed.	1819 Lydon Road
Signature of recorded holder of deed	SD CA 92103
	City 619- 296-238120000
	Telephone
	Invoice #
Work Order # E 17225	Acct. #
REA-104 (7-96) This informs	ation is available in alternative formats upon request.

O Printed on recycled paper

MT. HOPE CEMETERY INTERMENT ORDER

Oh -1 0- - 0'---

City of San Diego

Date 7-23-02

HOMER I	B. TIGH W	8-7
a ASH Vault	Funeral, date, time	A1
hurch, Chapel, Graveside	Delivery Only! HEATH	Mortuary.
II Funeral cars must arrive I	pefore 3:30 p.m. of regular work day or an extr	a charge of \$
rill be applied and billed to u	indersigned.	
/		
ot Grave 2	3_ Row <u>5</u> Section <u>8</u> 0	Division/Block
arave space & Care Fund	WIN NEW LOT	
dditional spaces and care t	und	
pening/Closing & Setup		105.00
urial Container	HHA ASH VALLT	_55° ac
landling Fees		60,0
lower vases – Marker settir	ig fee	
ecording and filing fee		45.0
ales taxes	PAID	Hil
	Total Due	067.1
	JUL 2Pad istalist number 1-552	35 269.13
	Ba	lance due
	T. HOPE CEMETARY	e above named decedent
at I have the right to make	make disposition by Chairis as above indicate this authorization and I agree to hold Mt. Hope id authorization and interment.	ed. I certify and represent Cemetery harmless from
hereby authorize the interm	entinies Bobent L.	Tigh
old under deed.	Signature // 3/ 'R"	tue
11/142/17	motional Ci	ty ca. 9195
		038
	Invoice #	
ork Order # E 17	226 Acct. #	
VIII - 1 1 1	The state of the s	

& Frinted on recycled paper

GRAVE BLIND CHECK FORM

20 21 122	Eaules	1	4	
	33 _X	24 Faceahini	10	
c * Hon	NER F	3 TiGH	+ 84	11.
:	Row:	Гime:	<u> </u>	Ау. 1
	: Grave <u>23</u> by:	:	Time:	Grave 23 Row: 5 Sect: 8 Div

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

HER BLACK INV. ONLY. MAKE NO EDARLIDES, WINTERLITS OF OTHER ALTERATIONS.

	NT-FIRST (GIVEN)	18. MIDDLE	1C.	LAST (FAMILY)			DATE OF BIRTH		DAY, YEAR	4. SEX
	HOMER	В		TIGH			6/29/1911		1/2002	N
A. CITY OF DEATH	Wation	al City		COUNTY OF DEATH- ENTER STATE	n Menn	OF INFO	ELATIONSHIP, FUL RMANT • O. Tioù	Accessory and the second		P CODE
CT C STORY THE CT	Funeral Ho		R OR PERSON ACTING	—FA	LICENSE NUMBER PPLICABLE	1821 Matic	Bast 12th	CA 919	t 50	E SIGNE
ACKNOWLEDGMENT OF A	SO NORTH Bereby 1	echnowledge as applicant that	the proposed disposition state	hed herein is one of the dis	positions authorized by	7	1-	11.06	07/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO	ON SPECIFIED \$	Many Sept. Color Many In Print	NAME OF TAXABLE PARTY.	804567 27 6 (4174)		3650066530336 30 - 1/23	STRAR ISSUM	
	D. ADDRESS OF R	EGISTRAR OF DISTR	and the second s	IF DISF	ESS OF REGISTRAR POSITION IS TO OCCU	TOTAL PARTNERS	Property and the second	SCHOOL SCHOOL	· · · · · · · · · · · · · · · · · · ·	4
				EMPORARY ENVAUL					REMAINS L	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	11A. NAME AND A	DORESS OF CALIFOR	G.S.H.TI	ISINTERMENT HIP IN TO CALIFORN RANSIT TO OUTSIDE		D 110.	SIGNATURE OF F		HARGE OF B	URIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND A	DORESS OF CALIFOR	☐ e. s ☐ н. т	HIP IN TO CALIFORN RANSIT TO OUTSIDE	OF CALIFORNIA) i 11C.			HARGE OF B	URIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM EMETERY SE 11A. NAME AND A NC. HOPE	CONSTRUCTOR	G.S.H.TI	HIP IN TO CALIFORN RANSIT TO OUTSIDE	OF CALIFORNIA	1,		ERSON IN C	emel	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND A 12A. NAME AND A LABORA	ODRESS OF CALIFOR	G. S H. TI WAA CEMETERY SAM Diago	HIP IN TO CALIFORN	S - 7 - 02 128. DATE CREMAT	ED 12C.	SIGNATURE OF P	ERSON IN C	HARGE OF CR	EMATION
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SQIENTIFIC	OF CREMATED REMINETERY SE 11A. NAME AND AI 12A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI	DORESS OF CALIFOR	G. S H. TI MA CEMETERY SEE Diego HIA CREMATORY EL Cajon CA	PIN TO CALIFORN RANSIT TO OUTSIDE	9-7-02 128. DATE CREMATE 8-01-02	ED 12C.	SIGNATURE OF P	ERSON IN CO	HARGE OF F	EMATION

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

INTERMENT ORDER

City of San Diego

Date 7 23 02

You are hereby authorized and instruct	ed, subject to your rules and regulations, to inter the remains
or Virgie Lee	311
in a D.D. CAUDT (1)	and burial SAT. JULY 27th 110
Church Chapel, Graveside	; RAGSDALE Mortuary.
All Funeral pars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	d
Lot 193 Grave 7 Rov	w Section <u>2</u> Division/Bleck 12
Commercial	=-13180
Additional spaces and care fund	overtime Fee 600.00
Opening/Closing & Setup	<u>375.00</u>
Burial Container	AID -
Handling Fees	UL 2 3 2002
Flower vases - Marker setting fee	23 2000
Recording and filling fee	HOPE GEMETARY HOPE SAN DIEGO, CA TOTAL DUB. TOTAL DUB. 1020.00
Sales taxes	OF SAN DIEGO
Shirley Davis and	Total Due 1020.00
31.4-3077	Paid receipt number AId by MC 10 do, OC
AU7 -	Balance due
I hereby certify I am the X	of the above named decedent
that I have the right to make this authorizany liability on account of said authorizany	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
Wirale Edward	12
I hereby authorize the interment in lot I hold under deed.	(A)
	X 5696 Santa Margarta
Signature of recorded holder of deed	- X J. D. CH 7214
5	Johnnone
E 47007	Invoice #
Work Order # E 17227	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

Virgie	NT—FIRST (GIVEN) 18. MIDDLE Mae	IC. LAST (FAMILY)		2. DATE OF BII MONTH, DAY, 04/25/19	YEAR MONTH, DAY, YEAR
A. CITY OF DEATH San Diege	•	58 COUNTY OF DEATH ENTER STATES AN	OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, F	In Moss, Grandson
nderson-Rag	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR P adale Hortuary, 5050 Fede	ERSON ACTING AS SUCH 78. CAL	F. LICENSE NUMBER APPLICABLE	100	6 Santa Margarita St. Diego, CA 92114
San Diego,	White the property of the second seco	CONTRACTOR OF THE PROPERTY OF		SIGNATURE OF APPLIC	ANT-Person taking permit, BB. DATE SIGNED
ACIDIOMILEDSMENT OF A	Section 10376 of the result and Salety Cook, and	Was authorized pursuant to Section 7100 of the	Health and Safety Code.	any	Dec 1 07/26/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH SIGNS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPE IN THIS PERMIT. MOTE: THE PERMIT GIVES NO INSHIT OF CREPOSAL OUTSUE OF CAL	CIFIED \$7.00	07/26/200 B. Campbe	2 22122	OF LOCAL REGISTRAR ISSUING PERMIT
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IE PRATH_OCCURNED IN CALFORNIA VITAL RECORDS, F.O. Box San Diego, CA 92186-522	≤ 85222 F		F DISTRICT OF DISPOSITION AMOTHER DISTRICT IN	
D. SCIENTIFIC US	OF CREMATED REMAINS OTHER IMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA C		FINIA	(Name	ITION PENDING—REMAINS LOCATED A and Address)
BURIAL	Mt. Hope Cemetery, 375 San Diego, CA 92102		7-27-07	May	Snedw
	12A. NAME AND ADDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMATED	12C. SIGNATURE OF	PERSON IN CHARGE OF CREMATION
CREMATION					\
	13A. NAME AND ADDRESS OF CALIFORNIA F.	ACILITY RECEIVING REMAINS	138. DATE RECEIVE	D 13C SIGNATURE O	F PERSON IN CHARGE OF FACILITY
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA F. 14A. NAME AND ADDRESS IN RECEIVING STA- REMAINS OF CREMATED REMAINS ARE	TE OR COUNTRY WHERE	138. DATE RECEIVE	14C. ADDRESS AND	F PERSON IN CHARGE OF FACILITY O SIGNATURE OF PERSON IN CHARGE WITH THE CARRIER

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

INTERMENT ORDER

City of San Diego

Date 7-23-07

ina LINER	Funeral, date, time ThuR	7-25 1:0
Type of Burlet Contained Church, Chapel, Graveside	belivery ONLY MAYER	Mortuary.
All Funeral care must arrive be	elore 3:30 p.m. of regular work day or an extra cl	harge of \$
will be applied and billed to un	dersigned.	
110 9		12
Lot 7 U Grave 0	Row Section Divis	sion/Block
Grave spane & Caro Fund		סטיכרם
Additional spaces and care fur	nd	
Opening/Closing & Setup		373.00
Burial Container	PAIP	140.00
Jandina Casa		145.00
Flower vases - Marker setting	FEB 1 3 2003 -	77.55
Recording and filing fee	HAT HOPE CEMETARY	42.00
Sales taxes	CITY OF SAN DIEGO, OF	11.73
ARCO DELATOR	Total Due	1664.7
P.A. LKE	Paid receipt number K - 5592	3 1000ci
STATE CAST	Balanc	ce due
hereby certify am the	of the at ake disposition of remains as above indicated.	ove named decedent
	is authorization and I agree to hold Mt. Hope Ce	
any natinity on account of said	Y	
hereby authorize the intermed	nt in lot I	
	Address	
Signature of recorded holder of deed		Zip Code
aí.	Terrin news 3 Total phone	101-15840.
EN.	July 13 03 Telephone # 3663/0	70/0/07
E 170	Terred 13:03 Telephone 10:13:03 Invoice # 366376 28 Acct: # 10:9855	7 May
Work Order # E 172	28 Acct. # [09 855	



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.

7	1	२	3	4	FREENA	V
	6	7 40) X 8	9	10	
* 1		199.4				d

					a
	space for: Ro				
Interment [Date: THUR	7-25	Time:	1:00	
Lot: 40	Grave: 8	Row:_	Sect	t:_ <u>\</u> _	Div: 12
Grave Laic	out by: NF	ROB			
Agrees with	h Legal Card: [J Yes	□ No	\$0.	a on
Agrees wit	h Map: 🗖 Yes	, D	No	, G	you
Blind Chec	ck & Verified By	DAR	REYL	Da	te7-24%

INTERMENT ORDER

C'y t' ba Diego

E-17228

7 77.

for an alteray and on the state of the state LINER THUR 7-15 100 Church, Chopal Grands to DEL weny ONLY All Funeral care must arrive before a rolling a microstration of second or a second or a second or a will be angled and taken or a transfer Cirque suese & Cere Fund . Accir on a spaces and care fund. Opening Diosing & Select Bune Cantaine Mandang Fres Flower vases - Marker saling (59 -Recording and Jung tea Seles tares ... MARCO DELATO BA 73 L HIND L TON Signer 4 F increby confyrian ma and this is your support, is most dispose on it emis to be in obover conduct carries and legitime. 3' The about named got men. that I have the cartie make in a suit. I have used agreed of the Machiner Cartie of a most time. any ability on account of the distillation of more than more than Terreby as no trains their man midd yaffer cedd 20BUN GUARDIAN with me was feet by me of the STOL-S RUFFIN NOAD TO STORE STATE OF CALLS OR NO.

..... E 17228

9 EA 104 (7.56)

The Comprostry was - in alternative to mate or on recurst

E-17228 G

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	W. C.			E OF DEATH	4. SEX
_	Robert		λ.	Du	bce			9/2002	M
5/	Oceanside			58. COUNTY OF DEAT	H-OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL MAILING AI DRMANT DO DELATOBA, PA	DOMESS AND ZIP	CODE .
7,	Myyer Most	uary	A-FUNERAL DIRECTOR OR PERSON IN Dilego, CA 921		LIF LICENSE NUMBER IF APPLICABLE	520 San	1-A Ruffin Rd. Diego, CA 9212 TURE OF APPLICANT—Person taking	23 provid. SB. DATE	SIGNED
	ACKNOWLEDGMENT OF A	nouncement hereby a	chroniedge as applicant that the proposed do 376 of the Health and Safety Code, and was suf			1/34	how & Me	07/22	/2002
	PERMIT JUTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED BIRDHY OF DEPOSAL DUTSES OF CALFIRMS	7.00	98, DATE PERM 07/23/2 B.E. May	2002	C. SIGNATURE OF LOCAL REG 2212043	THAR ISSUING	PERMIT
8	NY CHANGE IN DISPOSH TION REQUIRES A NEW ERMIT TO SHOW FRIAL DISPOSITION.	P.O. BOX	35222	114 1000	DRESS OF REGISTRAF DISPOSITION IS TO OCC		CT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	~ 1	4
10). AUTHORIZED DISPO	OSITION(S) CHECK A	CA 92186-5222 PLICABLE ITEMS			9	FOR CORONER'S	USE ONLY	
100 000 000	B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT			L DISPOSITION PENDING (Name and Address)	REMAINS LOC	ATED AT
	BURIAL	Mt. Hope	Comptery Oct St., San Dieg		7-26-0	1	SIGNATURE OF PERSON IN C	CHARGE OF BUR	(A)
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	TED 12C.	SIGNATURE OF PERSON H	HARGE OF CREM	AATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	138. DATE RECE	IVED 130.	SIGNATURE OF PERSON IN (CHARGE OF FAC	ALITY
OMPLETE A	TRANSIT	FIGERT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION			14B. DATE SHIPE	PED 14G.	ADDRESS AND SIGNATURE OF PLACING WITH THE CARE		HARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NI OF CREMAT MAINS DISS —# APPLIC	TED RE-

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



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 Cemetary 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-1 000 DE-17
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
DARIUS KHAYAT, ESQUIRE	#25
3643 GRAND AVENUE	
San Marcos, CA 92069	V ₀
ATTORNEY FOR (Name):	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE	B
BRANCH NAME:	
ESTATE OF (Name):	
ROBERT A. DUPRE	
DECEDENT	
CREDITOR'S CLAIM	SE NUMBER:
You must file this claim with the court clerk at the court address above before the LATER of (authority to act for the estate) were first issued to the personal representative, or (b) six Administration was given to the creditor, if notice was given as provided in Probate Code deliver a copy of this claim to the personal representative and his or her attorney. A proof of s WARNING: Your claim will in most instances be invalid if you do not properly complete this f	ty days after the date the Notice of section 9051. You must also mail or ervice is on the reverse.
mail or deliver a copy to the personal representative and his or her attorney.	
. Total amount of the claim: \$	
Claimant (name):	
a. an individual	
 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. KX other (specify): MT. HOPE CEMETERY	
Address of claimant (specify): 3751 MARKET STREET	
SAN DIEGO, CA 92102	2
Claimant is the creditor a person acting on behalf of creditor (state reason):	
ORDANIA DE ANTONIO DE PROPERTO DE LA PRIME DE SANO DE PROPERTO DE	
Claimant is the personal representative the attorney for the personal rep	ME 1500011199 VII. A.A.
I am authorized to make this claim which is just and due or may become due. All payments or	n or offsets to the claim have been
credited. Facts supporting the claim are on reverse attached.	The second of
declare under penalty of perjury under the laws of the State of California that the foregoing is tru	e and correct.
ale: November 5, 2002	¥ X.
Sac 3)	har time
Sue Shackelton Clerical Assistant II	SNATURE OF CLAIMANT)
INSTRUCTIONS TO CLAIMANT	4
On the reverse, itemize the claim and show the date the service was rendered or the debt included, and indicate the amount claimed for each item. Do not include debts incurred after the	
If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts sup	
If the claim is secured by a note or other written instrument, the original or a copy must be atta	
If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient 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, w	vith return receipt requested.
Mail or deliver a copy to the personal representative and his or her attorney. Complete the Pro the reverse.	
The personal representative or his or her attorney will notify you when your claim is allowed or	
Claims against the estate by the personal representative and the attorney for the personal representative	
claim period allowed in Probate Code section 9100. See the notice box above.	esentative must be med within the

Form Approved by the Judicial Council of California DE-172 [Rev. January 1, 1998] CREDITOR'S CLAIM (Probate) Probate Code, §§ 9000 et seq., 9153

ESTATE OF (Name):	ROBERT A. DUPRE		DECEDENT	CASE NUMBER: E-17228	
Date of item		UPPORTING THE CF see attachment (if spac Item and supporting	e is insufficient)	IM .	Amount claime
1 1	Robert A. Dupre, In Lot 40, Grave 8, Se Opening/Closing		n 12		\$ 895.00 375.00
	Liner Handling Fee Recording Fee Fax on Liner		7		190.00 145.00 45.00 14.73
		TOTAL DUE			\$1,664.73
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TOTAL:	
a. vy Mail. I am a (1) I enclos (a) (b) (c) (2) The env. (a) Nam	delivered a copy of this Cre t resident of or employed in ed a copy in an envelope Al deposited the sealed env placed the envelope for o our ordinary business p processing correspondent mailing, it is deposited in envelope with postage full elope was addressed and me e of personal representative	the county where the m ND relope with the United S collection and mailing or tractices. I am readily ce for mailing. On the s the ordinary course of the ty prepaid.	tates Postal Service the date and at the familiar with this same day that combusiness with the	ce with the postage fi he place shown in it business' practice espondence is place	ully prepaid. ems below follow for collecting and ed for collection and Service in a sealed, , Esquire
(c) Date	ess on envelope: of mailing: November			San Marcos, C	A 92069 -
b. Personal de (1) Name of	a of mailing (city and state): livery. I personally delivere personal representative sen wh. re delivered:	d a copy of the claim to		sentative as follows:	
(3) Date deliv (4) Time deliv				1	
	perjury under the laws of th	e State of California tha	t the foregoing is t	rue and correct.	
Sue Shackeltor	n, Clerical Assista	int II	Luc	Shachelton	• .

CREDITOR'S CLAIM (Probate)

DE-172 [Rev. January 1,1998]

ESTATE OF (CASE NUMBER: PN26411
			DECEDEN	
	PROOF OF	MAILING	PERSONAL DELIVERY	TO CREDITOR
At the time of	of mailing or personal	delivery I was at lea	st 18 years of age and not a party to t	this proceeding,
	e or business address			
	Vera Cruz,			
San Mar	cos, CA 920	18		
I mailed or p	ersonally delivered a	copy of the Allowan	ce or Rejection of Creditor's Claimas fo	ollows (complete either a or b):
a. X Mail.	I am a resident of or	employed in the co	unty where the mailing occurred.	
7.000	l enclosed a copy in a			THE RESERVE OF THE PROPERTY OF
			with the United States Postal Service	with the postage fully prepaid. a place shown in items below following
	THE RESERVE OF THE PARTY OF THE		프리얼 : 10 10 10 10 10 10 10 10 10 10 10 10 10	's practice for collecting and processing
			[10] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	s placed for collection and mailing, it
			e of business with the United States P	ostal Service in a sealed envelope with
	postage full		E1 6/24 250 - 1	
			first-class as follows:	
	(a) Name of creditor (b) Address on enve		Hope Cemetary	
1	(b) Address on enve		70, CA · 92102	
		Jul	in, market	
ì	(c) Date of mailing:	September 2	1, 2004	
	(d) Place of mailing	city and state): Sa	in Marcos, CA	
	CONTRACTOR	N. C.		
2000	The second secon	COURT	py to the creditor as follows:	
11.000000	Name of creditor serv Address where delive			
(2)	Address where dailye	red:		
(3)	Date delivered:			
(4)	Time delivered:			松
leclare under p	enalty of perjury unde	er the laws of the St	ate of California that the foregoing is tr	ue and correct.
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haron L.	Malone TYPE OR PRINT NAME OF	DECLARANTI		(SIGNATURE OF DECLARANT)

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3643 GRAN	Control of the Contro					
San Marco	s, CA 92069					
ATTORNEY FOR (Name):						
	T OF CALIFORNIA,	COUNTY OF		190		
STREET ADDRESS:	· .					
MAILING ADORESS:				4		
CITY AND ZIP CODE:						
ESTATE OF (Name):						
COTATE OF (Manney.	ROBERT A. D	пррр		9		
A)	KUDEKI A. D	OI AL	D	ECEDENT		
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	claim will in most inst opy to the personal re			omplete this fo	orm, file it on time with th	ie coi
1. Total amount of th	ne claim: \$					
2. Claimant (name):			•			
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b. an individ	lual or entity doing bu	usiness under the ficti	itious.name of (speci	fy):		
			31 	and a second service	-	
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d. a corporal	tion. The person sign	ning has authority to s				
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Form Approved by the Judicial Council of California 06-172 [Rev. January 1, 1996]

CREDITOR'S CLAIM (Probate)

Probate Code, \$5 9000 at seq., 9153

	ROBERT A. DUPRE	DECEDENT	E-17228
Date of item	See attach	TING THE CREDITOR'S CLAIM ment (if space is insufficient) and supporting facts	Amount claims
07-23-02	Robert A. Dupre, Interment Lot 40, Grave 8, Section Opening/Closing	t 1, Division 12	\$ 895.00 375.00
	Liner Handling Fee Recording Fee Tax on Liner		190.00 145.00 45.00 14.73
,	lax on Liner	TOTAL DUE	\$1,664.73

			TOTAL: S
. My residence or bus	(Be sure to mail or take the or a person acting on behalf of the credito iness address is (specify):		filing) was at least 18 years of age.
. I am the creditor or a . My residence or bus i. I mailed or personali a. XXX Mail. I am	(Be sure to mail or take the or a person acting on behalf of the creditor iness address is (specify): y delivered a copy of this Creditor's Classed a copy in an envelope AND deposited the sealed envelope with placed the envelope for collection our ordinary business practices, processing correspondence for mailing, it is deposited in the ordinary.	iginal to the court clerk's office for r. At the time of mailing or delivery laim to the personal representative as by where the mailing occurred. In the United States Postal Service where the mailing on the date and at the plant and mailing on the date and at the plant readily familiar with this builling. On the same day that corresponding course of business with the United	filing) was at least 18 years of age. follows (check either a or b below, ith the postage fully prepaid. place shown in items below following a condence is placed for collection a
i. I am the creditor or a My residence or bus) mailed or personalit a Cyc. Mail. I am (1) I encio (a) (b)	(Be sure to mail or take the or a person acting on behalf of the creditor iness address is (specify): y delivered a copy of this Creditor's Classed a copy in an envelope AND deposited the sealed envelope with placed the envelope for collection our ordinary business practices, processing correspondence for mailing, it is deposited in the ordinary envelope with postage tully prepaid welope was addressed and mailed first	iginal to the court clerk's office for r. At the time of mailing or delivery laim to the personal representative as by where the mailing occurred. In the United States Postal Service where and mailing on the date and at the plant in the pl	filing) was at least 18 years of age. follows (check either a or b below ith the postage fully prepaid. place shown in items below following a principle of collecting a principle of collection a
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. . . .

	DE-174
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, store bar number, and address) — Darius Khayat #159357	FOR COURT USE ONLY
Attorney at Law	
334 Via Vera Cruz, Suite 102 San Marcos, CA 92078	1
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	
E17238 12,1,140,8 DECEDENT	
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	CASE NUMBER: PN26411
NOTE: Attach a copy of the creditor's claim. If allowance or rejection by the court is pages attached to the creditor claim form.	not required, do not include any
PERSONAL REPRESENTATIVE'S ALLOWANCE OR RE	JECTION
1. Name of creditor (specify): Mount Hope Cemetary	
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. X Claim is allowed for: \$ 1,664.73 (The court must approve certain	claims before they are paid)
	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 Indepe	endent Administration of Estates Act.
Date: September 14, 2004	1 2 2///
× Onell	Comment
Lena Chahboudagiantz	ATURE OF PERSONAL REPRESENTATIVE)
191	
REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act on the	ne 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 du	e.
	TV:
COURT'S APPROVAL OR REJECTION	
12. Approved for: \$	
13. Rejected for: \$	
Date:	
SIGNATURE O	F JUDGE COMMISSIONER
14. Number of pages attached: signature fou	LOWS LAST ATTACHMENT
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From Adopted for Mandatory Use Judicial Council of California DE-174 (Rev. January 1, 2000) Martin Dean's Essential Forms TM

SMYLIE & KHAYAT

February 12, 2003

Mt. Hope Cemetary 3751 Market Street San Diego, CA 92102 07-13-03P02:44 RCVD

RE: The Estate of Robert Dupre

02-13-031: _____

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.

CITY of SAN DIEGO

MEMORANDUM

FILE NO. :

DATE | November 5, 2002

TO : Ernest Hamilton, Auditor's Office

FROM : Sue Shackelton, CAII, Mt. Hope Cemetery

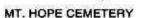
SUBJECT: Cancel Invoice for Robert A. Dupre

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





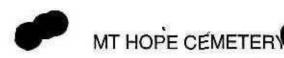
INTERMENT ORDER

City of San Diego

Date_7- 23 - 02

O VAC	M. ROSS 314)
ina DOUBLE DEPT	Tuneral, date; time 1.1
Church Chapel Graveside	: Bishop Mortuary.
All Funeral cars must arrive befor	e 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	signed.
Lot 144 Grave 10	Row Section Division Bleek
Grave space & Care Fund	PAID 895.00
Additional spaces and care fund.	PAID
Opening/Closing & Setup	L 242002 375.00
Burial Container	1 2 4 2002 3 80·00
MT. He	OPE CEMETARY 320.00 FSAN DIEGC
CITY O	F SAN DIEGO
Perceding and filing fee	15.00
2011	29.45
Sales taxes	2014,45
	Paid receipt number R-55236 2044, 45
- 4	Balance due
I hereby certify I am the \(\mathcal{N} \).	of the above named decedent
and this is your authority to make	e disposition of remains as above indicated. I certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment i hold under deed.	XX YOT Ellerwood Cierre
Signature of recorded holder of deed	x 5 pringy Alleyen 91977
S	1619. 698.44C6
E 4700	Invoice #
Work Order # E 1722	9 Acct.#
REA-104 (7-96)	This information is available in alternative formats upon request.

REA-104 (7-96)



E17229

GRAVE BLIND CHECK FORM

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

ano bunar spe			8		1	
N	2	3	4	8	6	
7	8	٩	144 X 10	11	12	- 87 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
			_			_
Interment spa	te:ThuR	7-5	Lぢ Ti	S S me:_\`\0		
Lot: 144 Grave Laid o		10	Row:	_ Sect:_\	Div:	15
Agrees with	Manual Manual State of the Stat	rd: 🗖	Yes 🗆	J No.	ly '	57V
Agrees with			4			
Blind Check	& Verifie	d By:_			. Date:	

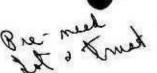
£17229 49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAN	an a	2. DATE OF BIRTH	
	David		Michael	Ross		09/20/1952	07/19/2002 M
5/	CITY OF DEATH			1 mm x / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F DEATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FUL	L MAILING ADDRESS AND ZIP CODE
	La Jolla			ENTER STA	San Diego	OF INFORMANT	Ross - Wife 600
7/	Bishop No:	rteary	A—FUNERAL DIRECTOR OR PE	4	78. CALIF. LICENSE NUMBER —IF APPLICABLE 70—1673	Spring Valley,	Circle .
	ACKNOWLEDGMENT OF A	tourness I heroby a	cknowledge as applicant that the propos 376 of the Health and Safety Code, and w	sed disposition stated herein is o		· Dul	07/23/208
-	PERMIT	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPEC	ROVI- CODE SFIED SA. AMOUNT OF	FEE PAID 98. DATE PERM G. MICC		LOCAL REGISTRAR ISSUING PERMIT
	OCAL REGISTRAR	IN THES PERMIT.	O MIGHT OF DISPOSAL OUTSIDE OF CALIF	\$7.00	07/23/20	02 2212060)
-	Y CHANGE IN DISPOSE	F DEATH OCCURRE	EGISTRAR OF DISTRICT OF I D IN CAUFORMA LOURLY Health D San Diego, CA	ept. P.O.		R OF DISTRICT OF DISPOSITION CUR IN AMOTHER DISTRICT IN CA	######################################
10	. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR C	ORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	AINS OTHER	3. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	TO DEC		PERSON IN CHARGE OF BURIA
	BURIAL	Hount Rope	Cemetery it St., Sen Die		-1-1	2 Kenneth	Collins
BLE ITEMS	CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMI	ATED 12C. SIGNATURE OF P	ERSON IN CHARGE OF CREMATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FAI	CILITY RECEIVING REM	AINS 13B, DATE RECE	IVED 13C. SIGNATURE OF F	PERSON IN CHARGE OF FACILITY
MPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E 14B. DATE SHIP!	PED 14C. ADDRESS AND S OF PLACING WIT	IGNATURE OF PERSON IN CHARGE H THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA			15C. SIGNATURE OF DISI	

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



INTERMENT ORDER

City of San Diego

Date 7-24-02

2 1 0 1	RODR' GUEZ.	
Type of Bufal Container Church, Chapel, Graveside	HAVI CONCHED BY CONTRACTOR OF THE PERSON OF	Mortuary.
All Funeral cars must arrive before 3:30 p.m.		
	100	large of \$
will be applied and billed to undersigned		
ot 217 Grave 8 Row_	Section 2 Divisi	ion/Block12
Grave space & Care Fund		895.00
Additional spaces and care fund	0/2 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
		Control of the latest and the latest
-lower vases - Marker setting ree	NF 45.00	gara
		- 0 H
Sales taxes		741111
5.6° 6:0	Total Due	Section of the second section of the second section is the second section of the second section sectio
DOL DE Paid	receipt number <u>VV5 A</u>	616.00
1 15	Balanc	e due 10 0 1
hereby certify I am the and the disposition	of the ab	ove named decedent
that I have the right to make this authorization	n and I agree to hold Mt. Hope Cer	certify and represent netery harmless from
any liability on account of said authorization	and interment.	11
hereby authorize the interment in lot I	Mary Bl	odates.
hold under deed.	4034 ET	A 507
	SAN Dipar	CA. 92/13
Signature of recorded holder of deed	619)264 Telephone	-2518 20 Code
Work Order # E 17230	Invoice #	

RODRIGUEZ, MARIA & JESUS 4034 Eta Street, San Diego 92113 264-2518

Opened pre-need lot and trust.

07-24-02

Lot 217, Grave 8, Sec 2, Div 12	895.00	89500
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 Coupm 1 2 2		1841-00 1694.45
1-20-02 VISA Coupon 3+4	NIP X	154 00 1540,45
1-29-03 Vioa nogowaan 596 per	west	184 00 188648
12-563 NO COLLOT USO CUID TO		500 00 886 45
3-3-04 gan, Teb, March No coupon Vis Cord		23192 655.45
9-13-04 Visa Card		4000 255 45
11/23/04 Sept, Oct, now Diso		DS5 43 LO
	03 400	
RODRIGUEZ, MARIA & JESUS E-17230		

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

Child Prot: N

San Diego ,CA 92113

Beneficiary:

* Counselors:

SUE SHACKELTON

Qty	Category	Description of	Contract Items	Price	Tax	Allowance	Addl. Desc.
· 1	Graves	Division 12-2	14	895.00	0.00		
. 2	Opening/Closing	2nd Burial Dbl D	epth	750.00	0.00		
1	Burial Vaults	Double Depth La	wn Crypt	380.00	29.45		
1	Handling Fee	D/D Crypt Handl	ing fee	320.00	0.00		
2	Misc Fees	Recording Fee	3000 PRO 1000 PRO 100	90.00	0.00		
Proper	ty						
	Divisio	n Section	Blk / Row	Lot	Grave	Depth/Lvl	
	Division I	2 2		217	8	A	

PAID IN Full, pre-need lot a trust 12,2,217,8 E-17230

Lagin Light

Jesús Todeiguz

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
Angelo Peanson (CHILD)
in a Funeral, date, time WEO 7-31 1.0
Church, Chapel, Graveside : D. IVIEMO(IQ/ Mortuary.
All Funeral cars 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 Row Section 3 Division/Block
Grave space & Care Fund
Additional spaces and care fund
Opening/Closing & Setup
Burial Container 9500
Burial Container 7500 Handling Fees PAID 50.00
Flower vases - Marker setting fee
Flower vases - Marker setting fee JUL 3 0 2002 45.00
Sales taxes MT. HOPE CEMETARY
CITY OF SAN DIEGO, CATOLAI Due 587, 36
Paid receipt number R - 5525/ 587.34
Balance due
I hereby certify I am the
I hereby authorize the interment in lot I hold under deed.
Signature of recorded holder of dead Address A
Invoice #
Work Order # E 17231 Acct. #

@ Prixing on recycled paper

REA-104 (7-96)

This information is available in atternative formats upon request.

E-17231

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			DATE OF DEATH 4. SEX
ANGELO		L	PEARSON		01/28/1989 07	721/2002 H
5A. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MAILIN	The second secon
TORRANCE			ENTER STATE	ARGELES	JAMES L PEARSON S	D. CO LYMPASUPS
7A. TYPED NAME AND A	DORESS OF CALIFORN	IA-FUNERAL DIRECTOR O		LIF. LICENSE NUMBER		310
SAN DIEG	O MEMORIAL	CHAPKL	41		SAR DIEGO CA 9211	5
2441 UNI		SAN DIEGO C		2011	A. SIGNATURE OF APPLICANT—Ferson t	BB. DATE SIGNED
ACKNOWLEDGMENT OF A			proposed disposition stated herewith time of the and was authorized pursuant to Section 7100 of the		Mose Have	07/24/2002
PERMIT	BIONS OF THE CALIF	UED IN ACCORDANCE WIT FORMIA HEALTH AND SAFE	TY CODE /	AID , 98. DATE PERMIT	SSUED, 9C. SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	TY FOR THE DISPOSITION S	PECIFIED	07/29/2	1002 waney 4 30	wen ma
LOCAL REGISTRAR		O MENT OF DEPOSAL OUTSES OF		1	OF DISTRICT OF DISPOSITION—	
THOSE REQUIRES A MEW 1	RATTE DEST	EGISTRAH OF DISTRICT ED IN CALIFORNIALAS A 313 BORTH PI	GELLS CO	INSPOSITION IS TO OCCUR	IN ANOTHER DISTRICT IN CAUFORNIA	4
PERMIT TO SHOW PINAL		ANGELES CA 90	10 TO THE	D.BOX 85222 H DIEGO CA 9	2186 8222	
10. AUTHORIZED DISP	Charles of the Association of the Control of the Co		VAL I DA	N DIEGO GA 9		R'S USE ONLY
TE A BURIAL ONCL	UDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	.6.000000000000000000000000000000000000	DING-REMAINS LOCATE
B. CREMATION			F. DISINTERMENT		(Name and Address	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	ORNA		
D. SCHENTIFIC US			H. TRANSIT TO OUTS	IDE OF CALIFORNIA		
	11A. NAME AND AL	DDRESS OF CALIFORNIA	CEMETERY	118. DATE BURIED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIA
BURIAL	MT HOPE	CEMETERY		1	1 /	,
	3751 MAI	KET ST SAN D	IEGO CA 92102	7-31-02	NI F	land 1
TEMS	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERSONA	N CHARGE OF CREMATION
CREMATION			No.	Ì	: /	
7 P					i> (
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED' 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
USE			44	1		
₹	TAL MANER AND A	000000 00000000		I de autre autre	14C. ADDRESS AND SIGNATUR	
TRANSIT		CREMATED REMAINS AF	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPEI	OF PLACING WITH THE C	
TRANSIT	100000000000000000000000000000000000000					THE THE PARTY OF T
SCATTERING AT SEA	15A. ADDRESS. NEA	CREST POINT ON SHORE!	NE, OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON	IN 150. UCENSE NUMBER
OR	FICIENT TO IDE	ENTIFY FINAL PLACE AND	CA DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION	
THAN IN A CEMETERY			1	1		-IF APPLICABLE
The state of the s						

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

INTERMENT ORDER

City of San Diego

Date 7- 26-02

You are hereby authorized and instructed, su orBerm de He	ubject to your rules and regulations, to interthe remains 2. Cureaux 366
n a LINEA	Funeral, date, time FRI. AuG 2nd 1:00
Church Chapel Graveside	: CUPTESS VIEW Mortuary.
All Funeral cars must arrive before 3:80 p.m.	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	
ot 133 Grave LO Row -	Section 2 Division/Block 12
Grave space & Care Fund	875.00
Additional spaces and care fund	
Opening/Closing & Setup	37,500
Burial Container	FAID 190.00
landling Fees	.HH 2 0 2002 145. 00
lower vases - Marker setting fee	
Recording and filing fee	T. HOPE CEMETARY 45.00
Sales taxes	14.73
soles taxes.	Jotal Due, 1 664.73
oh Ome	receipt number C paud (1664.7
COLME 1010	Balance due
hereby certify I am the Son	of the above named decedent
	1) 1 1
hereby authorize the interment in lot I hold under deed.	Joseph Cureaux Server 36
ignature of recorded holder of deed	Address 5 cm D. Pego, CH 92114 (619) 264-4690
(Telephone
<i>></i>	Invoice #
Vork Order # E 17232	Acct. #

E17232

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

NO X	

Interment sp	ace for:	Be	irnad.	ette i	Cure	aux	- 17
Interment Da	ate: 8	20	2	_ Time	e:1:c	2 Div:	<u>ا</u> ھ
Grave Laid o				2			
Agrees with		-0.1			No	*	53

Agrees with Map: Yes

Blind Check & Verified By:

1 Date: 7-30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

5

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			TE OF BIRTH	3. DATE OF		4. SEX
BERNADETTE		ESTHER	CUREAUX		02	/15/1933	07/25	/2002	F
SA. CITY OF DEATH	W. A	W ====================================	58. COUNTY OF DEA	TH-OUTSIDE CALIF.,	6. NAME, RELA	HONSHIP, FULL MA	ULING ADDRE	SS AND ZIF	PCODE
NATIONAL C	ITY		ENIER SINIE	EAN DIEGO	The state of the s	A. CURRAU	X SR -	HUSBA	TED .
7A. TYPED NAME AND AC	DRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. CA			ESBURY ST			
KL CAMINO	MEMORIAL -	CIPRESS VIEW	CHAPEL	# APPLICABLE	SAN DIE	GO, CA 92	114		₹()
3953 IMPKI		AN DIEGO, CA 9		-010	BA. SIGNATURE	OF APPLICANT-PO	rson taking permi	BB. DATE	E SIGNED
ACKNOWLEDGMENT OF A			eed disposition stated herein is one of the ven authorized parsuant to Section 7100 of		Pane.	the Vale -		07/30	/2002
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH P	ROVI- 9A. AMOUNT OF FEE I			GNATURE OF LOC	AL REGISTE	AR ISSUING	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPEC	\$7.00	07/30/20	02 22	12372			
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES IN	O RIGHT OF DISPOSAL OUTSIDE OF CALL	FORMA.	P Valent					
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF RI	EGISTRAR OF DISTRICT OF		DIRESS OF REGISTRAR DISPOSITION IS TO OCCU			NIA		
PEUNIT TO SHOW FINAL DISPOSITION.	VITAL RE	CORDSPO BOX	85222						
		D. CA 92186-52	22 i						_
10, AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORC	ONER'S U	SE ONLY	
A. BURIAL (INCLI	DES ENTOMBMENT)		E. TEMPORARY ENV	AULTMENT		I. DISPOSITION F		EMAINS LO	CATED AT
B. CREMATION	Considerations represent		F. DISINTERMENT		1	(Name and Ad	dress)		
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	ORNIA					
D. SCIENTIFIC US			H. TRANSIT TO OUT	SIDE OF CALIFORNIA					
	11A. NAME AND AL	DRESS OF CALIFORNIA CE	METERY	118. DATE BURNED	11C. SIG	NATURE OF PERS	ON IN CHAP	RGE OF BU	IRIAL
BURIAL	MT HOPE C	EMETERY, 3751	HARRET ST		! /		_	/	
	SAN DIEGO	, CA 92102		8-2-02	1 K	1000 /	-	Erme	A -
COEMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CE	EMATORY	128. DATE CREMAT	ED 12C SIG	NATURE OF PERS	RAPETHI NO	GE OF CRE	MATION
					î	2	//		
	ž.			ł.	\	1			
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEN	ED 13C SIG	NATURE OF PERS	ON IN CHA	RGE OF FA	CILITY
SCIENTIFIC			H.	E.	i				
USE				1	1.0				
	14A. NAME AND A	DORESS IN RECEIVING STAT	TE OR COUNTRY WHERE	148. DATE SHIPPE	D 14C. ADD	RESS AND SIGNA	TURE OF P	ERSON IN	CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE 1	TO BE SHIPPED		OF	PLACING WITH TH	E CARRIER		
TRANSIT				Ŷ.	1.0				ē.₹
SCATTERING AT SEA	15A. ADDRESS. NEA	VREST POINT ON SHORELINE	OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIG	NATURE OF PERS	ON IN TE	SD. LICENSE	NUMBER
OR		ENTIFY FINAL PLACE AND CA		DISPOSITION		RGE OF DISPOSI		OF CREM	ATED RE-
DISPOSITION OTHER THAN IN A CEMETERY	į.			i	1		i	-F APPL	
	14			1			- 4		

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

INTERMENT ORDER

17337	Aity of San Diego		
relino (1) £17833	_		26-2002
M. 139	/ /		
You are hereby, authorized and interred	led, subject to your ru	les and regulations, to	inter the remains
a Wille 12 Jame	3/ Melina	ia B. Oam	STATE OF THE PARTY
ina D.D. Crupt	Funeral, date, t	ime TUPS UL	14 30th 1.
Church Chapel, Graveside		Roosdek	Monuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigne	ıd	CH2K	
	.34	06.7	200000
Lot 138 Grave /_ Ro	w Section	n_2_ Division/I	inek 12
Grave space & Care Fund	BALL		895,00
Additional spaces and care fund	PAIL		
Opening/Closing & Setup		n 2	375.00
	10L 2 0 20		38/1.00
Burial Container	MT. HOPE CEME	TARY	290 10
Handling Fees	TY OF SAN DIE	GO; C+	500.00
Elevent upone - Markor cottion for			
Recording and filing fee	45 00 ea	ch.	90.00
Sales taxes			29.43
		Total Due	2089.43
		R-85244	2089.43
	Paid receipt number	A DOV //	-800
		Balance du	• - 9
I hereby certify I am the			named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	ization and I agree to	above indicated. I cert hold Mt. Hope Cemete	ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of deed	Chy		2 to Coos
	Telephone		7
5	Invoice (•	100
Work Order # E 17233	Acct. #		
OLIVERANT STATE OF THE STATE OF			

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

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

			25			
		_	1 X	a	3 Ombre	ij Gambrei
-					1	
Interment	Date: <u>7</u>	- 30+h	2002	Vime:	nda Jam 1.00 C	bapel
				SE 41		
Agrees w	ith Legal C	ard: □ JYes	Yes	No No	Sea	V
Blind Che	ck & Veri	fied By:		Mer	Date:	7-29-0

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			TE OF DEATH 4. SEX
Malinda	Beatrice	James		02/02/1909 07/1	8/2002 7
SA. CITY OF DEATH		SB. COUNTY OF DEATH- ENTER STATE	0	AME, RELATIONSHIP, FULL MAILING A F INFORMANT	
7A. TYPED NAME AND AS	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH TB. CALIF	higan LICENSE NUMBER	Lucille Robinso	PROCESS AND ADMINISTRATION OF THE PARTY OF T
Anderson-Re	agedale Hortuary, 5050 Feder	al Blvd	APPLICABLE	1037 Richards 1	8ad 323/
San Diego.		FD-1	329	SIGNATURE OF APPLICANT Person laters	
ACKNOWLEDGMENT OF A		esition stated berom is one of the di prized pursuant to Section 7100 of the f	spositions authorized by	Campbell	07/29/2002
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE			ED, SC. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	SHORS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PENNT GNES NO WORLD OF BUPGSAL DUTSIDE OF CALIFORNIA.	\$7.00	07/29/2002 B. Campbell		
ANY CHANGE IN DISPOSH TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA	! IF DIS	POSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION— ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION.		Vit	al Records,	P.O. Box 85222	
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	Sen	Diego, GA 9	2186-855 CORONER	S USE ONLY
B. CREMATION		E. TEMPORARY ENVAU F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID	NIAS	I. DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATES-AT
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE Mt. Hope Cemetery, 3751 Ma San Diego, CA 92102	Contract of the contract of th	7-30-02	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

A. NAME OF DECEDE W1111	And the control of th	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH DAY, YEAR 07/24/1904	3. DATE 0		4. SEX
A. CITY OF DEATH	Perris	5B. COUNTY OF DEATH ENTER STATE	H-outside calif. Riverside	6. NAME.	RELATIONSHP, FULL MORMANT	AILING ADDR	ESS AND Z	P CODE
Anderson-R	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS agadale Hortuary, 5050 Federal	ON ACTING AS SUCH 78. CAR OTAL BLVd -	LIF. LICENSE NUMBER F APPLICABLE	110725000077	Richards R		3	*-
San Diego,	CA 92101	YI YI	1329	84 SIGN	TURE OF APPLICANT	erson taking perm	88. DAT	E SIGNET
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed Section 19376 of the Health and Salety Code, and was a			460	Sectional	Cuy.	07/2	poo
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO. AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. RUTE: THIS PERMIT GIVES NO NIGHT OF ORPOSAL OUTSIDE OF CALFORD	S7.00	AD 98. DATE PERMIT		OC. SIGNATURE OF LO	100000	rar issuin Bal Wa	li li
NY CHANGE IN DISPOSI- TION REQUIRES A NEW MERMIT TO SHOW FINAL	90. ADDRESS OF REGISTRAR OF DISTRICT OF DE RIVETBISS CO HERITA Dept.PC Riverside, CA 92513-7600	Box 7600 San		ealth	OF DISPOSITION— THE DISTRICT IN CALIFO Dept, PO B	RNIA DX 8522	22	1
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER	E TEMPORARY ENVA	DRNIA		FOR COR	PENDING F		
D. SCIENTIFIC U	11A. NAME AND ADDRESS OF CALIFORNIA CEME Mt. Hope Cemetery, 3751 Mg San Diego, CA 92102	H. TRANSIT TO OUTS	118. DATE BURIE	D 110	SIGNATURE OF PER	SON IN CHA	AGE OF BI	IRI/
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREW	MATORY	128, DATE CREMA		SIGNATURE OF PER	IN CHAS	GE OF CR	MATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	THE OCCUPANT OF THE PARTY OF		VED! 190	. SIGNATURE OF PER	SON IN CHA	RGE OF FA	CILITY
		ITY HECEIVING REMAINS	13B. DATE RECE	, iso	20 Mary 12 A 12			
SCIENTIFIC USE TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO	OR COUNTRY WHERE	138. DATE RECE		ADDRESS AND SIGN OF PLACING WITH T			CHARGE

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

INTERMENT ORDER

City of San Diego

toust			Date	1-26	. 0 -
You are hereby authorized and instructed of House & Va	s. subject to	your rules	and regu	lations, to inte	r the remains
in a	245 0	I, date, time	47		
Type of Surial Container Church, Chapel, Graveside		i, data, ume	-		Mortuary.
All Funeral cars must arrive before 3:30	o.m. of requ	ılar work da	v or an e	xtra charge of	- CONTRACTOR OF THE CONTRACTOR
will be applied and billed to undersigned.	000000000000000000000000000000000000000	CALIFORNIA STATE	4.000.000.00		
Lot 66 Grave 9 Row	8	Section _	à	Division/Bleet	·_//
Grave space & Care Fund		************			
Additional spaces and care fund		///			
Opening/Closing & Setup	D				
Burial Container					190.00
Burlal Container	002				15.00
Flower vases - Marker setting fee CEN	METARY		,,,,,,,,,,,,,,		
Recording and filing	EGO, CA				45,00
Sales taxes					14.73
		Ţ	otal Due	3	194.73
F	Paid receipt	number M	10		394.7.
			19	Balance due _	-0
I hereby certify I am the and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizat	ation and	agree to hol	ove indic	the above nam ated. I certify a pe Cemetery h	nd represent
I hereby authorize the interment in lot I hold under deed.		Sgrature		-	-
	S.	Address			
Signature of recorded holder of deed		City			Zip Code
	100	Telephone			
47004	3	Invoice #			
Work Order # E 17234	. 9	Acet. #			

INTERMENT ORDER

City of San Diego

Date 7-29-02

or LILLIAN HILL		
ina T. S. WALEST	Funeral, date, time FRI-QUQ, 2n	d 10:
Church, chape Graveside	RAGSDAUS	Mortuary.
All Funeral cars must arrive before 3:90 p.m.	of regular work day or an extra charge of \$	150,00
will be applied and billed to undersigned		5
Lot 43 Grave 12 Row_	— Section 2 Division/Block E-24/81/5234	12
Grave space & Care Fund		
Additional spaces and care fund		0
Opening/Closing & Setup		0
Burial Container		0
Handligg Fees		0
Flower vases - Marker setting fee		8
Recording and filing fee		0_
Sales taxes		9
D. I d	Total Due	0
raid	receipt number Balance due	O
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery har	d represent
I hereby authorize the interment in lot I hold under deed.	Signature	-
	Address	-
Signature of reporded holder of deed	Crty	Zip Code
	Telephone	- 8
	4.000.000.00	
Work Order # E 17235	Invoice #	

O frinted on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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

10	. NAME OF DECEDE	kata kata kata kata kata kata kata kata	ET (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	Lillian	C. 1	411	01/27/1905 07/28/2002 F
5/	L CITY OF DEATH		INTY OF DEATH—OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	Denison		Texas	Eloise White, Goddaughter
7,	THE REAL PROPERTY OF THE PARTY	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS	SUCH 7B. CALIF. LICENSE NUMBER	614 W. Johnson
	Anderson-	-Ragsdale Mortuary, 5050 Federal	! APPOINTE	Denison, TX 75020
	Blvd. Sar	n Diego, CA 92102	F8-1329	SA-SIGNATURE OF APPLICANT—Forum taking permit, 88. DATE SIGNED
	ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant that the proposed disposition stated in Section 10376 of the Health and Salvin Ceds, and was authorized pursuant to	erem is one of the dispositions authorized by a Section 7100 of the Health and Safety Code.	Jan 4 107/31/2002
_	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	INT OF FEE PAID 98. DATE PERMIT	ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT ENEX NO BEST OF DISPOSAL OUTSIDE OF CALFORNIA. \$7.0	08/01/20 B. Campbe	
AN	OF CHANGE IN DISPOSI- NOW REQUIRES A NEW ERMIT TO SHOW FINAL	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	IF DISPOSITION IS TO OCCU	OF DISTRICT OF DISPOSITION— IF IN ANOTHER DISTRICT IN CAUFORNIA 16, P.O. Box 85222
_	DISPOSITION.		San Diego,	CA 92186-5222
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER G. SHIP	PORARY ENVAULTMENT . TERMENT IN TO CALIFORNIA	(Name and Address)
	D. SCIENTIFIC US	SE ∐ H. TRAN	ISIT TO OUTSIDE OF CALIFORNIA	
	BURIAL	Mt. Hope Cemetery, 3751 Market S	itreet	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	2380III2808	San Diego, CA 92102	18-6-05	New + knust
BLE TTEMS	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY	128 DATE CREMAT	ED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVEN	G REMAINS 13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHEPPED.	WHERE 148, DATE SHIPPI	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
_	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCR FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISE		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREATED REMAINS DISPOSER —IF APPLICABLE

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



Cemetery Manager

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

T-320 P 01/02 F-248 2/24/1983 E17 Z35

Property Director

OWNERSHIP AND INTERMENT PRIVILEGES

Nº 10910

TOElgie & 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 NO	UMBERE-3468
held for burial privileges only with endow hereafter be adopted, including the right to Cemetery. The rights hereby conveyed for	in the office of the County Recorder of San Diego County. To be ed care. Subject to all rules and regulations now in force or may be ingress and egress with essentials for care and operation of the interment privileges shall not be relinquished without the consent y case and must be recorded in the office of Mount Hope Cemetery.
repairs to any monument, head stone, vault after be erected or placed on said lot or plot of plot. In no case will the Cemetery Divi	said Cemetery Division does not undertake or agree to make any s or other improvements of like nature that is already, or may here to cost of same shall be assumed by legal owner or representatives ision be responsible for damage, malicious mischief, vandalism and es the right to remove any object that detracts from the embellished memorial will be permitted:
/ *F1u	sh Marker Only*
Ples no loste	

Company 1 / 21 24 CIT

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

6/21/1979 E17235

Nº 09938

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elgie & Lil	Tran	U.	uiii			_ for the	sum of	\$ _4	120,00	(DOLLAR:
LEGAL DESCRIPTION	Lot	31	Grs	8 &	9	Sec 3	Div	12	(3)	openings & Liners paid,
AS DESCRIBED ON PI						1917/16/11/12/09/22/09/22/09			(4)	Danes bares

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 los or plot. Cost of same shall be assumed by legal owner or representatives 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:

Manager	Vhaite	- dule	<u></u>	
# # # # # # # # # # # # # # # # # # #		perty Director	12.	
	the transfer is the transfer one	and the state of		M FW Server
FFICIAL RECEIPT			4	900
WHITE TO CUSTOMER	CITY OF SAN DIEGO. CALIFORNIA PUBLIC WORKS DEPARTMENT	NC.	. Nº	27360
PINK AUDITOR PECLOW RETAIN	MOUNT HOPE CEMETERY			
0, 0, 0		DATE	-d1	19
well and I have Il.	LOV ADDRESS 5050	2 talles	-U)(K	Vel (
ROMPY, W. BAGSON	ADDRESS OF LOC	1000	-	
Mine Kundie	thirty tus &	10/	LLARS (S	932
Mino Kundia	Thirty ten &	10/	LLARS (S	932 (ll)
Mind himling	thirty ten &	10/	1///	932 (ll)
Migie Rement of	he rad Com. I	les o	11/4	932 (CL)
0 1	8 # 9 ROW_SE	CTION 3	///	DIVISION
NET BURNENT OF STAVE	he rad Com. I	CTION _ SALCE C	754 300	DIVISION A
0 1	8 # 9 ROW SE	CTION S	784 308	DIVISION P
0 1	8 # 9 NOT VALID FOR PURPOSE STATED UNLESS PAID	CTION SALCE OF LOTE	784 308	DIVISION P
0 1	8 # 9 ROW SE	CTION	784 308 ARE 999 ALES 100 7784 100 55 7781 100	84 336 300
0 1	SE SE STATED UNITED SE STATED UNITED SE STAMP PAID JUN 21. 1979	CTION SALCE OF LOTE OPENING	784 308 444 99 100 7784 100 7781 100 7782	336 300 212
0 1	8 # 9 NOT VALID FOR PURPOSE STATED UNLESS PAID	CTION SALCE OF LOTE OPENING	784 308 441 694 100 7784 100 7782 100 7782 100 7782	84 336 300 212

INTERMENT ORDER

when on mately allow	City of San Diego
or The beautiful of	RANEY PIN 23025/6
Church, Chapel, Graveside W All Funeral cars must arrive before 3: will be applied and billed to undersign	330 p.m. of regular work day or an extra charge of \$
Grave space & Care Fund	Section 8 Division 500 500 B-48 600 -018
Additional spaces and care fund Opening/Closing & Setup	105.00
Buriel Container	h 0.00
Flower vases Marker setting fee	45,002 AUG 0 1 2002 45,00
Recording and filing fee	MT, HOPE CEMETARY 1.26 CITY OF SAN DIEGO, Cr 293.0
B1187989	Paid receipt number Chedrit Good 293.04 Balance due
	of the above named decedent isposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from prization and interment.
I hereby authorize the interment in lo hold under deed.	X 5044 Jaber Way
Segneture of recorded holder of deed	X Saw Diego, Ca, 92112 619-583-203324 cod
Work Order # E 17236	Invoice #Acct. #

REA-104 (7-96)



GRAVE BLIND CHECK FORM

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

\[
\text{NANC } \text{NAR } \text{OR} \text{E} \\
\text{RA} \text{NCY}
\]

R. OHT

Ashes

	4	Many	20000	K	
		Rainer		Roech	
		illi			
Interment space for Interment Date:			A'NCY	2	
Lot: 1 Grav			A R C C C	8 Div	r5
Grave Laid out by	UR.			·	- 8
Agrees with Legal	Card:	Yes [J No		
Agrees with Map:	☐ Yes		4		
Blind Check & Ve	rified By:	Lober	+	Date:_	8.1.05

E17236

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH IR MIDDLE 3. DATE OF DEATH 07/24/2002 02/07/1921 Jane Rainey SA CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANTHATY Perlatti, Sister ENTER STATE San Diego San Diegeo 5074 Faber Way, San Diego, CA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. GALIF, LICENSE NUMBER -IF APPLICABLE 92115 Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115 FD1083 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sociana 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 07/25/2002 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID 88. DATE PERMIT ISSUED, 90 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 07/26/2002 2212261 **AUTHORIZATION OF** IN THIS PERMIT \$ 7.00 K. Zaretzka MOTE: THIS PERSIT CHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS BOX 83222, San Diego, CA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cometery, 3751 Market St., BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CRIMATION 12B DATE CREMATED Pacific Cremation. 601 D Crane St., CREMATION Lake Eleinore, CA 92530 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCHENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED BY-MAINS DISPOSER DISPOSITION OTHER 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.

THAN IN A CEMETER'

Place ashes H

City of San Diego	Date 4-29-05
Til and the second seco	Date

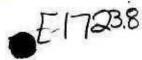
ASU VALLET (T)	Funeral, date, time	
Type of Burlet Container Church, Chapel, Graveside	THE PROPERTY OF THE PROPERTY O	Mortuan
All Funeral cars must arrive before 3:30 p.m		W. M.
will be applied and billed to undersigned.	. Or regular work day or an extra	charge of \$
will be applied and blied to dideraighed		
Lot 115 Grave 9 Row_	Section <i>Q</i> Di	vision/Block
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		375.0
Burial Container		ormacom
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		_45.0t
Sales taxes		
		//n/1 N
	Total Due	420.00
Paid	Total Due	720.00
Paid	receipt number	ance due
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	Ball of the n of remains as above indicate on and I agree to hold Mt. Hope	ance due above named decede d. I certify and represe
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization.	Ball of the n of remains as above indicate on and I agree to hold Mt. Hope	ance due above named decede d. I certify and represe
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization.	Baland of the receipt number	ance due above named decede
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization.	Baland of the or and I agree to hold Mt. Hope and interment.	ance due above named decede d. I certify and represe Cemetery harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Ball of the of remains as above indicate on and I agree to hold Mt. Hope and interment. Signature Address	ance due above named decede d. I certify and represe Cemetery harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Ball of the n of remains as above indicate and lagree to hold Mt. Hope and interment. Signature Address City Telephone	ance due above named decede
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Skyrmure of recorded holder of deed	Ball of the of of remains as above indicate on and I agree to hold Mt. Hope and interment. Signature Address City Telephone Invoice #	ance due above named decede d. I certify and represe Cemetery harmless from
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Styrumure of recorded holder of deed. Work Order # E 17237	Ball of the n of remains as above indicate and lagree to hold Mt. Hope and interment. Signature Address City Telephone	ance due above named decede d. I certify and represe Cemetery harmless from Zeco
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Styrumure of recorded holder of deed. Work Order # E 17237	Ball of the of of remains as above indicate on and I agree to hold Mt. Hope and interment. Signature Address City Telephone Invoice #	ance due above named decede d. I certify and represe Cemetery harmless from
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Skyrmure of recorded holder of deed. Work Order # E 17237	Ball of the of remains as above indicate and lagree to hold Mt. Hope and interment. Signature Address City Telephone Invoice #	ance due above named decede d. I certify and represe Cemetery harmless fro
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Storumure of recorded holder of deed. Work Order # E 17237 USA Service Will January A.	Ball of the of remains as above indicate on and I agree to hold Mt. Hope and interment. Signature Address City Telephone Invoice #	ance due above named decede d. I certify and represe Cemetery harmless fro

INTERMENT ORDER

City of San Diego

Date 7-29-07

ina LINER	Funeral, date, li	D THUR	8-1 12:0
in a LINER	Fulleral, date, ii	Rned Cr	matro
Church, Chapel, Graveside	*	MARK	SOU - 703
All Funeral cars must arrive before 3:30 p	o.m. of regular work	day or an extra	charge of \$ 4 1 10
will be applied and billed to undersigned.			MW77 120 00
Lot 213 Grave T Bow	Section	, 2 nin	ision /Bloc k
	NOT THE OWNER OF THE OWNER OWN		895.00
Grave space & Care Fund			0 1
Additional spaces and care fund			276 00
Opening/Closing & Setup	I.U	******************	3/3:00
Burial Container			190.00
Handling Fees) ረሀሀረ	***************************************	145.00
Flower vases - Marker setting 100PE C	:FMETARY		
Recording and filing fee CITY OF SAN	DIEGO, C	***************************************	45.00
Sales taxes			14 • 7.3
NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Due	1664.73
2	aid receipt number	8-550	57 1664.73
	aid receipt number.	D. I.	-0
X.4.	111	\$5000	nce due
I hereby certify I am the I am the and this is your authority to make disposithat I have the right to make this authorize	ation and I agree to	above indicated	above named decedent I certify and represent femolery harmless from
any liability on account of said authorizat	ion and interment.		364
I hereby authorize the interment in lot I hold under deed.	X Signature	Tark and	To Blut
	Address	79900	Lagares Val
		- 7)	91100
Signature of recorded holder of deed	X _{cop} ,	619-580	1-7000 Zip Code
	City	619-580	1-7000 Zip Code
Signature of recorded holder of deed	Telephone	619-580	H-7000 ZpCode



GRAVE BLIND CHECK FORM

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

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Blind Check &	& Verified By:	DAVIL	0	Date:	7-31-02

E 17238

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

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

1A.	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	7/	MONTH, DAY, YEAR ME	DATE OF DEATH 4. SEX
5A.	CITY OF DEATH	Diego		58 COUNTY OF DEA	m Diam	6. NAME, RELATIONSHIP, FULL MAILS OF INFORMANT	IG ADDRESS AND ZIP CODE
7A.	TYPED NAME AND A	DORESS OF CALIFORNI	A-FUMERAL DIRECTOR OF Mation and But	PERSON ACTING AS SUCH 78. CA	LIF LICENSE NUMBER	Ernestine Green - : 153 Brightwood Ave Chula Vista, CA 91	.fa
_	309		ACCUPATION AND A SECURITY OF THE PROPERTY OF T		154 6	BA. SIGNATURE OF APPLICANT—Person	
_	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	convenience as applicant that the 376 of the Health and Salety Code.	proposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of	e dispositions authorized by the Health and Salety Code.	> Mat Juli	07/30/200
	PERMIT THORIZATION OF CAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE THIS PERMIT GIRS IN	JED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE BY FOR THE DISPOSITION S DIRECTOR DISPOSAL OUTSIDE OF	TY CODE PECIFIED S 7.00	PAID 9B. DATE PERMIT	2002 Maney L. 3	REGISTRAR ISSUING PERMIT
TIC	CHANGE IN DISPOSI- IN REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT D IN CALIFORNIA METAS P.O. BOX CA 92186-52	85222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
	B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	130000000		ER'S USE ONLY DING REMAINS LOCATED A sa)
	BURIAL	Mt. Hope C San Diego,	ORESS OF CALIFORNIA CA 92102	CEMETERY MARKET St.	8-1-02	1 1/ -	IN CHARGE OF BURNA
(SILE ITEMS	CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CHEMAT	ED 12C. SIGNATURE OF PERSON	CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C SIGNATURE OF PERSON	IN CHARGE OF FACILITY,
OMPLEIE	TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPE	OF PLACING WITH THE	
	GATTERING AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

INTERMENT ORDER

City of San Diego

Date 7-29-02

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& Printed on recycled paper

GRAVE BLIND CHECK FORM

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

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TO THE OWNER OF THE OWNER	th Map:	See S. Freebook		No ,	W	19 m pul 7-30-0
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USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIODLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY YEAR MONTH 07/26/2002 P
5/	RAFAELA L. CITY OF DEATH RATIONAL (in	-	58, COUNTY OF DEATH ENTER STATE	MOUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA RIVERA - DADGETER
7.4	Berge-Ross		A-FUNERAL DIRECTOR OR PERSON RT, 607 KATIONAL (CA 91950	PRINCIPLE OF THE PROPERTY OF T	IF. LICENSE NUMBER APPLICABLE 284	1025 BROADWAY, #46 CHULA VISTA, CA 91911 BA. SIGNATURE OF APPLICANT—Person takes permi. 88. DATE SIGNED
	ACKNOWLEDGMENT OF AP	miniatr 1 hereby as	Securiodge as applicant that the proposed disp 76 of the Health and Safety Code, and was autho	settion stated herein is one of the	dispositions authorized by	▶ Pantitt vale. T. 07/30/2002
	UTHORIZATION OF	SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- CHINIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED EISHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	98. DATE PERMIT 07/30/20 P Valent	5.55 HM . T. 16.55 P. 15.55
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	B. CREMATION	OF CREMATED REMA		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	L DISPOSITION PENDING REMAINS LOCATED (Name and Address)
	BURIAL	MI HOPE C	DRESS OF CALIFORNIA CEMETE REPRESEY, 3751 MAR CA 92102		7-31-04	1 // -
BLE TEMS	CREMATION	12A. NAME AND AD	ORESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON OF CHARGE OF CREMATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND AD	IORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE ALL	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or ot ntify final place and ca <u>distr</u>		15B. DATE OF DISPOSITION	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

The free of anyon of Johnson &

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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REA-104 (7-96)

This information is available in alternative formats upon request.

1/26/02 E-17240 From Sharon Ahrenott Re: placement of my cremains which will be sent by Neptune Society. Enclosed find 269.25 for placement in Grave 5 Section 4 Position 6 My mother, Dorothy Johnson, was placed in thisplot in June 1999. It is the Bryan family plot (since 1918) Chrendt

2967 Freside Drive photograph san vos = as of 9 966 ELM AVENUE LANCASTER PENNSYLIANIA 17603

INTERMENT ORDER

City of San Diego

Date 7-29-02

ia Liner	Funeral, date, ti	me WEP	7-31	11:0
hurch Chape Graveside		RK65 DA	ILE	Mortuary-
Il Funeral cars must arrive before 3:30	p.m. of regular work	day or an extra	a charge of \$	
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hereby certify I am the and this is your authority to make disponent I have the right to make this authority my liability on account of said authorize	Sition of remains as a action and I agree to ition and interment.	of the above indicate hold Mt. Hope	above nam d. I certify a Cemetery he	ed decedent nd represent armless from
hereby authorize the interment in lot I old under deed.	XBQ X74°	basa	Mai	Their
ignature of recorded hoader of deed	> Sa	19)2	64-1	92/19
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REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

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Blind Check & Verified By:

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Clifford	NT—FIRST (GIVEN)	18. MOOLE Lee	IC. LAST (FAMIL	.m	2. DATE OF BIRTH MONTH, DAY, YEAR 12/20/1948	
. CITY OF DEATH Nations	1 City		58. COUNTY OF ENTER STATE			MAN ING ADDRESS AND 71P CODE
Anderson—R	ooress of Californi Lagedale Mot	A—FUNERAL DIRECTOR OR PERSON TEURTY, 5050 Fede		B. CALIF. LICENSE NUMBER —IF APPLICABLE	13192	Silverbirch CA 92780
San Diego,	T TELE	dimensions as applicant that the proposed di	consilion Stated berein is one		A SIGNATURE OF APPLICANT	Propier taking permit 88. DATE SIGNED
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	876 of the Health and Safety Code, and hiss set HED. IN ACCORDANCE WITH PROVING ORNIA HEALTH AND SAFETY COOR Y FOR THE DISPOSITION SPECIFIED IN HOURT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF F	00 of the Health and Safety Code.	02 2212396	OCAL REGISTRAR ISSUING PERMIT
	9D. ADDRESS OF RE IF DEATH OCCURRE Vital Rec	GISTRAR OF DISTRICT OF DEA	17		OF DISTRICT OF DISPOSITION I M ANOTHER DISTRICT IN CAUF	
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B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY SE	ORESS OF CALIFORNIA CEMET Cemetery, 3751 N	ERY	T ALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIED	(Name and	N PENDING—REMAINS LOCATED AT Address)
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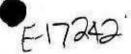
COPY 2

INTERMENT ORDER

City of San Diego

Date 7-31-02

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nd this is your authority to make disposition	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authorization	and interment.
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nereby authorize the interment in lot I old under deed.	Some Control
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mature of recorded holder of deed	San Olego, CA 921
	(858) 565-0035
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fork Order # E 1/242	The state of the s



GRAVE BLIND CHECK FORM

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

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E17242 30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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	PEDI	10 -	GALV		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD			
5A	CITY OF DEATH	DIEGO	6B. COUNTY OF DEATH- ENTER STATE SAI	DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP GODE OF BEFORMANT NICHOLAS GALVAN-PATHER			
		ORESS OF CALIFORNA—FUNERAL DIRECTOR OR PERSO SORTUARY: 4266 MT. ABERNATH SAN DIEGO, CA 921	Y AVE -F	F. LICENSE HUMBER APPLICABLE 1126	5310 CLAIREMONT MESA BLVD., APT. #9 SAN DIEGO. CA 92117 BA. SIGNATURE OF APPLICANT—Page taking point, BB. DATE SIGNED			
	ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed di Section 10376 of the Health and Selety Code, and was as	thorused pursuant to Section 7100 of the	Health and Safety Code.	₩ WIET/2 Clzzg 2:08/01/2002			
	PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODI AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT.	\$7.00	98. DATE PERMI VICTORIA A 08/01/20	ELLEJO1			
ANT		NOTE: THE PERSIT GRES HO RIGHT OF INSPOSAL OUTSIDE OF CALFORNA DO. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CAUFORNIA P.O. BOX 85222 SAN DIEGO. CA 92186 5222	TH— 19E. ADDI	RESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA			
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BILE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	ATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
ALL APPLICABLE	SCHENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
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3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE. MAINS DISPOSER —IF APPLICABLE			

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

INTERMENT ORDER

and organ

City of San Diego

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Date	- JU U X

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di Funeral d	ars must arri	ive before 3:3	0 p.m. of regu	ılar work d	day or	an extra charge of	ı ş
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			r au receipt	number _	1,		-07
						Balance due	
and this is y hat I have the any liability o	he right to ma on account o	ake this authori I said authori	orization and I zation and inte	sores to h	nold Mr	of the above na ndicated. I certify Hope Cemetery COURY	and represent
hereby aut nold under d		terment in lot	1	Signature			
			9	Address		100	
			= 8	City	-	100	Zip Code
ignature of recor	ded holder of deed						
gnature of recor	ded holder of deed		3	Telephone		an	
ignature of recor	ded holder of deed		38	Telephone		give	

REA-104 (7-96)





GRAVE BLIND CHECK FORM

block ma	arked with	of the dec "X". Place in the appro	e the nam	e's, lot #	and grave	# of all
	5.Pte6	CHURCH: IL		3		
		041	HANILT		X	4
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		NF			:)iv: <u>3</u>
		Card: Y			thy	- EN
Agrees v	vith Map:	☐ Yes		No	3	000-0
Blind Ch	eck & Vei	ified By:			Date:	

Robert G. Talboy 1741 S. W. 18th Street Pendleton, Oregon 97801-4457 (541) 276-1391

R & 5 TALBOY

July 30, 2002

07/30/2002 13:22

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 Codey, a.k.a. Betty Codey, 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" Codey. 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 B. Talloy

7/31/02

Sue -

Enclosed check for burial Pot in the Gregg Talboy plot, per Robert G. Talboy fox.

Betheno Talboy Coney.

Born 4/1/14 - died 7/25/2002

We'll bring remains and witness interment on Friday August 16th at llioo am.

Thanks,

Bob Couly 7570 St Marlo C.C. PKWY Duluth, GA 30097 770 497.1337

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

1/	1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE Bethene Louise		Louise Couey		MONTH, DAY, YEAR MONTH,	OF DEATH 4. SEX
5/	SA CITY OF DEATH Brea		ENTER STATE	A	8. NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT James R. Comey Jr.	
77	Telpphases	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO Cremation Society, 2140 V. , Orange, Ca 92868	ON ACTING AS SUCH 7B. C.	ALIF LICENSE NUMBER IF APPLICABLE	7570 St. Marlo C.C. I Duluth, GA 30097 BA. SIGNATURE OF APPLICANT—PERSON TANGE	Novy.
_	ACKNOWLEDGMENT OF A	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	disposition stated herein is one of t disposition stated herein is one of t	he dispositions authorized by	Atrise aurin	08/15/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THIS PRIMIT GIVES NO RIGHE OF DISPOSAL OUTSIDE OF CALFORNI	9A. AMOUNT OF PEE		188UED 9C. SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW BRIME TO SHOW FINAL DISPOSITION.	P. DATH SCHURD IN CAUFORMA Santa Ana, Ca 92702-0234	! !	DISPOSMON IS TO OCCU	OF DISTRICT OF DISPOSITION— IN IN ANOTHER DISTRICT IN CALEGRAMA IN THE BEALTH Dept San Diego. Ca 92186-	-5222
The second second second	B. CREMATION	SE 11A. NAME AND ADDRESS OF CALIFORNIA CEME Mt. Hope Cometery	TERY	FORNIA ISIDE OF CALIFORNIA	/ -	*
BLE MEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM		8-16-0	1 14/100 1 1/14	HARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	TY RECEIVING REMAINS	138, DATE RECEIV	PED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO DESCRIPTION OF THE PROPERTY OF		148. DATE SHIPPE	D 14C, ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER HE APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 1/31/02

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Alberto	Lopez (363)
ina_ T.S. VAULT	Funeral, date, time 8/2 FRI.11,30_
Church Chapel, Graveside	· Guadalupano Mortuary.
	m, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	· · · · · · · · · · · · · · · · · · ·
Low 49 Grave 7 Row	- Section 2 Division/Block /2
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 375.00
Burial Container	250.00
Handling Fees	AUG 0 1 2002 105.00
Flower vases - Marker setting fee	
Recording and filing fee CITY	OF SAN DIEGO 3 45.00
	10 20
Sales taxes	1769 30
-0.0	7 tal Due
Pa	id receipt number (C-5500) 1/69-20
	Balance due
	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from in and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Advises
Signature of recorded holder of deed	Cay Zip Code
5	Telephone
0 100 S - Ann 200	Invoice #
Work Order # E 17244	Acct. #
REA-1045 LOCE be IN ()	is available in alternative formats upon request.
REA-10413 Jose bein of	in schol paper
Thurs 10-11	7
The second secon	a le
topay/fam	17
will bide l	ot.
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GRAVE BLIND CHECK FORM

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

		Fulidar	<u>,</u> n'		Shama h
		7 X	- 6-		Granna
Interment spa	ce for: A. L.) pez		lacat	
70.00	e:8 Grave:_7	The second of the	Non-Elle	1453	
	it by: NF			10	
Agrees with L	egal Card:	Yes [No 🔾	Ma	lian (
Agrees with iv	lap: TYes & Verified By:_	LJ IN	0	Date:	_()

uz



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

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L CITY OF DEATH			The second second							
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NATIONAL CI			SAN	DIEGO			S LOPEZ-E	ROTHE	R 200)
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DISPOSITION.	SAN DIEGO,	CA. 92186-	-5222	14						
. AUTHORIZED DISPO	SITION(S) CHECK A	PPLICABLE ITEMS			49		FOR C	ORONER	'S USE O	NLY
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COPY 2

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

INTERMENT ORDER

City	of San Diego
TRAVE OF MORRIS	Date 7-31-02
	bject to your rules and regulations, to inter the remains
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.	
11.000000	Section 10 Division/Block 7
Grave space & Care Fund	4- hud E-5725 _ 0
Additional spaces and care fund	
Opening/Closing & Setup	3 75.00
Burial Container	
Handling Fees	002
Flower vases - Marker setting fee MI. HOPE CEM	ETARY 45.00
Recording and filing feCITY OF SAN DIE	GO, CA
Sales taxes	Total Due 420.00
Paid	receipt number R-55260 420.00
x0	Balance due
I hereby certify I am the Afficial and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed,	X 3 oblie m. Colema > 5516 Las alteries der
Signature of recorded holder of dead	X San Deg (a 93/14) Col, 619 - 26 28751 Telephone

This information is available in alternative formats upon request.

Work Order # E 17245

Invoice #



L	GRAV	E BLI	ND CHE	CK FO	RM	
block mar existing n	he name of the rked with "X". narker's in the space.	Place approp	the name priate spa	e's, lot # ace(s) the	and grave at are adja	# of all
			it.	4		
		1	Roswell	•		
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	GRAVE	70	(*			
	THADDE	15	MORR	.5		
Intermen	t space for:				\` o 0	
24						
Lot:	Grave:	F	low:	Sect:	<u>/0</u> E	oiv:_7_
Grave La	id out by:					
Agrees w	rith Legal Card	1: 🗆 Y	res [J No	\$0	m
Agrees w	rith Map: 🗆 `	Yes		40	5	Lu
Blind Che	eck & Verified	Ву:			Date:	

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

1A. NAME OF DECEDE	ENT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4. SEX	
Ruby		Morris			14 DAY, YEAR	
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF. 6. 1			
San Diego		ENTER STATE	an Diego		fergon, Grand-	
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PE		F. LICENSE NUMBER APPLICABLE		42nd Street les, CA 90008	
San Diego,	CA 92102	ID-	1329	-CHOMATURE OF APPLICANT-PESON THE	g permit 88. DATE SIGNED	
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the propo Section 10375 of the Health and Solety Code, and w	used disposition stated herein is one of the res authorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Dail mobile	(08/02/2002	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH P SIONS OF THE CALIFORNIA HEALTH AND SAFETY	ROVI- 9A. AMOUNT OF FEE PA	ID 98 PATE PERMIT ISS	UED 9C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT	
AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIN THIS PERMIT. ROTE: THIS PERMIT CHES NO MIGHT OF INCIPIERAL DISTRICT OF CALL	SFIED \$7.00	08/02/200 B. Campbell			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box	l IF D		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA		
	San Diego, CA 92186-522	2 i		FOR CORONER	'S HEE ONLY	
				110000000000000000000000000000000000000		
24	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I. DISPOSITION PENDIN	IG REMAINS LOCATED AT	
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI				
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CE Mt. Hope Cemetary, 3751 San Diego, CA 92102		8-2-0Z	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
4	12A. NAME AND ADDRESS OF CALIFORNIA CR	REMATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON	CHARGE OF CREMATION	
CREMATION	74		ì			
			1			
3	13A. NAME AND ADDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	13B, DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
SCIENTIFIC	19-11		i	i	175	
USE			5		9. **	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE 1		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	1		E .	· >		
§	(b) 14 (1997) 1 (1997					
SCATTERING AT SEA OR DISPOSITION OTHER	FIGIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	USD. LICENSE NUM OF CREMATED MAINS DISPOS —# APPLICAB	

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



INT	FERMENT ORD	ER	
GRAVE OF ERNEST YOUNG	City of San Diego	Date_ 6~1	-07
You are hereby authorized and instruction FRANCES		TOP)	er the remains
Church Chapel, Graveside		RAGSDALE	Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work da	ay or an extra charge o	
will be applied and billed to undersig	ned.	15-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	8/4=
Cot 80 Grave	Row Section	Division/Ble	nek 10
Grave space & Care Fund	Pre-need	C- 4246	0
Additional spaces and care fund			
Opening/Closing & Setup			375.00
Handling Fees			
Handling Fees	AUG 0 1 2002	55 V 8000 (50) *********************	
Recording and filing fee			45.00
Sales taxes	CITY OF SAN DIEGO	I, CA	U20 00
I hereby certify I am the Ari	Paid receipt number	Balance due	420,00 22,420,00 20,420,000
and this is your authority to make di that I have the right to make this auth any liability on account of said autho	norization and I agree to he orization and interment.	ove indicated. I certify	and represent
I hereby authorize the interment in to hold under deed.	Signature 5 17 Audréss	TRENIDAD	WAY
Signature of recorded holder of deed	Cay 1/9	262-791	Z D Zp Code

This information is available in alternative formats upon request.

E 17246

Invoice #

MT HOPE CEMETERY

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

UNG

Lot: 80 Grave: Row: Sect: Div: 10

Grave Laid out by: NF NEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Date:

03

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX			
Frances	32	L.	Young		02/04/1909 07/	31/2002 1			
SA. CITY OF DEATH	*		58, COUNTY OF DEAT ENTER STATE	and a supplemental service of	AME, RELATIONSHIP, FULL MAILING A	ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE			
A TYPED NAME AND AD	DRESS OF CALIFORNIA	A-FUNERAL DIRECTOR OR F	PERSON ACTING AS SUCH 78. CA	Diego LIF. LICENSE NUMBER	#21 Raven St	reet '			
Anderson-	Ragsdale M	ortuary, 5050	Federal Blvd	FAPPLICABLE	San Diego, C	A 92114			
San Diego	. CA 92102		FD-	1329	SIGNATURE OF APPLICANT -Person tolang	permit 88. DATE SIGNED			
ACKNOWLEDGMENT OF A	PPLICANT hereby a Section 10	cknowledge as applicant that the pro 378 of the Health and Safety Code, and	posed disposition stated herein is one of the I was authorized pursuant to Section 7160 of the	he Health and Selety Code.	HAM Dell	08/06/2002			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCOMPLANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPI D MIGHT OF MISPOSIL QUISME OF CA	ECIFIED	08/06/2002 B. Campbel		KSTRAR ISSUNG PERMIT			
	90. ADDRESS OF RE IF DEATH OCCURRE Vital Reco	GISTRAR OF DISTRICT OF	B5222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA				
IO. AUTHORIZED DISPO				98	FOR CORONER'S	S USE ONLY			
A. BURIAL (INCLU-	OF CREMATED REMA	AINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	I DISPOSITION PENDING (Name and Address)	REMAINS LOCATED A			
BURIAL	Mt. Hope	Comess of California of Cemetery, 3751 , CA 92102	EMETERY Market Street	8-6-02	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL			
CREMATION	12A, NAME AND AC	ODRESS OF CALIFORNIA C	CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN C				
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CRARG OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		, or other description suf- a <u>district</u> of disposition	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	13D. 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.

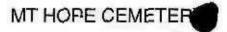
MT. HOPE CEMETERY

INTERMENT CROER

City of San Diego

Date 8-1-03

ina LINER	Funeral, date, time	MON	8-5	1:0
Church, Chapel Graveside	, B			Mortuary.
All Funeral cars must arrive before 3:30 p.		Certain since trace 140.60	300 p 300 300 300 300	SUCCESSION SERVER
will be applied and billed to undersigned.			1006.7153078	
Lot 83 Grave 17 Row	Section \	Divis	ion /Blac k	12
Grave space & Care Fund	Bre-rus	E-164	00	-0
Additional spaces and care fund		24		
Opening/Closing & Setup				-0-
Burial Container				0
Handling Fees				0
Flower vases - Marker setting fee				
Recording and filing fee				0
Sales taxes				0
	Tot	al Due		0
Pa	ud receipt number			-
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	clory of remains as above tion and I agree to hold on and interment	of the sh	ove named certify and metery herr	decedent
I hereby authorize the interment in lot I hold under deed.	Signature 72.7	Pet	Pan	We.
Signature of recorded holder of doed	City	19-21	12-12	SZ
Work Order # E 17247	Invoice #			



GRAVE BLIND CHECK FORM

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

				5		
3	4	5	6	Jessel	•	
9	10	"	63 X /3	*an	'n	
-		*) (
nterment sp	ace for: <u>೧</u> ate: ್ ೪೦ ೫	2el	2 HA	RR. 5	0 0	- <u>N</u>
ot: <u>83</u>	Grave:	12	Row:	V.W = 6,4		Div: /2
Grave Laid	out by:	17	K43		14000	- 4 W-
Agrees with	Legal Car	d: 🗖 1	Yes 🗆	J No	XI.	y on
Agrees with	Мар: 🗆	Yes	DN	lo	3	nuc
Blind Check	2. Varifie	d Dur	DAVID		Pro V	8-2-0

90



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	0		E OF DEATH 4. SEX		
Ozell -		Harris		09/19/1915 07/3	1/2002 M			
SA. CITY OF DEATH				EATH—OUTSIDE GALIF.	6. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT	DDRESS AND ZIP CODE		
National Ci	ty		San Dieg	0	Alice Lloyd, Daughte	r		
			PERSON ACTING AS SUCH 7B.	CALIF, LICENSE NUMBER	7251 Peter Pan Ave.			
Anderson-Ra San	gsdale Mor Diego, CA	t. 5050 Feder. 92102	al Blvd.	FD-1329	San Diego, CA 92114 ox SENATURE OF APPLICANT—Person taking	and SR DATE SIGNED		
ACKNOWLEDGMENT OF AP	PLICANT Bereby a Section 10	chrowledge as applicant that the pa 376 of the Health and Safety Code, as	reposed disposition stated herein is one of ad was authorized pursuant to Section 7100	I the dispositions authorized by of the Health and Safety Code.	Man Dece	08/05/200		
PERMIT	THIS PERMIT IS ISSU	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET	PROVI- BA. AMOUNT OF FE	E PAID BB. DATE PERMIT	"ISSUED" 9C. SIGNATURE OF LOCAL REC	SISTRAR ISSUING PERMIT"		
AUTHORIZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	Y FOR THE DISPOSITION SE DISMIT OF DISPOSAL OUTSIDE OF C	\$7.00	08/05/20 B. Campb				
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Recor	EGISTRAR OF DISTRICT OF D IN CAUFORNIA rds: P. O. Bo: CA 92186-522	x 85222		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPO	And the second s	DETERMINED AND COURT OF THE PROPERTY OF THE PR			FOR CORONER'S	S USE ONLY		
B. CREMATION		AINS OTHER	E TEMPORARY E F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O		(Name and Address)	E-REMAINS LOCATED AT		
BUNDA.	Mt. Hope C San Diego,	oress of California emetery, 3751 CA 92102	CEMETERY Market St.;	118. DATE BURIE	Morman Fe	CHARGE OF BURIAL		
CREMATION CREMATION SCIENTIFIC	12A. NAME AND AC	ODRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA		HARGE OF CREMATION		
SCIENTIFIC USE				S 13B. DATE RECEI	ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE SI			TATE OR COUNTRY WHERE	148, DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CARI			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	F- 158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE HUMBER 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 ...

City of San Diego

Date 8-1-02

You are hereby authorized and instructed	, subject to your rules and regulations, to int	er the remains
@130 Stonley Lat	(e. P.A.# 20030129	1
ina D. D. Cruot	Funeral, date, time Mon. AuG.	5th 11:00
Church, Chapel, Graveside DelW	ery Only BAVVIEW	Mortuary.
All Funeral cars must arrive before 3:30 p	in of regular work day or an extra charge o	is
will be applied and billed to undersigned.		
Lot 10 Grave 3T Row	Section Division/Bio	<u> 13</u>
Grave space & Care Fund		126.00
Additional spaces and care fund		
Opening/Closing & Setup	0 0 _ 3	423.00
Burial Container	30	123.01
Handling Fees	ð	-
Flower vases - Marker setting fee		
Recording and filing fee	1 3/1/2	45.00
Sales taxes	a led	9.53
John John	Billed 917/02 Total Due	426 5H
		100.7
ATT NEW Y	aid receipt number	
5.8	Balance due	
and this is your authority to make disposi	of the above na ition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery on and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	City	Zip Code
747	Tetephone	
>	Invoice # 366776	8/1/02
Work Order # E 17248	Acct. # 0009 62	

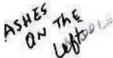
USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS IA MAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 3. DATE OF DEATH 2. DATE OF BIRTH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR LAKE STANLEY T. 01/09/1926 07/26/2002 58. COUNTY OF DEATH OUTSIDE CALIF. SA. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIEGO OCEARSIDE NANCY HOBBS - PUBLIC GUARDIAN 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5201 BURRETHINGD. BAYVIEW CREMATION & BURIAL SERV. 7510 IF APPLICARI F SAN DIEGO, CA CLAIREMONT MESA BLVD. #109, SD, CA 92111 FD-1661 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the prepased disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 08/01/2002 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 08/01/2002 2212576 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF \$7.00 DODGIKLLO LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO HIGHT OF RESPUSAL CRITISEN OF CALFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI THECOMIS CALLED BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY MA. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3/51 MARKET ST. 118. DATE BURIED BURIAL SAN DIEGO. CA 92102 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN HARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE

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

THAN IN A CEMETERY

. MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date 8-5-02

ASH VALLT	Funeral, date, time AUG, (2, MON, 2:	15
Type of Burier Container hurch, Chapel, Staveside	, Mort	_
Il Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$	resolvo
III be applied and billed to undersigned.	1940 SS 1 3500 G/F	
of 41 Grave Row	Section 16 Division/Block 7	
rave space & Care Fund	0-4371 8	
dditional spaces and care fund		
pening/Closing & Setup	Int	00
urial Container	DAIU	00
		D
andling Fees	AUG 0 5 2012	_
	ALT HOPE CEMETAR' 4C	D
	CITY OF SAN DIEG	3
wicheal South Nicheal South Son to bring permit Son and Agnes	1/0	30
icheal Sha ocrnit	Total Due	400
to bring is	aid receipt number VISA CARD 269.	140
Jon and Asher	Balance due	
hereby certify I am the	of the above named decrition of remains as above indicated. I certify and repr	
at I have the right to make this authorization liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless	fron
ny hability on account of said authorization		
hereby authorize the interment in lot I	+ Michael Jury	9 76
old under deed.	3846 Pendiente et	-
gnature of recorded holder of deed	SAM DIEGO Ca 9212	4
	7-858-278-1644 Telephone	p Coo
-	Invoice #	
	E. 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	

MT HOPE CEMETERY

	GF	IAVE BL	IND CH	ECK F	ORM	
block ma	rked with " narker's in	X". Place the appro	e the nam opriate sp SHES	e's, lot f pace(s) t placed	ne grave is and grave hat are adja	# of all cent to
	T_#	ence	36 1	STREE.	4	1
Smrth	Wrechel		T X	3 3	nc Ounklythika	le huntor
2		Syvestor Whikams		LAFPIN	Sannes	
Interment	- Dailo	8-12-		Γime:	A THE STATE OF THE	oiv: 7
Grave La	id out by: _		_			
Agrees w	ith Legal C	ard: 🗆 Yo	es (J No	a) d	gor o
Agrees w	ith Map: 🗀	J Yes		No	X	he grow
Blind Che	eck & Veri	ied Bv:	*		Date:	0

E17249

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

108

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE BARROS GROBES		V/00000109	IC. LAST (FAMILY)		15	MONTH, DAY, YEAR M	DATE OF	Y. YEAR	4. SEX		
54	CHULA VIST	A).		OUNTY OF DI	SAN DIRECO	OF INF	RELATIONSHIP, FULL MAIL ORMANT ARL EMITTE — 1		550000000000	CODE
7/	EL CAMIRO	MEMORIAL -	A-FUNERAL DIRECTOR OF	PEL	S SUCH 7B.	CALIF. LICENSE NUMBER 	3846	PENDIENTE CI DIEGO, GA 921		1	Section of the sectio
	3051 EL CA	JOH MI.VD, 1	ian diego, ca	92104	1 1	M-480	8A. SIGNA	TURE OF APPLICANT—Perso	n taking permit	BB. DATE	E SIGNED
	ACKNOWLEDGMENT OF M		cknowledge as applicant that the p 176 of the Hoalth and Sefety Code, a				▶ 1 1000	· Itt (stee ()	F	07/3	/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE Y FOR THE DISPOSITION S DIRECTOR RESPONDED.	TY CODE PECIFIED	OUNT OF FE	98. DATE PERMI 07/31/2		C SIGNATURE OF LOCA 2212448	L REGISTR	ar issuin	G PERMIT
AN	A STREET, STRE	9D. ADDRESS OF RE	GISTRAR OF DISTRICT	OF DEATH—	9E.	ADDRESS OF REGISTRAN		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNI	X C		_
1	B. CREMATION	JOES ENTOMBMENT) OF CREMATED REMARKS EMETERY		F. DIS	INTERMENT			FOR CORON I. DISPOSITION PE (Name and Addr	NDING-RE		
	BURIAL	MI BOPE C	DRESS OF CALIFORNIA EMERKEY, 375 , CA 92102		π	118. DATE BURIE	D 110	SIGNATURE OF PERSON	N IN CHAR	GE OF BL	IRIAL O
ABLE ITEMS	CREMATION	CIPRESS VI	DRESS OF CALIFORNIA EN CREMATORY DIEGO, CA 921	, 3953 INI	PERIAL	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON	N IN CHAR	SE DE CRI	EMATION
ILL APPLIC	SOMENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA	FACILITY RECEIVE	NG FIEMAIN	S 136. DATE RECE	IVED 13C	SIGNATURE OF PERSO	N IN CHAR	GE OF FA	CILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S					14B, DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE		erson in	CHARGE	
SCATTERING AT SEA OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT THAN IN A CEMETERY						F- 15B. DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSITION		D. LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-5-02

You are hereby authorized and instructed, a	subject to your rules and regulations, to	inter the remains
of BRUCE RIBA	KIC &	100
ina ASH VAULT	Funeral, date, time Tues. AUG	.13+42:3
Church, Chapel, Graveside Witnes	s Daly : FAmily	Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.	5979	
st and	1112	1
En 3164 Crave 2 Row_		Hook_L
Grave space & Care Fund	E-3314	
Additional spaces and care fund		W
Opening/Closing & Setup	PAID	105.00
Burial Container	201-201-20	55. 02
Handling Fees	AUG-0-9-2002	60.00
Element upone Marker cotting for	A STATE OF THE PARTY OF THE PAR	
Recording and filing fee	MT. HOPE CEMETATI	45.00
Sales taxes	att or orace	7.26
Jock Riback	Total Due	269.26
480-502-2642 Paid Favy80-929213	receipt number 110 69 VOA	264.26
14440-024313	Balance du	• _ <i>D</i> _
I hereby certify I am the and this is your authority to make disposition		named decedent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemete	ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	-
Signature of recorded holder of deed	City	Zip Code
	Telephone	
- 47050	Invoice #	
Work Order # E 17250	Acct #	

Opening /closing 105.00
Buria L Guntamer 55.00
HANDUNG Fee 60.00
Recarding/File Fee 45.00
Taxes 4.26

CITY OF SO-HT HOPE CEMETERY #64 3251 MARKET STREET SAN DIEGO CA 92182-4527 619-527-5474 4387822156665644

88/89/82

13:46:59

KEYED

INVOICEN

US

XXXXXXXXXXXXX42884

AUTHN 014470 AUS: NO AUS REDSTED REF# 15782883

HAIL/PHONE

269.26

TOTAL

269.26

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

phone

ASH BURIADHANK YOU FOR BRUCE PLEASE COME AGAIN RIBACKS

on 8/13/02 2.30 pm

50

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

1/	NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDOLE	ONE CO. STORES NO.	IC. LAST (FA	MILY)		Section 5	2. DATE OF BIRTH		OF DEATH	4. SEX
	Bruce		E.		Riba	ck			02/12/1952	07/30	72002	M
5/	Sen Die	20			58. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE			6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BATTY RIBACK, SON				
	TYPED NAME AND AL	ODRESS OF CALIFORNI	,			7B CALIF		224	W. Fig St.			*
	25 So. Bro	adway Esc	condido, CA	92025		PD 2	97	SA. SIGNA	TURE OF APPLICANT-	Person taking per	mil 8B. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT 1 hereby a Section 10	cinewiedge as applicant that 376 of the Houlin and Safety C	the proposed dispositi one, and was authorize	ion stated herein is d parament to Section	are of the dis 7100 of the H	eith and Safety Code.	1	15	5	1	
	PERMIT UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE ORNIA HEALTH AND S TY FOR THE DISPOSITION	SAFETY CODE ON SPECIFIED	87.00	PARGRAID	98. DATE PERMIT 08/05/20 K. Ponti	102	9C. SIGNATURE OF LO 2212712	CAL REGIS	TRAR ISSUM	IG PERMIT
AP	ON REQUIRES A NEW P	90. ADDRESS OF RE	22 CALIFORNIA	CT OF DEATH	- PAC-233		SS OF REGISTRAR	OF DISTR	ICT OF DISPOSITION— THER DISTRICT IN CALIFO	XINIA		-
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS						FOR COR	ONER'S	USE ONL	v (1)
A	A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY SE	AINS OTHER	CENTERY	MENTERS !	ENT CALIFORN		n 1110	I, DISPOSITION (Name and A	ddresa)		
	BURIAL	Mt. Hope				į	8-14-02	C	Vorman	P		
ABLE ITEMS	Lake Eleisore, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS LIEF			NY.	1	128. DATE CREMA: AUG 0 7 2002		Signature of Pers			EMATION	
ALL APPLICA				NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE R		138. DATE RECEI	VED 13C	C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
14A, NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SHI				RE	148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH T			CHARGE		
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHOP ENTIFY FINAL PLACE I				15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		ISD. LICENSE OF CREA MAINS I —IF APP	NATED RE-

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF 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

8-5-07

. T.S. VAULT	Funeral, date, time FR: 8-9 1:00
Type of Battel Container nurch, Chapel Graveside	RAGS DALE Mortuary.
Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
I be applied and billed to undersigned.	
129	2 , 2
VISI Grave A Row	Section Division/Blesk
ave space & Care Fund	895.00
iditional spaces and care fund	
bening/Closing & Setup	
rial Container	AHS 0.7 2002 350.00
andling Fees	10 3 .00
ower vases - Marker setting fee	MT. HOPE CEMETARY — CITY OF SAN DIEGO, CA 45.00
ecording and filing fee	OTT OF SAN DIEGO, CA 45.00
iles taxes	19-38
In monto	Total Due 1/69.30
91 stell pring	aid receipe number 155394 1169.38
y and	Balance due
ereby certify I am the	of the above named decedent ition of remains as above indicated. I certify and represent
at I have the right to make this authorizati by liability on account of said authorizati	ation and I agree to hold Mt. Hope Cemetery harmless from
y material of account of said actionizati	XROMANA DANiels
ereby authorize the interment in lot I	CONTRACT SKILL DO
(a) = 1.100 (b) = 1.000 (b) =	Addison Spline Dis
	XU.V. CII WIII
nature of recorded holder of deed	City ///G) //) G / G/ 74-Gode
nature of recorded holder of deed.	City (6/9) 479/96 Decode

Stephanie Pierite (619) 804 4194

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	DANIEL	131 _X 2	3	γ.	Mc ANI NO
	7	BOUDREAL	x maxis	10	<i>n</i>
Interment Date Lot: 139	e for: <u>SAVAX</u> .FRI 8-9 Grave: Q	Row:	0.0°/_ 10		ν: <u>/</u> ζ
	t by: NF		No 📆	mg c	in
Agrees with M	17 <u></u>	□ No			8-8-0

*

217251

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	TO THE PART OF THE				₹ W.	
A NAME OF DECED	USE BLACK INK ONLY-MAKE NO		HITEOUTS OR OT			·
		LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		4 SEX
Savannah SA CITY OF DEATH		Sharp		08/05/1917		
M. CITY OF DEATH	SE SE	ENTER STATE	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAJLING ADDRESS AND 2	IP CODE
San D	lego	Sa	n Diego	Remona	Daniels, Da	
	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTIN	-	LIF. LICENSE NUMBER	7685 9	kyline Drive	1 350
	agsdale Mortuary, 5050 Federal	Blvd	-	/ San Di	ego. CA 9211	4
SandDiego,			The second secon	BA. SIGNATURE OF APPLICANT	Person taking person, BB. DA	TE SIGNED
ACKNOWLEDGMENT OF	APPLICANT I hereby acknowledge as applicant that the proposed deposition is Section 10376 of the Health and Safety Code, and mas authorized on			> landende	11 08/	09/200
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	AMOUNT OF FEE PA		ISSUED, SC. SIGNATURE OF I	OCAL REGISTRAR ISSUI	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.		08/09/20	02 2213015		
LOCAL REGISTRAR		7.00	B. Campb	ell >		
NY CHANGE IN DISPOSE	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—			OF DISTRICT OF DISPOSITION		
PERMIT TO SHOW FINAL	Vital Records, P.O. Box 85222		ASPOSITION IS TO OCCUR	R IN ANOTHER DISTRICT IN CAUS	CARL CARL	
DISPOSITION	San Diago, CA 92186-5222	- 1				
IO. AUTHORIZED DISP	POSITION(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
A. BURIAL UNCL	LUCES ENTOMEMENT)	TEMPORARY ENVA	ULTMENT	CT L DISPOSITIO	PENDING REMAINS L	OCATED A
B. CREMATION	Ħ _F	DISINTERMENT		☐ (Name and		
	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFO	RNIA	*		
D. SCIENTIFIC U		TRANSIT TO OUTS	IDE OF CALIFORNIA			
7	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		1 11B. DATE BURIED	11C, SIGNATURE OF PE	DOON IN CHARGE OF D	UDIAL
BURIAL	Mt. Hope Cemetery, 3751 Harke	+ Street	1 118. DATE BURIED	TIC, SIGNATURE OF PE	HOUN IN CHANGE OF 8	UHIAL
BUHIAL	San Diego, CA 92102	Latiest	18-9-02	Kung	F	
2	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		10 7-02	· / VIIII	- MANAGE AND	
	124. HAME AND ADDRESS OF CALIFORNIA CREMATORY		128 DATE CREMATE	D 12C. SIGNATURE OF PE	ISUNCHICHANGE OF CH	EMATR
CREMATION	540			1	/	
-				· ·	0	
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY REC	EIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF PE	rson in Charge of F	ACILITY
USE	-		1	10.		
			1	i >		
!	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUR REMAINS OR CREMATED REMAINS ARE TO BE SHIPP		14B. DATE SHIPPEI	D 14C. ADDRESS AND SIG		CHARGE
TRANSIT	THE PROPERTY OF STREET OF STREET	1553	1	OF PLACING WITH	HE WANNER	
			1	>		
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER D		15B. DATE OF	15C, SIGNATURE OF PE		
OR DISPOSITION OTHER	FIGURERY TO IDENTIFY FINAL PLACE AND CA DISTRICT OF	- NOPOSITION	DISPOSITION	CHARGE OF DISPO	I MAINS	NATED RE- DISPOSER
THAN IN A CEMETERY			1 (3)	100	I -IF AM	MICABLE

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

	: ALLEN	(347)		
a LINER	Funeral, date, time		8-8	11.0
hurch, Chaper, Graveside	Z:	MGS DA	LE_N	Nortuary.
Funeral cars must arrive before 3:30	p.m. of regular work da	y or an extra	charge of \$	- 10
ill be applied and billed to undersigned				
/. "		~	17/41	**
x 58 Grave 4 Row	Section	≺ Div	ision/Block	1.
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dditional spaces and care fund	PAIL)	<u> </u>	2 50
beundkolosiud a sainh	***************************************		<u> </u>	2:00
urial Container))	<i>71</i>	0.00
			14	5.00
ower vases – Marker setting fee ecording and filing fee	MT. HOPE CEME	TARY		-
ecording and filing fee	ITY OF SAN DIEC	âO, Ür	ų.	5.00
Andrews		18150000000000000	10	1.73
ales taxes			157	¥ 7 =
	200	otal Due		11 02
	Paid receipt number 5	27.18		91:13
Y		Balar	nce due	φ
nereby certify I am the	e		above named	
nd this is your authority to make disport at I have the right to make this authoriz	sition of remains as ab	ove indicated.	I certify and re emetery harml	epresent less from
ny liability on account of said authoriza	tion and interment.			
nereby authorize the interment in lot I	× an	na Ja	n all	and.
old under deed.	Signature			
	Address 711	1). V.	0140.1	M
preture of recorded holder of deed	CRY (6000	700	Zip Code
	Kas	Will state	3637	1113
2	P1	ソートの	047	
F 17252	Invoice #_			
lock Order # E 1/232	Acct. #			

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

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Agrees with I	мар: 🗖	Yes	J P	No	200	_	
Blind Check	& Verifie	I Bur	Mar	un	- Dote:	8-6	Ò

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

. NAME OF DECEDE	NI-FHST (GIVEN)		IC. LAST (FAMILY)		2. DATE O		DATE OF DEAT	
George		c.	Allen		02/08		07/31/200	
, CITY OF DEATH				TH-OUTSIDE CALIF., 6.	NAME, RELATIONS			
San Diego			ENTER STATE	Diego	OF INFORMANT	one I.	Allen, Wi	fe
. TYPED NAME AND AL	DORESS OF CALIFORN	A-FUNERAL DIRECTOR OR PERSO	M ACTING AS SUCH 7B. C	ALIF. LICENSE NUMBER		14 S. G		
Anderson-Ra	gsdale Mort	tuary, 5050 Feder	al Blvd.	HF APPLICABLE	7/ S	an Deeg	CA 921	13
San Diego,	CA 92102		FI	0-1329	A. SIGNATIONE OF A	PPLICANT/ Perso	on taking permit, 88.	DATE SIGNE
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	chrowledge as applicant that the proposed di 376 of the Health and Safety Code, and was au	Especition stated herein is one of t Morized pursuant to Section 7100 of	he dispositions authorized by the Health and Safety Code	Va	Done	e 108/	06/200
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH PROVI ORINA MEALTH AND SAFETY COD	9A. AMOUNT OF FEE	PAID BB. DATE PERMITTS		UPE OF LOCA	L REGISTRAR ISS	SUING PERMI
cation assume	AND IS THE AUTHORN	TY FOR THE DISPOSITION SPECIFIE	D	08/08/200	02 221	2919		
OCAL REGISTRAR	IN THIS PERMIT.	ID MIGHT OF INSPOSAL OUTSIDE OF CALIFORNIA	\$7.00	B. Campbe	11 221	2919		
NY CHANGE IN DISPOSI		EGISTRAR OF DISTRICT OF DEA		DORESS OF REGISTRAR C				
TION REQUIRES A NEW ERMIT TO SHOW FINAL	IF DEATH OCCUME	cords, P.O. Box 8	1000000000 THE 120	DISPOSITION IS TO OCCUR	IN AMOTHER DOTAIN	LI IN CALIFORNI	10	
DISPOSITION		CA 92186-5222	3222					
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						SPUSHION PE	LACKIAC LAPINATION	LUUMILE
	ondo anti-omnini					tame and Add	ress)	
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B. CREMATION C. DISPOSITION	OF CREMATED REM	AINS OTHER	F. DISINTERMENT	FORMA ISIDE OF CALIFORNIA		tame and Add	ress)	
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B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM EMETERY SE 11A. NAME AND A Mt. Hope	Cometery, 3751 M	F. DISINTERMENT G. SHIP IN TO CALII H. TRANSIT TO OUT	SIDE OF CALIFORNIA				
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B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETERY SE 11A. NAME AND AND ME. Hope San Diego 12A. NAME AND AND 13A. NAME AND AND 13A. NAME AND AND 14A. NAME AND AND	Cometery, 3751 M Cametery, 3751 M O, CA 92102 DDRESS OF CALIFORMA CREMA	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT TERY ATTORY TY RECEIVING REMAINS OR COUNTRY WHERE	SIDE OF CALIFORNIA 11B. DATE BURIED 8-8-07 12B. DATE CREMATE	D 12C, SIGNATULE D 13C, SIGNATULE D 13C, SIGNATULE D 13C, SIGNATULE D 14C, ADDRESS	RE OF PERSO	N IN CHARGE OF	CREMATION F FACILITY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE 11A. NAME AND AND ME. Hope San Diego 12A. NAME AND AND 13A. NAME AND AND 13A. NAME AND AND 14A. NAME AND AND	DORESS OF CALIFORNIA CEMET Cemetery, 3751 M O, CA 92102 DORESS OF CALIFORNIA CREMA DORESS OF CALIFORNIA FACILITY DORESS OF CALIFORNIA FACILITY	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT TERY ATTORY TY RECEIVING REMAINS OR COUNTRY WHERE	SIDE OF CALIFORNIA 11B. DATE BURIED 8-8-0 Z 12B. DATE CREMATE 13B. DATE RECEIVE	D 12C, SIGNATULE D 13C, SIGNATULE D 13C, SIGNATULE D 13C, SIGNATULE D 14C, ADDRESS	RE OF PERSON	N IN CHARGE OF	CREMATION F FACILITY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REM EMETERY SE 11A. NAME AND AI Mt. Hope San Diego 12A. NAME AND AI 13A. NAME AND AI REMAINS OR	DORESS OF CALIFORNIA CEMET Cemetery, 3751 M O, CA 92102 DORESS OF CALIFORNIA CREMA DORESS OF CALIFORNIA FACILITY DORESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B	F. DISINTERMENT G. SHIP IN TO CALII H. TRANSIT TO OUT TERY STREET STREET ATORY TY RECEIVING REMAINS OR COUNTRY WHERE BE SHIPPED	11B. DATE BURIED S - S - O Z 12B. DATE CREMATE 13B. DATE RECEIVE	D 12C, SIGNATULE D 13C, SIGNATULE D 14C, ADDRESS OF PLACE	RE OF PERSON	N IN CHARGE OF N IN CHARGE OF URE OF PERSON CARRIER	CREMATION F FACILITY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA	OF CREMATED REM EMETERY SE 11A. NAME AND AI Mt. Hope San Diego 12A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI REMAINS OR 15A. ADDRESS, NEA	DORESS OF CALIFORNIA CEMET Cemetery, 3751 M O, CA 92102 DORESS OF CALIFORNIA CREMA DORESS OF CALIFORNIA FACILITY DORESS OF CALIFORNIA FACILITY	F. DISINTERMENT G. SHIP IN TO GALII H. TRANSIT TO OUT FERY LATERY TY RECEIVING REMAINS OR COUNTRY WHERE HE SHIPPED OTHER DESCRIPTION SUF-	SIDE OF CALIFORNIA 11B. DATE BURIED 8-8-0 Z 12B. DATE CREMATE 13B. DATE RECEIVE	D 12C, SIGNATULE D 12C, SIGNATULE D 14C, ADDRESS OF PLAC	RE OF PERSON	N IN CHARGE OF N IN CHARGE OF URE OF PERSON CARRIER	CREMATION F FACILITY I IN CHARGE
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CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_8-5-02

of	1/31	4DIENNE	G.	TAWAT	A DESTRUCTION OF	200	
in		Type of Buriel Container		_ Funeral, date, ti	me TH C	R 8-	8 1:30
Ch		Graveside		1	CAB	winl	Mortuary.
All	Funeral car	s must arrive befo	re 3:30 p.r	n. of regular work	day or an	extra charge	of \$
V.	be applied	and billed to unde	rsigned.		- 21		
V	2337				100		9
Lo	, 233 [Grave	Row_	Section	1_	Division/B	
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Ad	ditional space	ces and care fund					
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1 h	ereby certify	lam the	FATI	HER		f the above r	named decedent
an	d this is you	r authority to mak	e dispositi	on of remains as ion and I agree to	above indi	cated. I certif	iv and represent
an	y liability on	account of said a	thorizatio	n and interment.		e de la comotor	7 1101111033 110111
16	araby autho	rize the interment	in lot I	\times $^{\prime}$	ulbert	A. Bu	M 343
ho	id under dee	id.	in lot i	> Signature	155 (6	DALWON	RD. #98
				> Address R/	ATIM	CA	91902
Sig	nature of recorded	holder of deed		97/10	9) 20	7-424	2 Zun Chris
				Total Care	1,00	1-404	1
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	5.000	AND THE RESIDENCE OF THE PARTY	200	Invoice #			
	ork Order #	E 1725	3	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.

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	11	1		- A	11.	Brown
Interment	space for:					Bren
2 33' Lot:	Grave:_	-2-4	Row:	Sect		Div:
Grave La	id out by:	11	KOBE	et_	A.K.	150
Agrees w	ith Legal Card	i: 🗖 Y	es [J No	July	hour
	ith Map: 🗖		1	No AAAAA		840

Blind Check & Verified By:

1901

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

10	. NAME OF DECEDE	NT-FIRST (GIVEN) 18. I	MIDDLE	IC. LAST (FAM	(ILY)		DATE OF BIRTH 3. D	ATE OF DEATH	4. SEX
	JADIENNE		GAVRIELLE	TAWATA	O-BASCO	08/02/2002 08/02/2002			
5/	CITY OF DEATH				DEATH-OUTSIDE CALIF.,		ATIONSHIP, FULL MAILING		
-	LA MESA			SAN DIE	GO	CHARL C	MANT GILBERT B.	APT #48	ER,
7/	CALIFORNIA	DORESS OF CALFORNIA—FUN BURIAL CRAPKI AND AVE., NATIO	B	i i	7B. CALIF. LICENSE NUMBER —IF APPLICABLE 7D—1689	BONITA	, GA 91902 TE OF APPLICANT—Passer b	(349)	re Signed
	ACKNOWLEDGMENT OF A		e as applicant that the proposed of Health and Safety Code, and was as		ne of the dispositions authorized by 1100 of the Health and Safety Code.	0	andetto Re	08/0	7/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN SIONS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THE PERMIT CHES NO BIGHT (HEALTH AND SAFETY COD THE DISPOSITION SPECIFIE	\$ 7.00	98. DATE PERM 08/07/20 C.RUSS	002 PC.	SIGNATURE OF LOCAL F	EGISTRAR ISSUM	IG PERMIT
A	Y CHANGE IN DISPOSH YOU REQUIRES A NEW ERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTR IF DEATH OCCURRED IN C. VITAL RECORDS— SAN DIEGO, CA 9	AR OF DISTRICT OF DEA	TH-	DE. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		OF DISPOSITION— DISTRICT IN CALIFORNIA		
10	The state of the s	OSITION(S) CHECK APPLICA		- Aix		1	FOR CORONE	R'S USE ONL	Y 4
	B, CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US				MAGE		(Name and Address	S.O.	
-6	BURIAL	MT. HOPE CENE SEN DIEGO, CA	TERY, 3751 MA	EKET ST.	8-8-0	ii .	Van E	CHANGE OF B	
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS	S OF CALIFORNIA CREMA	ATORY	128. DATE CREMA	ITED 12C. SI	GNATURE OF PERGON IN	CHARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS	S OF CALIFORNIA FACILI	TY RECEIVING REM/	AINS 13B. DATE RECE	IVED 13C. SI	GNATURE OF PERSON I	CHARGE OF F	ACILITY
COMPLETE	TRANSIT	14A, NAME AND ADDRESS REMAINS OR CREMA	S IN RECEIVING STATE C TED REMAINS ARE TO B		14B, DATE SHIP)		DORESS AND SIGNATURE PLACING WITH THE CA		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, MEAREST F FICIENT TO IDENTIFY	OINT ON SHORELINE, OR FINAL PLACE AND CA <u>DIS</u>				gnature of Person I Harge of Disposition		NATED RE-

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



TO THE STATE OF THE CONTROL OF SAN THE

Data 8-5-02

ina Liner	Funeral, date, time
Church, Chapel Graveside	RAGGDALE Monuary
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	<u> </u>
Lot 199 Grave 12 Row	Section
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	× 1375.00
Burial Container	9 17 73 190.00
Handling Fees	(C. 190.00) 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
	Total Due
P	aid receipt number Down payment 1000.0
	R-55277 Balance due 664.7
I hereby certify I am the	of the above named deceden
and this is your authority to make dispos that I have the right to make this authorizat any liability on account of said authorizati	ition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cernetery harmless from lon and interment.
hereby authorize the interment in lot (hold under deed.	18328 Noeline Lan
Signature of recorded holder of dead	(San Diego, CA 92114 (419) 475-9861
Work Order # E 17254	Invoice #
DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE	Acct #

ANDERSON, FRANCES for Martha Crosby 8328 Noeline	Lane, S.D. CA	(619) 475 92114-7442	-9861
ANDERSON, FRANCES TOT MATTIR GLOSDY 5320 ROETTIRE	DEBIT 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	66473
9-6-02 R-553'17 Coupons 1-4		1(2.00)	552:73
9-6-02 R-55377 Coupons 1-4 9-17-02 R-55423 Coupons		552.73	BY PAID
			
E-17254 ANDERSON, FRANCES			16
			The second second

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. 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

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

217254

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

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

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

OFFICI	The second	
-		
-		7

WHITE TO CUSTOMER CANARY CEMETERY

PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55377

MOUNT HOPE CEMETERY (619) 527-3400

Francis And	DD 0	Date 9	<u>- 6</u> ,20	02
one Hundred t		ard o	ollars (\$ 112.C	00_,
For Martha	re-need lot	no 1-4	Geour	ΔT
Lot 199 Grave	12 / Row -	Section_ 2	Division Block	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS "PAID" IN THIS SPACE.	STAMPED CREDIT 20% Sales Care	67007 77184	1_
Acct. No.		80% Sales of Lots Opening/	77 184	-
·wo. E - 17154	-	Closing Burial Containers	77 (8)	
BALANCE DUE \$ 552.73	-	Handling Fee	100 77185	
	<u> </u>	Recording & Misc. Fees Pre-Need	77163	∞
	X 0 1+1	Trust 7719	63033 1 Z 60101 78380	
AC-212 (Rev. 5-94) 500	og ISSUED BY Pallelle	TOTAL PAID	: 112	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

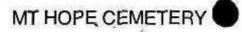
8-5-07

BENNIE	GRANT (39)	
na LINER	Funeral, date, time FR: 8-9	12:0
Churco, Chapelo Graveside	S.D. MEMOR	AL Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersi	gned.	
ot 165 Grave 3	Row Section Division/6	Hock 1
Grave space & Care Fund	PAID	875.00
Additional spaces and care fund	AUG 0 6 2002	
Opening/Closing & Setup	***************************************	3/5.00
Burial Container	MT. HOPE CEMETARY CITY OF SAN DIEGO, C/-	140.00
landling Fees	CITY OF SAN DIEGO, CF	145,00
- Flower vases – Marker setting fee .		
Recording and filing fee	(201(),201(),101(),	45,00
Sales taxes	***************************************	14.73
INK CHECK TO VED.	Paid receipt number R-552BS	1664.73
X. 1	Balance due	0
hereby certify I am the Hor	tuan of the above r	named decedent
and this is your authority to make d hat I have the right to make this au	disposition of remains as above indicated. I certificated thorization and I agree to hold Mt. Hope Cemeter	y and represent y harmless from
any liability on account of said auth	porization and interment	61
hereby authorize the interment in look under deed.	lot I	NO P
Signature of recorded holder of deed	City	Zip Code
	1	
	Télephone	
S	Invoice #	

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

10					-	
N	שמ'אר _פ	Benker	б X 3	ANDREUS	AUDREWS	- L
	7	8	helson	10	1/	1.

nterment space for	. Benn	ie GR	TUA	4	
nterment Date: F1			Time:\frac{1}{2}	2,00	
. ~	7			200	2000
				\overline{A}	Div:
Lot: 65 Grave Caid out by:				<u> </u>	. Div:\\

Agrees with Map: Yes

Blind Check & Verified By:

Date: 8-602

MAME OF DECEM	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH		E OF DEATH	4. 55
BENNIE	98 80 s 2-15 0 m 34 74 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEONARD	GRANT JR.		o'	8/27/1925	08/	02/2002	М
CITY OF DEATH	-1-	-10	58. COUNTY OF DEAT	H-OUTSIDE CALIF.,	6 NAME, I	RELATIONSHIP, FULL M			P CODE
SAN DIEGO			ENTER STATE SA	N DIEGO	GENE	GRANT - SON	1	302	
SAN DIEGO 2441 UNIVI	DDRESS OF CALIFORN MEMORIAL C ERSITY AVE. . CA 92104	RA-FUNERAL DIRECTOR OR PE HAPEL	RISON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER IF APPLICABLE	5682 SAN D	LUBER ST. IEGO, CA 92	2114		+
ACKNOWLEDGMENT OF	appearant Thereby a	acknowledge as applicant that the proper	and disposition stated herein is one of the	ospesitions authorized by	199	Kent Pe Kort	roce	08/0	
PERMIT THORIZATION OF ICAL REGISTRAR	THIS PERMIT IS ISSA SIONS OF THE CALF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC ID BIGHT OF DISPOSAL OUTSIDE OF CALF	POVI- CODE IFIED	OF THE OWNER WHEN THE PARTY OF	188UED, 9	Company of the Compan	CAL REG	ISTRAR ISSUIN	G PERM
CHANGE IN DISPOSI- ON REQUIRES A NEW UNIT TO SHOW FINAL DISPOSITION.	P.O. BOX			ORESS OF REGISTRAR DISPOSITION IS TO OCCU	OF DISTRIC		ЯРДА.		281.77
AUTHORIZED DISF	OSITION(S) CHECK A		S			FOR COR	ONER'S	USE ONLY	
	EMETERY	CONTRACTOR DISTRICT	G. SHIP IN TO CALIF						1
D. SCIENTIFIC U	11A NAME AND AI MT HOPE C	DDRESS OF CALIFORNIA CE	H. TRANSIT TO OUT	BIDE OF CALIFORNIA	35	SIGNATURE OF PER	SON IN C	CHARGE OF BU	RIAL
D. SCIENTIFIC U	11A NAME AND AL MT HOPE C SAN DIEGO	CEMETERY 3751 M/ D, CA 92102	H TRANSIT TO OUT:	118. DATE BURIES 8-9-02	1.	kun +	_	lang	
D. SCIENTIFIC U	11A NAME AND AL MT HOPE C SAN DIEGO	CEMETERY 3751 MA	H TRANSIT TO OUT:	BIDE OF CALIFORNIA	1.	SIGNATURE OF PERS	_	lang	
D. SCIENTIFIC U	11A. NAME AND AI MT HOPE C SAN DIEGO 12A. NAME AND AI	CEMETERY 3751 M/ D, CA 92102	H. TRANSIT TO OUT: METERY ARKET ST.	118. DATE BURIED 8-9-02 128. DATE CREMAT	ED 12G.	kun +	SON IN CO	HARGE OF CRE	MATIC
D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	11A. NAME AND ALL MT HOPE CO SAN DIEGO 12A. NAME AND ALL 13A. NAME AND ALL 14A. NAME AND ALL	CEMETERY 3751 M/), CA 92102 DDRESS OF CALIFORNIA CR	H. TRANSIT TO OUT: METERY ARKET ST. EMATORY CILITY RECEIVING REMAINS E OR COUNTRY WHERE	118. DATE BURIED 8-9-02 128. DATE CREMAT	ED 12C.	SIGNATURE OF PERS	SON IN C	HARGE OF FA	MATIC

COPY 1

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

VS 9 (REV. 6/91)

Pre-need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-6-02

You are hereby authorized and instructed, su	bject to your rules	and regulations, to it	nter the remains
of Blanche Frech			
Type of Burial Container	Funeral, date, time	<u> </u>	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work da	y or an extra charge	of \$
will be applied and billed to undersigned			
	Section _		lock 5
Grave space & Care Fund	160		<u> Ø</u>
Additional spaces and care fund			
Opening/Closing & Setup			105.00
Burial Container			55.00
Handling Fees	D		60.00
Flower vases - Marker setting fee		AND THE RESERVE TO TH	<u> </u>
Recording and filing tee	2002	***************************************	45.00
Sales laxes	METARY		4.26
MT. HOPE CE	MEIANI	otal Due	269.26
OITY OF SAN	receipt number	9-55282	269.26
55 CO-40-2-0		Balance due	Ø
I hereby certify I am the			amed decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to ho	ove indicated. I certif Id Mt. Hope Cemeter	ly and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		-8
	Address		
Signature of recorded holder of deed	City		Zip Code
	Telephone		
- 47050	Invoice #		
Work Order # E 17256	Acct. #		3

MT. HOPISCEMETERY ...

INTERMENT ORDER

	Date_	8-	-6-	07	٤
an	d regul	ations,	lo inter	the re	mains
,	m	8	?~ \ T	7	२;
OE:				_ Mo	rtuary.
y c	r an ex	tra char	ge of \$		
_					1
		2247527535	312/300Gz	100	1

• ·	T. HOPISCEMETER	i, O)
PALL NO SEAL AND SERVICES	ERMENT OR	100 N	
16 6 H 1	City of San Diego		
a chairs		Date 8	-6-02
GRAVE OT NEVCOMB			
You are hereby authorized and instruc	ted, subject to your rule JEVCOMB	es and regulations	, to inter the remains
ina ASH VAULT.	Funeral, date, tir	me hom &	9-12 2/18
Church, Chapel, Graveside	Tus :	08	Mortuary.
All Funeral cars must arrive before 3.3	0 p.m. of regular work	day or an extra cha	arge of \$
will be applied and billed to undersigne	əd	00 9707.00 38004.30 2006 025610	
Vina	8//2-3		
Lot 6 Grave Ro	w Section	Divisio	on/Bleck 10
Grave space & Care Fund	In-me	J	8-9029
Additional spaces and care fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ssectiff
Opening/Closing & Setup			
Burial Container		»	<u>+</u>
Handling Fees		******************	
Flower vases - Marker setting fee			maror
Recording and filing fee			<u>-0</u>
Sales taxes			-0
teathermall ferm	The	Total Due	
Xo.		Balance	due
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizant I hereby authorize the interment in lot	rization and I agree to I zation and Interment.	bove indicated. I	etery harmless from
hold under deed.	X Sec	ety B. W.	inters
Significate of recorded holder of deed	No Say San	Diego,	2 9-2105
Work Order E 17257	Invoice #	S.	
Work Order	Acct. #		
BEA-104 (7.08) This i	information is available	e in alternative for	mats upon request

GRAVE BLIND CHECK FORM

Write in the name	of the deceas	ed for which	the grav	e is for in the
block marked with	"X". Place th	e name's, lot	# and g	rave # of all
existing marker's in	the appropri	ate space(s)	that are	adjacent to
the burial space.	GRAVE	of WAR	ReN	NewcomB

-	+			-		
674	10850 N	676 Iversor	v ^{II} X	678	679 HERRHAN	RANEY
						f.
	ent space for:.					
	17. Grave					iv: <u>10</u>
Grave l	Laid out by: _			- A		
Agrees	with Legal Ca	ard: 🗆 Ye	es [J No	My	.000
Agrees	with Map:	3 Yes		No	Gu	ne/
Blind C	heck & Veri	fied By:	-		Date:	

£17257

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE 07/28/1915 08/04/2002 Vivian Ruth Resecond 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego OF REFORMANTBetty Winters, DPOA San Diego 3119 Collura St., San Diego, CA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 92105 -IF APPLICABLE Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115 BA. SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED PD 1083 I hereby acknowledge as applicant that the proposed disposition stated heren is one of the dispositions authorized by 08/06/2002 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized sursused to Section 7100 of the Health and Safety Code. 98. DATE PERMIT ISSUED, 90. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-BA. AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 08/07/2002 2212847 AUTHORIZATION OF IN THES PERMIT \$ 7.00 K. Zaretzka MOTE: THE PERMIT GIVES NO MIGHT OF DISPOSAL DUTSIES OF CALIFORNIA. LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222, San Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery, 3751 Market St., 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 2-12-02 Ormar 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED Pacific Gremation, 601 D Grane St., CREMATION Lake Elsinore, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SOMENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-16B. DATE OF SIGNATURE OF PERSON IN 13D LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER # APPLICABLE THAN IN A CEMETERY

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

Program Destand

MT. HÖPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-02

ina T.S. Vallet	Funeral, date, time
Type of Burel Cornel Co	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ned.
1 77 Grave 7 R	ow Section _2 _ Division/Black _ 12
Grave space & Care Fund	410 IN FULL 375.00
Opening/Closing & Setup	375.00
Opening/Closing & SetupL Burial Container	R - 55 4 39 250.00
	185,00
Flower vases - Marker setting fee	
Recording and filing fee	
A CONTRACTOR OF THE CONTRACTOR	19.38
Rutto R	D 202 Total Due
D01000	Paid receipt number Down Payment 1500, 00
71712	Balance due 269,38
hereby certify I am the	aughter of the above named decedent
and this is your authority to make dis	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	
I hereby authorize the interment in lot	Barland Beuman
hold under deed.	4153 adoks 149
Bignature of recorders holder of deed	- Don Wiego, CA 92100
	(619) 283-2784 Epicon
_ 47050	Invoice #
Work Order # E 17258	Acct. #

O Printed on recycled paper

BOWMAN, BARBARA J. for Mary W. Hamilton 4153 Ic	E-17258 aho St. #9, S.D. CA 92104 (619) 283-2784
	DEBIT CREDIT BALANCE
8/7/2002 Opened Pre-need lot & trust account. Lot 77 Gr 7 Sec 2 Divn 12	895.00 895.00 874.38 1769.38
8/7/2002 Down Payment R-55293	1500.00 259.38
9-25-02 17- 55439	749,38
	
The second secon	
E-17258 BOWMAN, BARBARA J.	

INTERMENT ORDER

City of San Diego

			4	5
٥	H P	11	A	-

REA-104 (7-96)

Date 8-8.02

You are hereby authorized and instruct	ed, subject to your cules an	d regulations.	to inter the remains
or HESHMAT CA	SSIM (361)	0000	
ina LINER	Funeral, date, time	FRI 8	-4 1:00
Type of Burial Container Church, Chapel, Graveside	RAV GI	REEN	LN- 3/31
All Funeral cars must arrive before 3:30	p.m. of regular work day o	or an extra cha	irge of \$
will be applied and billed to undersigned	4	100 50	90
127	Mu	SLIM	
Lot 135 Grave Rov	VSection		n/Block
Grave space & Care Fund			
Additional spaces and care fund			
Additional spaces and care fund Opening/Closing & Setup	D		375.00
			190 00
Burial Container AUG 0.8	YUU3		145.00
Flower vases - Marke MTHINGEE CE		3200344607430	4534400 / TOTAL TO
CITY OF SAN [DIEGO &		43.00
			14.23
Sales taxes			769 73
	L L	J Due	769.73
	Paid receipt number	<u></u>	10101-
*		Balance	due eub
I hereby certify I am the	p-son		we named decedent
and this is your authority to make dispo that I have the right to make this author	ization and I agree to hold I	Mt. Hope Cem	etery harmless from
any liability on account of said authorize	ation and interment.	. 0.	359
I hereby authorize the interment in lot I	X Josep	the gree	ruf Cassim
hold under deed.	× 12893	BAYW	NO POINT
Signature of recorded holder of deed	Address 7	reac	CA. 921304279
September of Perceivals House of Sand	City	1131-01	17 Zp Code
	Androne -	958-35	6-0014
	Invoice #		सर्वा । इस्त्रियम् ३० स्त्र
Work Order # E 17259	1112147040000		
Work Order # =	Acct. #	*	

This information is available in alternative formats upon request.

O Printed on respeled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		IC. LAST (FA	MILY)		2. DATE OF BIR		OF DEATH	4. SEX
	HESHKAT		VAK	ш		CASSIM		61701719		672002	F
\$A	CITY OF DEATH	m20	-100100		58, COUNTY O	F DEATH—OUTSIDE CALIF		RELATIONSHIP, FI			CODE
	LA JOLI	Control of the second			A Company of the Line	TE SAN DIRGO		BANKE VAK	IL FECHO	-NIECE	
7A			I-805 & IM			7B. CALIF. LICENSE NUMB —IF APPLICABLE	1	NOTCHBRO	OK DRIVE OH 43015		
			SAN DIEGO,	CA 9210	12	FD 843	8A. SIG	NATURE OF APPLICA	UNT—Person taking per	mt 88. DATI	SIGNED
	ACKNOWLEDGMENT OF A	Section 1	0376 of the Health and Selety (Code, and was authori	red pursuant to Section	ore of the dispositions authorized 7100 of the Health and Safety Cod		ulbrul	Graso	08/08	NAME OF TAXABLE PARTY.
Ī	PERMIT	SIONS OF THE CAL	SUED IN ACCORDANCE IFORNIA HEALTH AND I ITY FOR THE DISPOSITI	SAFETY CODE	BA. AMOUNT OF	F FEE PAID 98. DATE PE	ERMIT IBSUED		OF LOCAL REGIS	TRAR ISSUM	G PERMIT
	UTHORIZATION OF	IN THIS PERMIT	NO MENT OF DISPOSAL OUTSE		\$7.00	08/08	/2002	>			
AP	Y CHANGE IN DISPOSI	OD. ADDRESS OF F	REGISTRAR OF DISTR	The second second second	- 1	9E, ADDRESS OF REGIS					
	ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX		5222		-	2000 21 70	OTHER PERSON IN			_
10	. AUTHORIZED DISP	the first of the same of the s		4.302.1150		fr =		FOR	CORONER'S	USE ONLY	
-	A BURIAL (INCL)				F. DISINTERM				ITION PENDING- and Address)	REMAINS LO	CATED A
İ	B. CREMATION	OF CREMATED RESEMETERY SE 11A. NAME AND A		2	F. DISINTERM G. SHIP IN TO H. TRANSIT TO Y	CALIFORNIA D OUTSIDE OF GALIFOR	URIED 11		and Address)	2 786	
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATEO RESEMETERY SE 11A. NAME AND A POUR SEASON 3751 MAI	AANS OTHER	R , SAN DI	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO YY	CALIFORNIA D OUTSIDE OF GALIFOR	OZ D	□ (Name	PERSON IN CH	HARGE OF BI	RIA C
AL APPLICABLE ITEMS	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED RESEMETERY SE 11A. NAME AND A MOUNTAIN 3751 MAI	ADDRESS OF CALIFORNIA STREET	, SAN DI	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO TY ECO, CA	CALIFORNIA D OUTSIDE OF GALIFOR 11B. DATE B 92102 8 9-1 12B. DATE CR	OZ REMATED 12	C. SIGNATURE OF	PERSON IN CH	HARGE OF BU	RIA C
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED RESEMETERY SE 11A. NAME AND A 12A. NAME AND A 13A. NAME AND A	ADDRESS OF CALIFORNIA DORESS OF CALIFORNIA	, SAN DI	F. DISINTERIM G. SHIP IN TO H. TRANSIT TO Y ECO, CA ORY RECEIVING REM COUNTRY WHER	CALIFORNIA D OUTSIDE OF CALIFOR 118. DATE B 128. DATE CR	OZ REMATED 12	C. SIGNATURE OF	PERSON IN CH	ARGE OF BU	EMATION

CORY 4

INTERMENT ORDER

City of San Diego

Date 8-8-02

· liner	Funeral, date, time FRIDAY AL	.a athi
Type or Sunai Container		1
hurch Chapel Graveside		_ Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	
ill be applied and billed to undersigned		
77 Grave 11 Row —	Section Division/Block	12
rave space & Care Fund		395.00
dditional spaces and care fund		
pening/Closing & Setup	······	75.00
urial Container	PAID	90.00
andling Fees		45.00
lower vases Marker setting fee	AUG 0 8 2002	-
ecording and filing fee		
ales taxes	Y.OF.SAN DIEGO, CA.	14.73
sobile hoch	Total Due	664.73
Paid	receipt number R-55298 1	664.7
to 600	Balance due	N
hereby certify I am the Daus We	of the above name	Inabasah ha
nd this is your authority to make disposition at I have the right to make this authorization	of remains as above indicated. I certify an	nd represent
ny liability on account of said authorization		I .
Control and Control to the Control of the Control	y Hungrila Star	est 50
hereby authorize the interment in lot I old under deed.	Synday TOUR	d#1
	Addiess	9210
gramure of recorded holder of deed	7017373	Zip Code
	Telephone 15 15)
9	Invoice #	

REA-104 (7-96)

GRAVE BLIND CHECK FORM

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

					0
			Buchanor	Pomas	
		44 X	VA	Cease	chick
1	4			100000	

-	1			_		-	
Interment	space for:	Pour	nie C	lark			
Interment	Date: 8-	9-81	229	Time:) (∵oc	Ch	apel
Lot: 7	7 Grave	e:_ <i>11</i>	Row: _	<u> </u>	ect:	_ Div: .	لم
Grave La	id out by: _	NF	ROBE	et			- A
Agrees w	ith Legal C	ard: 🗖 Y	es .	☐ No		(a?) or	Som
Agrees w	ith Map: [J Yes	~	J No	ξ\	(a-)	

Blind Check & Verified By:

auen Date: 8

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

56

(350)	US	E BLACK INK OF	NLY-MAKE	NO ERASU	RES, WHITE	OUTS OR OTH	HEH A	LIERATIONS			The second
1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		IC LAST (F	9500000000			2. DATE OF BIRTH MONTH, DAY, YEAR 02/28/1947	MONTH.	OF DEATH DAY, YEAR	4. SEX
SA. CITY OF DEATH	lego				OF DEATH-OUT	SCHOOL SERVICE	NAME	RELATIONSHIP, FULL IN FORMANT Gwena i de	MAILING AD	medical common	THE PROPERTY OF
Anderson-Ra San Diego,	igsdale Mor				78. CALIF LICE —IF APPLI	ENSE NUMBER	A. SIGN	4128 los San Die	wa Sti go, C	reet, # 4 92104	16
ACKNOWLEDGMENT OF N	PLICANT I bereby a Section 103	concernings as applicant that 176 of the Health and Salety C	the proposed dispositi ode, and was authorize	on stated herein to dipursuant to Secti	s one of the disposition 7100 of the Health a	ns authorized by and Salety Code.	160	andre		08/0	8/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSHTION REQUIRES A NEW PERMIT TO SHOW FINAL	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT, NOTE: THIS PERMIT GMES MI SD. ADDRESS OF RE IF DEATH OCCURRE!		AFETY CODE ON SPECIFIED E OF CALFUMAL CT OF DEATH—	\$7.00	DE ADDRESS	08/08/20 Campbe of REGISTRAR O	02 11 F DIST	9C, SIGNATURE OF LO 2212954 PRICE OF DISPOSITION— OTHER DISTRICT IN CALIFO		STRAR ISSUI	NG PERMIT
B. CREMATION C. DISPOSITION THAN IN A CE	OSITION(S) CHECK AF IDES ENTOMBMENT) OF CREMATED REMA			F. DISINTERS G. SHIP IN T	RY ENVAULTME MENT O CALIFORNIA TO OUTSIDE OF			FOR COR	PENDING	USE ONL REMAINS L	
BURIAL	Mt. Hope I	DRESS OF CALIFOR Cemetery, 3 , CA 92102			et	DATE BURNED	1 110	SIGNATURE OF PER	SON IN C	HARGE OF B	URIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND AD	DRESS OF CALIFOR	INIA CREMATOR	Y	128	DATE CREMATE	D 120	C. SIGNATURE OF PER	SOM IN C	ADDE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFOR	INIA FACILITY R	ECEIVING RE	MAINS 13B	. DATE RECEIVE	130	C. SIGNATURE OF PER	ISON IN C	HARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING CREMATED RÉMAINS			FRE 148	. DATE SHIPPED	140	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHOP NTIFY FINAL PLACE A				DATE OF DISPOSITION	150	C. SIGNATURE OF PER CHARGE OF DISPOS		MAINS	NUMBER MATED RE- DISPOSER PLICABLE

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

INTERMENT ORDER

an Ka	City of S	an Diego	9200	
Cox			Date 8-	9-02
ave o		min 2	NAMES OF THE PARTY	M
You are hereby authorized an	d instructed, subject	fo your rules a	nd regulations	to inter the remains
of day	, Malet	ina Sig	iasi + S	iaosi Patu
ina D.D. Crypt	Fune	ral, date, lime		
Type of Burger Capitaline Church, Chapel, Graveside		÷		Mortuary.
All Funeral cars must arrive be	efore 3:30 n m of re	oular work day	or an extra chi	
will be applied and billed to un	A 10 M			1877 1
will be applied and billed to un	idersigned.			
Lot 67 Grave	Row	Section1	2 Division	on/Bleek 12
Grave space & Care Fund	*************************			895.00
Additional spaces and care fu	nd			
Opening/Closing & Setup	ຼຸ່ງລ	378.00		750.00
Busine Container PAI	D 350			380.00
Handling Fees				32 0.00
Flower vases - Marker setting	002			09000000000 01120000000000000000000
Recording MT/HORE.CE	METARY 26	45.00 c	rach	90.00
Sales taxCITY OF SAN D	IEGO, CA			29.45
Jaios lavos.	80.1070000.T00.000.10000.1	To	tal Due	2464.45
N/	n	pt number R-		2464.45
	Pald recei	pr number(- OX
	900		Balance	due
I hereby certify I am the and this is your authority to m	ake disposition of re	emains as abov	of the above indicated. I	ove named decedent certify and represent
that I have the right to make the	nis authorization and	I agree to hold	Mt. Hope Cerr	etery harmless from
any manny on account or our	abilion Landi, and i	V.	1 1	1 1/2 348
I hereby authorize the interme hold under deed.	nt in lot I	Sametire	- 1110	Charles Cl
	dKIN	Address O	HUIC	19 57
Signature of recorded holder of deed	Cerri	San	Die	70 Zip Code
		CA	_ 92	102
		Telephone		
F 470	C 4	Invoice #		
Work Order # E 172	<u>0T</u>	Acct. #		

INTERMENT ORDER

= D	City of San Diego	2 62
RE- NEEP TRUST	Date 8-1	2-07
At Constitution	ucted, subject to your rules and regulations, to in	tor the remains
그 장이나라 본 경기를 들어가 하면 살아 있다면 사람들이 되었다는 경기를 다시하는 것이다. 그렇게 되었다.	to in	ner ure remains
ina LINER	Funeral, date, lime	77
Type of Burial Container Church, Chapel, Graveside		
	330 p.m. of regular work day or an extra charge	
will be applied and billed to undersig		
Lot 4467 Grave	Row Section Division/BI	ack 10
Grave space & Care Fund	Pro- mod D-3273	-(3)
Grave space & Care Fund	The metal of sail	
Additional spaces and care fund		275 00
		315.00
Burial Container	- A 1 D	190,00
Handling Fees		145.00
Flower vases - Marker setting fee	FFR 173	
		45.00
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO	14.73
	Total Due	769.73
	Paid receipt number R - 85305	192.00
	Balance due	577.73
I hereby certify I am the	of the above n	amed decedent
	sposition of remains as above indicated. I certif horization and I agree to hold Mt. Hope Cemeter prization and interment.	
I hereby authorize the interment in k hold under deed.	Ot I Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	" <u></u>
- 47000	Invoice #	
Work Order # E 17262	Acct.#	- AV

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 £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. 1 3
Payment Due Date
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-1.7262

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

OF	FICIA	L RECE	PT
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	Silver		

CITY OF SAN DIEGO, CALIFORNIA

55630

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Guen Charpin Jurily This	Address: On Rec	nte: 11-19-04	, 20 , rs (\$ 3 4 , 0 0)
Lot 4467 Payment of Grave	Row	Section	Division \0)
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 8700' 20% Sales Care 7718- 80% Sales 100 of Lots 7718- Opening/ 100 Closing 7718: Burial 7718: Containers 7718: Handling Fee 7718: Recording & 100	4	
Pre-Need Lot At Need On Acct		Misc. Fees 7718: Pre-Need 6303: Trust 7718:	รี อน	00
Pre-need Trust Cash Cash Cash Cash Cash Cash Cash Cash	ISSUED BY & Dullla	Sales Tax 6010 78394 TOTAL PAID	1	00

OFFICIAL RECEIPT

MER TERV

CANARY ...

CITY OF SAN DIEGO, CALIFORNIA

E-17262 55787

MOUNT HOPE CEMETERY (619) 527-3400

From: Gwen Chepin	Address: 0 m	Rund	ollars (\$ 24.00	
in Payment of Lot Grave _	Pre- med Tu	Section	Division Block	
Invoice No	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 100 77184 100 77184 100 77181 100 77182 100 77183	
Pre-Need Lot ☐ At Need ☐ On Acct ☐	411101	Pre-Need Trust	69033 77186 60101	00
Pre-need Trust Cash Check AC-212 (Rev. 10-02)	ISSUED BY 10 2000		78390 — Q Y	00

(OFFICIAL RECEIPT
	15 %
)	

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

1º 55527

MOUNT HOPE CEMETERY (619) 527-3400

- 10- 21-00

From: Gwen Chapin Turnty Tow In part Payment of	Address: On Rich	Dollars (.20 • <u>२</u> ५, ७ ८	 ,
Lot_4467 Grave	Row Se	ection	Division Block	10
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Cara 77184		1
Acot. No		80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181		
W.O. F 1/464 BALANCE DUE 529.73		Burial 100 Containers 77182 100		-
) <u> </u>		Handling Fee 77185 Recording & 100 Misc. Fees 77183		00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	11100	Pre-Need 63033 Trust 20 19 6 60101 Sales Tal 19 6 60101 78390	. 41	
AC-212 (Rev. 5-94) 658 \	ISSUED BY Debullon	TOTAL PAID \$	24	00

OFFICIAL RECEIPT	
	WHITE TO CUSTOMS CANARY CEMETES PINK AUDITO

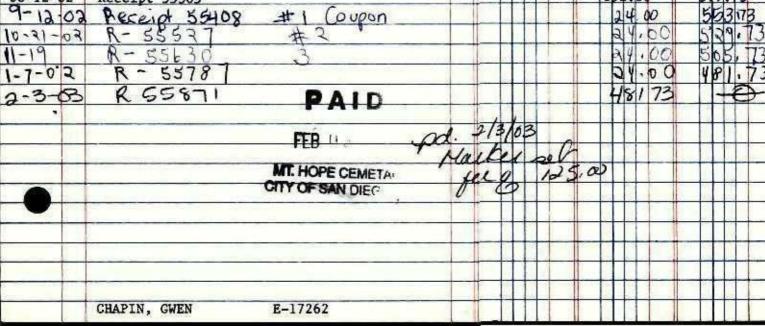
CITY OF SAN DIEGO, CALIFORNIA

Nº 55408

0/12

MOUNT HOPE CEMETERY (619) 527-3400

From: Gwen Chapin Twenty - Four and In part Payment of pre	- need trust acco	d '	24.00	<u>ra</u>
Lot 4467 Grave	Row Se	ection	Division L	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 —		
Acct. No.		80% Sales 100 of Lots 77184 —		
vo €.17262	l	Opening/ 100 Closing 77181 — Burial 100		╟
MALANCE DUE \$ 563.13	}	Containers 77182 —		-
ALANGE DOE	1	Handling Fee 77185 — Recording & 100		
re-Need Lot At Need On Acct		Misc. Fees 77183 — Pre-Need 83033	24	00
re-need Trust A Cash Check B	2) 0	Trust 771% 9922 90101 Sales Tax 90101 78390 —	10//2016	-515
C-212 (Rev. 5-94) (1576	ISSUED BY QUILETTE C.	TOTAL PAID \$	24.	α



INTERMENT ORDER

City of San Diego

Date 8-12-07

OF JOSEPH Y	d, subject to your rules and regulations, to REID SR.	
in a DOUBLE DEPTHUT	I dilatal, date, time 111 - 11	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	e of \$
will be applied and billed to undersigned.	S	
Lot 3 2 Grave 9 Row	Section 3 Division#	91ock 17
Grave space & Care Fund	PAID	795.00
Additional spaces and care fund		
Opening/Closing & Setup	AUG 1-3 2002	
Burial Container	NET LIGHT OF LETTING	380.00
Handling Fees	TV OF SAN DIEGO C.	350.00
Handling Fees	(o) on olego, or	46.93
Recording and filing fee		45.00
Sales taxes		39.42
	Total Due	1991.36
	Paid receipt number R-53312	1991.38
V. 1	Balance du	. 0
I hereby certify I am the Adams	of the above	named decedent
and this is your authority to make disposithat I have the right to make this authorize	sition of remains as above indicated. I cert ration and I agree to hold Mt. Hope Cemete	ify and represent
any liability on account of said authorizat		(20)
I hereby authorize the interment in lot I	- X doanne Hou	re 60
hold under deed.	× 6731 Charlen	o Ave
	Address Ola 5 0	92114
Signature of recorded holder of deed	~ XXX DIESO	2 00
SAV	1619 583 2	20.0
5	Marie Marie	
E 17263	Invoice #	_
Work Order # E 1/203	Acct. #	





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

BYRNC	BYRH 2	3	4	DONNES	000
LANGE 7	runes.	SX X 9	10	OKSAW	MY :
					=====

Interment space for	or: _ 3051	PH	REiD	s R		
Interment Date: 1	IVR 8-	<u>اځ</u>	. Time: _	11:00		
MOSERRO NICE TO STUDIO	ave: 9	Row:		ect: <u>3</u> _	Div:	15
Grave Laid out by	NF P.	131210	h			

Agrees with Map: Yes

Blind Check & Verified By

Aug-15-02 08:07A House

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	NT-FRST (GIVEN) II	I. MIOOLE	IC. LAST (FAMILY)			2 DATE OF BETTH	3. DATE OF DEATH	4. SEX
JOSEP	*H [*	REID	A CONTRACTOR OF THE PARTY OF TH		06/23/1926	08/07/2002	NALE
CITY OF DEATH	EWOOD		SE COUNTY OF DEA		OF M	RELATIONSHIP, FULL M FORMANT ER P. REID-WIFE		P CODE
ANDER		Funeral director or Person RTUARY-5050 FEDERAL		F APPLICABLE	833 5AN	ESCUELA STREET DIECO, CA 92102	ı	
VONDINGORIA OL III		eledge at applicant that the proposed dop of the Health and Ealety Carle, and was author	parties athled large a year of I		19	Line OF APPLICANT	08/14	
PERMIT UTHORIZATION OF DCAL REGISTRAR	THIS PERMIT IS IDEALED SIGNED OF THE GALFORN AND IS THE AUTHORITY P IN THIS PERMIT.	IN ACCOMPANCE WITH PROVI- GA HEALTH AND BAPETY CODE ON THE EMPORITION BY COPYED IN OF EXPRESE STORE OF CALPINESS.	BA. AMOUNT OF FEE	08 / 15	estato,	BC. SIGNATURE OF LO	OS W WHITE	G PERMIT
E.A. S. Marketton S. C.	The same of the sa	TRAN OF DISTRICT OF DEATH 13 NORTH FIGUEROA S 90012	TREET- V	DORESS OF REGISTRATA OF TAL. RECORDS P. 0 N DIEGO, CA 921	BOX	ACT OF DISPOSITION-	•	
Committee of the same	udes entombnent)	CARL MELS	E TEMPORARY EN	AULTMENT		T DISPOSITION	OMER'S USE ONL'	Adalah sasa atau
B CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		S COTHER [F DISBUTERMENT Q SHEP IN TO CALIF H. TRANSIT TO OUT	FORMA ISIDE OF CALIFORNIA	10	(Name and A	4	
BURM	HT. HOPE CEMET SAN DIEGO, CA	ERY-3751 MARKET STRE 92102	ET ET	11B. DATE BURNED	110	. BIGINATURE OF PERI	SON IN CHARGE OF BI	PEAL
	124 MAME AND ADDR	ESS OF CALIFORNIA CREMAT	ORY	128 DATE CHEMATE	120	SIGNATURE OF PERS	ON IN CHARGE OF CR	
CREMATION		¥.		-			*89	MATION
CREMATION SCIENTIFIC USE	13A WAME AND ADDR	ESS OF CALIFORNIA FACELTY	PRECEIVING REMAINS	138. DATE RECEIVE	ED 190	SIGNATURE OF PERM	ION IN CHARGE OF FA	
SCENTRIC	14A. NAME AND ADDR	ESS OF CALIFORNIA FACILITY ESS IN RECEIVING STATE OR EMATED REMAINS ARE TO BE	COUNTRY WHERE	138. DATE RECEME	•	ADDRESS AND BIGHT OF PLACING WITH TH	TURE OF PERSON IN	CILITY

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	AND THE PROPERTY OF THE PARTY OF	IB. MIDDLE	IC. LAST (FAMILY)	STORES CONTRACTOR	2. DATE OF BIRT 06/23/1926			4. SEX
6.4	CITY OF DEATH	WGOD		SB. COUNTY OF DEAT		8. NAME, RELATIONSHIP, FU OF INFORMANT ESTHER P. REID-N		ess and zi	P CODE
74	ANDER		A-FUNERAL DIRECTOR OR PERSON / MORTUARY-5050 FEBERAL 2	BLVD.	LIF. LICENSE NUMBER F APPLICABLE FD639	833 ESCUELE STRE SAN DIEGO, CA 92	The state of the s	50	
	ACKNOWLEDGMENT OF A	na mant hereby a	channelings as applicant that the proposed disposed of the Health and Safety Code, and was author	solution stated between is one of the	dispositions authorized by	BA. SIGNATURE OF APPLICA	MT—Person taking peran	88. DAT 08/14/	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED I BERT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	08 / 15	risátifed BC. SIGNATURE C	omas Lyw	Country of the Countr	G PERMIT
1	Y CHANGE IN DISPOSI- TION REQUIRES A NEW		GISTRAR OF DISTRICT OF DEATH S13 NORTH FIGUEROA ST CA 90012	REET- VIT		OF DISTRICT OF DISPOSITION OF DISPOSITION OF DISTRICT IN C			•
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMS			FOR (CORONER'S U	SE ONLY	, -
-	B. CREMATION	SE	ORESS OF CALIFORNIA CEMETER	E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA.	(Name a	TION PENDING—R		
	BURIAL	SAN DIEGO, C			875-52		in Le	حسه	~
APPLICABLE ITEMS	CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA CREMATO	ORY.	12B. DATE CREMA	TED 12C SIGNATURE OF	PERSÓN'IN CHAP	AGE OF CRI	EMATION
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND AC	doress of California Facility	RECEIVING REMAINS	138. DATE RECE	NED 13C. SIGNATURE OF	PERSON IN CHA	age of fi	ACILITY
COMPLETE	TRANSIT		OREMS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPE		SIGNATURE OF F		CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DI		SD. LICENSE OF CREM MAINS O	NATED RE-

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

INTERMENT ORDER

City of San Diego

, Mor	tuary.
f regular work day or an extra charge of \$	1700.410.0010.1
78111 Sept 92 W.	
Section 2 Division/Block	- 00
-175	.00
D	>
<u> </u>	.00
nn2 190.	00
145	60.
FGO G	_
48.6	D
14 7	3
Total Due 156 Y	. 73
sceipt number 8-55308 1000	0.0
	1.7
of the apove named dec	edem
and I agree to hold Mt. Hope Cemetery harmless nd interment.	s from
anno Laller	
J14 JU Layeres A	9
Som Wago col 9	515
SOME WASHURDE T	
Car 610 259 3637	Zip Code
Cay 6/9-2393637	Zip Code
619-2393637	Zip Code
	Section 2 Division/Block 1795 375 190 190 195 Total Due 55300 1000 R-53 53 00 1000 Gremains as above indicated. I certify and repland I agree to hold Mt. Hope Cemerery harmless and interment.

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

San Diego ,CA 92113

Child Protection: N

Beneficiary:

Allen, Anna L

Counselors: 3

SUE SHACKELTON

Qty	Category	Description of	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 Hand	icling Fee	145.00		0.00		3,770
1	Misc Fees	Recording Fee		45.00		0.00		
Proper	rty							
	Divisio	n Section	Blk / Row	Lot	Grave	Depth/Lvl		
	Division 1	1 2		58	5	Α.		
BASE PR	ICE	1,550.	00					
SALES TA	AX	14.	73					
TOTAL C	ASH PRICE	1,564.	73					
TOTAL D	OWNPAYMENT	1,000.	00 -					
TRANSFE	R ALLOWANCE	0.	00 -					
DISCOUN	T OR ALLOWANCE	0,	00 -					
FINANCE	CHARGE	0.	00					
TOTAL O	F PAYMENTS	564.	73					•
DEFERRE	D PAYMENT PRICE	1,564.	73					
NUMBER	OF INSTALLMENT	S	1					
REGULAR	R PAYMENT OF	0.	00					
ODD PAY	MENT OF	564.	73					- W
DATE FIR	ST PAYMENT DUE	09/12/20	02					
PAYMEN'	TPLAN	MONTHI						9
			7075					35

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

ð

MT. HOPE CEMETERY

INTERMENT ORDER

PRE-NEEP TRUST

City of San Diego

Date 8-12-07

of BETTY WO	ORKMAN
in a	Funeral, date, time
Type of Buriel Container Church, Chapel, Graveside	, Mortuary
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	ned
Lot 5 Grave 12 F	Row Section 3 Division/Black 5
Grave space & Care Fund	Pre-reel C-9052 -0-
Additional spaces and care fund	*
Opening/Closing & Setup	PAID 375.0
Burial Container	250.0
Handling Fees	AUG 1.2.2002 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Flower vases – Marker setting fee N	IT PORE OF LEGIS
Recording and filing feeCIT	PY OF SAN DIEGO
Sales taxes	
	Total Due
	Paid receipt number R-55 310 871.3
	Balance due
I hereby certify I am the and this is your authority to make di- that I have the right to make this auth any liability on account of said author	of the above named deceden sposition of remains as above indicated. I certify and represent to relation and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
I hereby authorize the interment in lo hold under deed.	> 6349 Caminito Salado
Signature of recorded holder of direct	TAN Diego, CA 92111 CHY 1-858-565-6141 Telephone
Work Order # E 17265	Acct. #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dale 8-12-07

+ < VAUY+	11FD 8-14 9,00
Type of Bierial Container	Funeral, date, time W L V O 1
Church Chape, Graveside	GOADALU PANN Mortuary.
All Funeral cars must arrive before 3:30 p	m, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
17 3	, , , , ,
Lot 9 / Grave 6 Row	Section Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	AID 375 00
Burial Container AUG	350.00
Handling Fees	185.00
Flower vases - Marker setting MJ. HOF	PE CEMETARY —
Recording and filing fee	SAN DIEGO, C. 45.00
Sales laxes	19.38
	Total Due.,
P	aid receipt number R - 55314 1769. 38
10 In	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposi	tion of remains as above indicated. I certify and represent
any liability on account of said authorizati	ation and I agree to hold Mt Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I	X DOSE CHANEZ PINCO
hold under deed.	Signature Scot Constituted And
3	Address O C A 921/2
Signature of recorded holder of deed	Cay C.O. CUV9 222 Zip Code
	Velephone
Double October # E 17266	Invoice #





GRAVE BLIND CHECK FORM

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

***	3.4	MANA	, y	G DROW	GORDA	PRICE
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	- T (W.	Card: Y		No 🔻	ly	en .
Agrees w	ith Map:	☐ Yes	N	ío	Gu	
Blind Che	ck & Ve	rified By: \angle	1/ Jal	ren	Date:	-15-Q

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26



A. NAME OF DECEDI	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	n			TE OF DEATH 4. SEX
JOSE		AGUSTIN	CARDENAS	DELGADO	01	701/1976 08/1	0/2002 M
A. CITY OF DEATH	1.00			DEATH-OUTSIDE CALIF.,		ELATIONSHIP, FULL MAILING A	The State of the S
SAN DIEGO			SAN DIE	IGO	OF INFO	CARDENIAS-MOTHE	R
GUADALUPAN	A MORTHARY	NA—FUNERAL DIRECTOR OR P , 2601 IMPERIAL	AVE.	CALIF, LICENSE NUMBER —IF APPLICABLE	CHESTALISM	OMPERIAL AVE.	461
SAN DIE	CA, 92102		1.7	D-1425	BA. SIGNATI	URE OF APPLICANT—Person taking	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the prop 10376 of the Health and Safety Code, and			10	lus mul	68/12/200
PERMIT	THIS PERMET IS ISS	BUED IN ACCORDANCE WITH I	PROVI- GA. AMOUNT OF FE		IT ISSUED, 9C	SIGNATURE OF LOCAL REC	GISTRAR ISSUING PERMIT
UTHORIZATION OF	AND IS THE AUTHOR	ITY FOR THE DISPOSITION SPE	CIFIED	SELENE CH	AVEZ 2	213102	
OCAL REGISTRAR		NO NUMBER OF DESPOSAL OUTSIDE OF CALL	FORM. \$7.00	08/12/20	002 ▶		*
Y CHANGE IN DISPOSI-		REGISTRAR OF DISTRICT OF	DEATH- 9E.	ADDRESS OF REGISTRAF			
ON REQUIRES A NEW ERMIT TO SHOW FINAL	VITAL REC	CENTRAL O BOX 8	5222	IF DISPOSITION IS TO OCC	HICHAN MI NU.	ER DISTRICT IN CALIFORNIA	
DISPOSITION.	SAN DIRGO		Control of the Contro				
AUTHORIZED DISP	OSITION(S) CHECK				- 1	FOR CORONER'S	S USE ONLY
A. BURIAL ONCL	UDES ENTOMBMENT	att mennen enteren b. neste	TEMPORARY E	ENVAULTMENT	1.	C I DISCOSMION DENDIN	G-REMAINS LOCATED A
B. CREMATION			F. DISINTERMENT	5	1	(Name and Address)	O HEMICHS LOCATED A
	OF CREMATED REI	MAINS OTHER	G. SHEP IN TO CA				
D. SCIENTIFIC U			=	OUTSIDE OF CALIFORNIA	. 1		
D. GOILLAID IO		- Anna Carlotta and Allerta		DISIDE OF UNLIFORM			
12 14 15 15 15		ADDRESS OF CALIFORNIA C		118 DATE BURN	ED 110.1	SIGNATURE OF PERSON IN	CHARGE OF BURNAL
BURIAL		B CEMETERY, 375	I MARKET SI.	8 11/0	101	1	/
	SAN DIEGO	, CA. 92102		10-14-0	610/	1111 - 1	muse -
	12A. NAME AND A	ADDRESS OF CALIFORNIA C			ATEN LONG	SIGNATURE OF PERSON IN C	CHARGE OF CREMATION
	Proceedings of the second seco	ADDRESS OF CALIFORNIA G	REMATORY	128. DATE CREMA	120.		
CREMATION		ADDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	1	// .	
CREMATION		COLIFORNIA C	REMATORY	128. DATE CREMA	HEU , 120		· .
	13A, NAME AND A	ADDRESS OF CALIFORNIA F				SIGNATURE OF PERSON IN	
SCIENTIFIC	13A, NAME AND /						
	13A, NAME AND A						
SCIENTIFIC		ADDRESS OF CALIFORNIA F	IOLITY RECEIVING REMAIN		SIVED 13C. 1		CHARGE OF FACILITY
SCIENTIFIC USE	14A. NAME AND /		CILITY RECEIVING REMAIN	IS 13B. DATE RECE	EIVED 13G. 5	SIGNATURE OF PERSON IN	CHARGE OF FACILITY OF PERSON IN CHARGE
SCIENTIFIC	14A. NAME AND /	ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	IS 13B. DATE RECE	EIVED 13G. 5	SIGNATURE OF PERSON IN	CHARGE OF FACILITY OF PERSON IN CHARGE
SCIENTIFIC USE TRANSIT	14A. NAME AND A REMAINS OR	ADDRESS OF CALIFORNIA FA ADDRESS IN RECEIVING STA CREMATED REMAINS ARE	CLITY RECEIVING REMAIN TE OR COUNTRY WHERE TO BE SHIPPED	IS 13B. DATE RECE	PED 14C.	SIGNATURE OF PERSON IN ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	CHARGE OF FACILITY OF PERSON IN CHARGE RIER
SCIENTIFIC USE TRANSIT SCATTERING AT SEA	14A. NAME AND A REMAINS OR	ADDRESS OF CALIFORNIA FA	TE OR COUNTRY WHERE TO BE SHIPPED OR OTHER DESCRIPTION SU	IS 13B. DATE RECE	PED 14C. /	SIGNATURE OF PERSON IN	CHARGE OF FACILITY OF PERSON IN CHARGE RIER 150. LICENSE NUMBER OF CREMATED RE-
SCIENTIFIC USE TRANSIT	14A. NAME AND A REMAINS OR 15A. ADDRESS, NE FICIENT TO IC	ADDRESS OF CALIFORNIA FA ADDRESS IN RECEIVING STA CREMATED REMAINS ARE	TE OR COUNTRY WHERE TO BE SHIPPED OR OTHER DESCRIPTION SU	IS 13B. DATE RECE	PED 14C. /	SIGNATURE OF PERSON IN ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	CHARGE OF FACILITY OF PERSON IN CHARGE RIER

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

INTERMENT ORDER

City of San Diego

Date 8-13-02

ASH VAULT	Funeral, date, time WE	S Aug. 14th Ay
Type of Burial Container urch, Chapel, Graveside	AYD FAM	Mortuary.
Funeral cars must arrive before	3:30 p.m. of regular work day or an ext	ra charge of \$
il be applied and billed to undersi	gned.	
/	222 11 120	7400
	Row 82 Section MAS	Division/Block
rave space & Care Fund	C-1645	_ -
dditional spaces and care fund	***************************************	
pening/Closing & Setup		105.00
urial Container	PAIV	CONTRACTOR AND ADDITIONAL PROPERTY OF THE PARTY OF THE PA
andling Fees	AUG 1 3 2002	60.00
lower vases – Marker setting fee	AUG 13 ZUUL	
		45.00
ales taxes	CITY OF SAN DIEGO, C	4.26
	Jotal Due	26920
	Paid receipt number 17-5 53	16 269.0
_	Ba	lance due
hereby certify I am the	of the	e above named decedent
	thorization and I agree to hold Mt. Hope	
ny nabina dia account di salo adin	r ^	I
hereby authorize the interment in lold under deed.	ot Signature	reema
8/3 (3/13/1/23) - 4/1	Address A SO	nain St
gnature of recorded holder of dood	- Semon	Trove, 7/9
	(619) 465	-3359
Show an magnifestation	Invoice #	

GRAVE BLIND CHECK FORM

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

			<u> </u>	
		Blos chee		
		10 X		2
		LVE U		<u> </u>
Interment spa	to: 8-14-	OR Tim	AL	10 9:00
	Grave: [0			
Grave Laid o	ut by: N.F	ROBER	<u>st</u>	3—34—3 <u>—</u>
Agrees with	Legal Card:	res 🗆	No TO	or or how
Agrees with	Map: 🗖 Yes	O No	17	0 0

Blind Check & Verified By: WARRE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

•

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

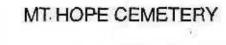
1/	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE CANDELER IA	IC. LAST (FAMI			TE OF DEATH 4. SEX
5	LEMON GRO			DEATH OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAKING A OF INFORMANT	NODRESS AND ZIP CODE
		DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON B GROVE HORTUARY	The same of the sa	B. CALIF LICENSE NUMBER —IF APPLICABLE	5201-A RUFFIN ROAD SAN DIEGO, CA 92123	
1	7387 BROADW ACKNOWLEDOMENT OF A	AX - LEMON GROVE, CA 91945- Thorsty actionwister is applicant that the proposed of Section 18376 of the Health and Switty Code, and was an	isposition stated harein is one	PD941 of the dispositions switterland by	BA. SIGNATURE OF APPLICANT—Person takin	98. DATE SIGNED 06/12/2001
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: 1805 PERMIT ONES NO NIGHT OF REPOSAL ORIESES OF CALIFORNIA.	9A. AMOUNT OF	FEE PAID 98. DATE PERMI	rissued 9C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT
A		BD, ADDRESS OF REGISTRAR OF DISTRICT OF DEA	TH- 9		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
The second second	B. CREMATION		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C	π	I. DISPOSITION PENDING (Name and Address)	G-REMAINS LOCATED AT
	D. SCIENTIFIC US	11A. NAME AND ADDRESS OF CALIFORNIA CEMET		118. DATE BURNE	1-1 P	CHARGE OF BURIAL
APPLICABLE HEMO	CREMATION	12A. NAME AND ADDRESS OF CALFORNIA CREMA PACIFIC CREMATORIUM INC.	NTORY	128. DATE CHEMA Le-18-01	and the second second	CHARGE OF CREMATION
SCHENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REM 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHEF REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		TY RECEIVING REMAI	INS 13B. DATE RECE	VED 19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
		A COUNTRY WHERE IE SHIPPED	14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		
35	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST	OTHER DESCRIPTION S TRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER DE 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.

City of San Diego

/ O L 10 ST	of San Diego	
MILLIAM HUAC ASKES	tel Date_ 5-	14-107
197		
You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
4 - 11 - 11 -	× 0	2 6-
In a Type of Burel Container	Funeral, date, time TOE 1	7 C
Church, Chapel, Graveside	SANOS FUND	RA L Monuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned		
Lot_27 Grave 7 Row		310ck _5
Grave space & Care Fund	Pre- med c-0113	4
Additional spaces and care fund		
Opening/Closing & Setup	ח	165.00
The state of the s	55.00	
Handling Fees AUG 2.7.2	60.00	
Fower vases - Marker setting 100PE CEN	METARY	4500
Recording and filling fee CITY OF SAN DI	EGO, C#	11 21
Sales taxes	·······	7120
	Total Due	261-46
Paid r	eceipt number R- 55342	<u>a64.26</u>
	Balance du	e
I hereby certify I am the		named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemete	ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
1	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	A
	The state of the s	
Work Order # E 17268	Invoice #	





GRAVE BLIND CHECK FORM

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				10	7			
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)	OYA	P		ime:			Date:	Chicago Senie
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en	ly	#l		7 N-		14/17		
	Div:	96-5-		11	Row:_	:_ <u> </u>	Grave id out by:	Lot: <u>국기</u> Grave La



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

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

Refreg Lonsdale
General Manager
Sands Funeral Chapels
Vancouver Island

\hj

Encl. (2)





THE CITY OF

SAN DIEGO

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

FAX COVER LETTER

极	TO:cathy jenkins
	PHONE/FAX#
7 1	FROM: Sue
	DATE:
	PAGES incl this page 1
// ///	T WORKS fined this base 1
	======================================
<i>y</i>	521-3403
	MIT HOPE CEMIETERY
	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.





700 - 808 West Hastings Street, Vancouver, BC V6C 3L3 The (604) 660 - 4444 Fac (604) 775 - 0443 www.trustee.bc.ca

FAX

THIS FAX IS:

- O Per Conversation
- O Urgent
- O As Requested
- O-mmediate Response Required
- O Per Your Information

DATE: Aug 14/02

FROM:

Cathy Jenkins, Estate Officer

TO: Sue @ Mt Hope Cemetery

ESTATE ADMINISTRATION

FAX: 619-527-3403

FAX:

(604) 775-0443

PHONE:

PHONE:

(604) 775-2434

No. of PAGES (including this page):

1

Our File # 5063140

Hi Sue, Mank you for your fax dated Aug 13/02. I 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. Trank you for your

ORIGINALS WILL BE:

O 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.

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	INT-FIRST (GIVEN)	1B. MIDDLE	1C. L	AST (FAMILY)		100	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Rhoda		(**	9	Hoag			06/07/1916	67/02/2002	P
SA. CITY OF DEATH		× = ==	58, C	OUNTY OF DEATH	OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL M	MAILING ADDRESS AND Z	IP CODE
Victoria				NTER STATE CAN	ada		ORMANT Cathy J	Hastings St	erer x
Feathering	111 Mortuar	A FUNERAL DIRECTOR Y San Diego, (OR PERSON ACTING A	S SUCH 78. CALI	LICENSE NUMBER	Vanco	uver, Britis	h Columbia, Vi	C3L3
27.00	T 1 Keeks I	dendelige as applicant that the		and a second	CONTRACTOR OF THE PARTY OF THE	N	TURE OF APPLICANT	Person taking periori 88 DAT	E SIGNED / 2002
MONNOWLEDGMENT OF A	Section 100	376 of the Health and Safety Coo	ie, and was authorized persuar	nt to Section 7100 of the	Health and Safety Code.	»/c	m		-
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE V FORNIA HEALTH AND SA TY FOR THE DISPOSITION ID HENT OF DISPOSAL OUTSIDE	FETY CODE SPECIFIED	7.00	08/29/20 K. Zaret	102	2214100	DCAL REGISTRAR ISSUE	ig permit
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE	EGISTRAR OF DISTRIC D IN CALIFORNIA	T OF DEATH—				ICT OF DISPOSITION— THER DISTRICT IN CAUSE 100, CA 92	186-5222	•
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			- 1		FOR COR	ONER'S USE ONL	Y
D. SCIENTIFIC U	SE		X G. SH	MINDS IN STREET	inia De of California		35-27-5350-555000	930039 9 301	
						F 445	SIGNATURE OF PER	ISON IN CHARGE OF B	
BURIAL	Mt. Hope C.	ca 92102	Market S	t.,	118. DATE BURIE 19-3-02	ي ا	No ma	Forma	
CREMATION	San Diego,	The second secon	THE THE SECTION AND ASSESSED.	t.,	19- 3-02 128. DATE CREMAT	1	Jaman SIGNATURE OF PER	Forgus - SON IN CHANGE OF CR	
CREMATION	San Diego, 12A. NAME AND AC	CA 92102	NA CREMATORY		9- 3-02 128. DATE CREMAT	TED 12C.	SIGNATURE OF PER		EMATION.
CREMATION	San Diego, 12A. NAME AND AC 13A. NAME AND AC	CA 92102 DORESS OF CALIFORN	NA CREMATORY NA FACILITY RECEIV	ING REMAINS	9- 3-02 128. DATE CREMAT	TED 12C.	SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION,

OFFICIAL RECEIPT WHITE	TO CUSTOMER	CITY OF SAN DIEGO, CALIF AT-NEED PURCHAS MOUNT HOPE CEME (619) 527-3400	SE	17268	1745
From: Public Buardian /T	in 00	700 - 908 W.	17.25 Tel 18.25	St. Van	00 V6 3L
in 11/1 Payment of 1 Div 5 Sec 1 Invoice No. E - 17268	7	Blk/ Row Lot	BENEFIT AND DESCRIPTION OF THE PERSON OF THE	Grave 7	
W.O.	STAMPED PAID IN		20% Sales Care 80% Sales	67007 77184 100 77184 100	30
BALANCE DUE		JUN 2 2 2009	Burial Containers	77181 100 77182 100 77185	
Charge Chard 26 AC-212A (11-08) This information is evaluate in atternative formats upon requ	ISSUED BY	tac.	Misc. Fees Sales Tax	77183 80101 78390 \$ 7	4 00

E 17068

Payee: CIBC

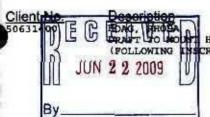
Cheque Number:

1070203

Date:

11 JUN 2009

Amount 105.94



HOPE CEMETERY RE INV#21 RESET MARKER WILLIAM & RHODA HOAG INSCRIPTION OF RHODA'S NAME), 94.00 USD @ 1.127 = 105.94 CAD

MOUNT HOPE CEMETERY

1002 & 5 NOT

PAID

7. Tall (1997) 18 20 71 20 20 20 18

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

MY, HOPE CEMETERY, INTERMENT ORDER

City of San Diego

Date 8-15-02

ofGST€LL#_	V. SNOWDENGOU
Type of Buriel Gonzáner	Funeral, date, time 1065 AUG. 20112
Church, Chapel, Graveside	KAGS DALE Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
100	
Ld 88 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	PAID 380.00
Handling Fees	320.00
Handling Fees	AUG 1 R ZUUZ
necoluling and hining lee	The state of the s
Sales taxes	CITY OF SAN DIEGO, CA 29.45
	Total Due
Paid	receipt number R 55324 2044.45
Ω	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemptery harmless from
any liability on account of said authorization	and intermedit
hereby authorize the interment in lot I	Spanne 12 a. II a to the
hald under deed.	6540 College agove de "o
Signature of recorded holder of deed	SAN VIRGO Cy 92115
C	1 614- 1 287-9344
2	Telephone
E 47000	Invoice #
Work Order # <u>E 17269</u>	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

GRAVE BLIND CHECK FORM

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

	White	2	3	4 cruz	- 5	Ģ
	7	4	9 _X	[0	11	12 MOR
Alexander Services	Calimer	. Ors		whote		

Interment space for: Estella U. SNowden	
Interment Date: 8-20-02 Time: 12'00	_
Lot: 88 Grave: 9 Row: - Sect: 2 Div: 1	2
Grave Laid out by: N F Ro 3 ER	
Agrees with Legal Card: Yes No	N
Agrees with Map: Yes No	ş
Blind Check & Verified By: Ken Collins Date: 8/19	62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17269

	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			E OF BIRTH 3	B. DATE OF DEATH	4 SEX
Estella		Veatrice	Snowden		the sect of the s		8/13/2002	F
CITY OF DEATH			5B. COUNTY OF DEATH	-OUTSIDE CALIF., 6.	NAME, RELATION	ONSHIP, FULL MAIL	ING ADDRESS AND	ZIP CODE
San Die	go		And the second second second	Diego A	DON &		e Snowden,	. Son
		NA-FUNERAL DIRECTOR OR PE		IF. LICENSE NUMBER DI	mighter	1380	Plaza Visi	ta
	THE RESERVE THE RESERVE ASSESSMENT OF THE STATE OF	rtuary, 5050 Fe	SGELST BIAG	F APPLICABLE		_ San D	iego, CA	92114
San Diego,	CA 92102		FD-	1329	SIGNATURE Q		on taking permit, 88. D	
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PERMIT		UED IN ACCORDANCE WITH P	ROVI- SA. AMOUNT OF FEE P	AID 98. DATE PERMITUS	BUED 9C. SIG	NATURE OF LOCA	L REGISTRAR ISSI	UING PERM
	AND IS THE AUTHORS	TY FOR THE DISPOSITION SPEC	CIFIED	08/19/200	2 22	13518		
UTHORIZATION OF	IN THIS PERMIT,	NO MIGHT OF IMPOSAL OUTSES OF CALE	FORMA \$7.00	B. Campbel	11 >			-000 MS
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ON REQUIRES A NEW ERMIT TO SHOW FINAL	The second of th	ED IN CAUFORNIA	The second secon	disposition is to occur i	N ANOTHER DIS	STRICT IN CALIFORNI	LA	
DISPOSITION.		ords, P.O. Box						
AUTHORIZED DISP		. CA 92186-5222	E	g ======	- 77	FOR COROL	NER'S USE ON	II V
. AUTHORIZED DIOF	CONTINUE OF CHECK P	W PLIGHOLE ITEMS	17. Pt	10000		ron conor	HEN & UGE ON	
						DISPOSITION PE	ENDING-REMAINS	LOCATED
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B. CREMATION C. DISPOSITION	OF CREMATED REM	IAINS OTHER					ress)	LOGRILLO
B. CREMATION	OF CREMATED REM	IAINS OTHER	F. DISINTERMENT	PRIMA			ress)	LOOMILE
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INTERMENT ORDER

City of San Diego

Date 08-15-02

na Liver	LCE WOODS (16) Funeral, date, time MON. Aye	19 100
Church, Chapel Graveside		Mortuary.
	re 3:30 p.m. of regular work day or an extra charge o	52-3000000-00000
1	rsigned.	
will be applied and bliled to under	signed.	
96 0000 3	Row Section Division/Blo	n 12
		89500
		013.00
The state of the second		27/ 12
Opening/Closing & Setup		<u>3 15.∞</u>
Burial Container	PAID	190.00
landling Fees		145,00
lower vases – Marker setting fee	. AUG. 1.5.2002	
Recording and filing fee	AT. HOPE CEMETARY	45,00
	TY OF SAN DIEGO, C	14.73
	Total Due	1664.73
	Paid receipt number R-5532/	1664.73
	Balance due	0
hereby certify I am the	aunt of the above na	med decedent
and this is your authority to make	e disposition of remains as above indicated. I certify authorization and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said au	thorization and interment.	narmiess nom
ALICE	Louis V	15
hereby authorize the interment in hold under deed.	N IOI I (466) Signature	
e de l'attituda de la company	Address Address	2/
Signature of recorded holder of deed	- KANKEGO C	4 75/0 26 Code
	10 6/9 204 88	07
<u>u</u>	97-86- * 1701-7-1	
North Order # E 1727	Invoice #	
Work Order # E 1/2/	U 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.

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R	Charles of	7 X	-
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		1, 1	/		
Interment sp	pace for: _A/	icie			
Interment D	vate: 8-19.	-02_	Time:	1.00 0	elapel
Lot: 96	Grave: 3	Row: _	Sec	n:	Div: 12
Grave Laid	out by: NF	Kas	BER		
Agrees with	Legal Card: 🗖	Yes	☐ No	LIGH	solvan
Agrees with	ı Map: 🛘 Yes	CIL	No	1 /0)_ v
Blind Check	c & Verified By: .		and	1_ Date	8/602

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

96

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(46)	US	SE BLACK INK ONLY-	MAKE NO ERASUR	ES, WHITEOUTS OR C	THER ALTERATIONS	18 20
Alice	NT—FIRST (GIVEN)	18. MIDDLE	IC. LAST OFA	196257	MONTH, DAY, YEAR MONT	THE OF DEATH 4. SEX
San Diego			ENTER ST	San Diego	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANTALICE LOUIS	, Niece
Anderson-R	lagedale Mo	A—FUNERAL DIRECTOR OR P TEMBEY, 5050 F	erson acting as such ederal Blvd	78. CALIF. LICENSE NUMBER —IF APPLICABLE	935 40th St San Diego,	
San Diego,	number hereby a	cknowledge as applicant that the prop 376 of the Health and Salety Code, and	cood disposition stated herein is	FD-1329 one of the dispositions authorized by 7100 of the Health and Safato Cach	BA STOMATURE OF APPLICANT POSON table	08/16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSA SIONS OF THE CAUP AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY BY FOR THE DISPOSITION SPE ID BIGHT OF DISPOSIAL OUTSIDE OF CAL	PROVI- CODE CIFIED	THE RESERVE OF THE PARTY OF THE	otissued, 9c. Signature of Local Ri	EGISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D IN CALIFORNIA TOS, P.O. BOX CA 92186-5222	85222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA	97
B. CREMATION	BE	AINS OTHER	F. DISINTERM G. SHIP IN TO	CALIFORNIA O OUTSIDE OF CALIFORNIA	(Name and Address	
BURIAL	Mt. Hope	Cemetery, 375 co, CA 92102		AUG 19. 2	1 1/	Lames or Bonia
GREMATION	12A. NAME AND A	DORESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	ATED 12C. SKINATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REA	IAINS 13B. DATE RECE	EIVED 13C. SIGNATURE OF PERSON N	I CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		RE 14B. DATE SHIP!	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA			15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	130. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICAME

Sve-resed

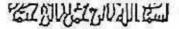
MT. HOPE CEMETERY

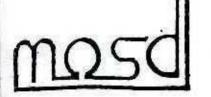
INTERMENT ORDER

City of San Diego

Date 8-15-02

of	Organization	
Type of Surial Container	Funeral, date, lime	
Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive before 3:30	0 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigne	od	
155, 154, 157	Mushon	
Lot Grave Roy	wSection Muslim Division/B	lock
Grave space & Care Fund	Loto At 550.00	1650 00
Additional spaces and care fund		P = 1930
Opening/Closing & Setup	PAID	
Burial Container	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
Handling Fees	AUG 1.5 2007	
Flower vases - Marker setting fee		
Recording and filing fee	MT. HOPE CEMETARY	
Sales taxes	OF OAN DIEGO	V-2
	Jotal Due	16500
	Paid receipt number -55320	1650.00
	Balance due	0
I hereby certify I am the	of the above r	named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	osition of remains as above indicated. I certi- rization and I agree to hold Mt. Hope Cemeter ration and interment.	fy and represent y harmless from
hereby authorize the interment in lot I	Signature	
hold under deed.	Address	
Signature of recorded holder of deed	100	
	City	Zip Code
	Market Ma	
	Telephona	
The second secon	Invoice #	





K. Karimullah S. Shah Z. Azad

S. Imdad E. Simon '

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,

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

INTERMENT ORDER

City of San Diego

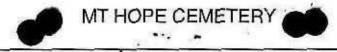
8-16-02

Church Chapel Graveside : Lewis All Funeral Cars must arrive before 3:50 p.m. of regular work day or a will be applied and billed to undersigned. Lew S Grave Row Section Grave space & Care Func. Additional spaces and care fund Opening/Closing & Setup. Burial Container PAID Handling Fees Flower vases – Marker setting fee AUG 19 2002 Recording and filing fee MT. HOPE CEMETAR Sales taxes. CITY OF SAN DIEGO.	Division/Blook
Church Chapel Graveside All Funeral cars must arrive before 3:50 p.m. of regular work day or a will be applied and billed to undersigned. Language	Division/Blook
Grave Section Grave space & Care Func. Additional spaces and care fund. Opening/Closing & Setup. Burial Container. Handling Fees Flower vases – Marker setting fee. AUG. 1.9.2002 Recording and filing fee. MT. HOPE CEMETARY Sales taxes. CITY OF SAN DIEGO. Paid receipt number AID Paid receipt number AID I hereby certify I am the AUFE and this is your authority to make disposition of remains as above inthat I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	_ Division/Blook
Grave Section Grave space & Care Func. Additional spaces and care fund. Opening/Closing & Setup. Burial Container. Handling Fees Flower vases – Marker setting fee. AUG. 1.9.2002 Recording and filing fee. MT. HOPE CEMETARY Sales taxes. CITY OF SAN DIEGO. Paid receipt number AID Paid receipt number AID I hereby certify I am the AUFE and this is your authority to make disposition of remains as above inthat I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	_ Division/Blook
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Flower vases – Marker setting fee	380.00
Recording and filing fee MT. HOPE CEMETARY Sales taxes CITY OF SAN DIEGO. I hereby certify I am the MIFE and this is your authority to make disposition of remains as above inthat I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	320.00
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Paid receipt number Aid by Paid Receipt number Aid by Paid Receipt number Aid by Paid Receipt number A	29.45
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i hereby certify I am the NUTFE and this is your authority to make disposition of remains as above in that I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	0044.45
i hereby certify I am the NUTFE and this is your authority to make disposition of remains as above in that I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	Creaticara 2094.4
and this is your authority to make disposition of remains as above in that I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	Balance due
that I have the right to make this authorization and I agree to hold MI. any liability on account of said authorization and interment. I hereby authorize the interment in lot I	of the above named decedent
I hereby authorize the interment in lot I (459)	
	a . (0)
Address	e words
CC - 1140	LANG CIR WILL
Signature of recorded holder of deed City	CHANG COL DIVI
Regional View	Zip Code
117.500.00	-8586 Zep Code
Work Order # E 17272 Invoice #	-8586 Zp Code
Work Order # E 17272 Acct. #\	-8586 Zeccom

Fax 619-283-3968

A. eT.





GRAVE BLIND CHECK FORM

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

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Inde S	19	5. del	5n6 X		8 8 8	
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nterme		8-23	ARRY	ime: 1\	60.'	
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3rave L	aid out l	oy: <u>N</u> F	ROBER	<u>t</u>	-1-4	-
					~	134577

Blind Check & Verified By: Date: 1 2002

51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
ARRY		RUGERE	WEBB		07/31/1951	08/14/2002 M
A. CITY OF DEATH			58 COUNTY OF DEA	TH-OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MA	ILING ADDRESS AND ZIP CODE
AN DIEGO			ENIEN SIKIE	SAN DIEGO	EARTINDY ARRE -	WIPE 1164
		A—FUNERAL DIRECTOR OR F CHAPEL 3051 E	ERSON ACTING AS SUCH 78. C.	ALIF, LICENSE NUMBER HF APPLICABLE	993 ERMENE CIRCI SAN DIEGO, CA 92	
AN DIEGO, C	A 92104			7D-480 B	A. SIGNATURE OF APPLICANT—Per	The state of the s
ACKNOWLEDGMENT OF A			posed disposition stated herein is one of the was authorized pursuant to Section 7100 of	the Health and Safety Code.	Sin Frem	08/15/200
PERMIT NUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	RED IN ACCORDANCE WITH ORINA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE 0 ROUT OF DISPOSAL OUTSIDE OF CA	CODE		SSUED, SC. SIGNATURE OF LOC 02 2213330	AL REGISTRAR ISSUING PERMI
NY CHANGE IN DISPOSI	90. ADDRESS OF RE IF DEATH OCCURRE VITAL RECO	GISTRAR OF DISTRICT OF	DEATH— 9E. A		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORN	NIA (
D. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		(Ur	FOR CORO	WER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA EMETERY SE	AINS OTHER DORESS OF CALIFORNIA C		FORNIA SIDE OF CALIFORNIA 1 11B. DATE BURIED	(Name and Add	
	SAN DIEGO	. CA 92102		18 23 02	Kull F	knee
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		128. DATE CREMATE	D 12C. SIGNATURE OF PERSO	ON AN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNA OF PLACING WITH TH	Ture of Person in Charge E Carrier
SCATTERING AT SEA		REST POINT ON SHORELINE	OR OTHER DESCRIPTION SUF-	15B, DATE OF DISPOSITION	15C, SIGNATURE OF PERS CHARGE OF DISPOSIT	



INTERMENT ORDER

City of San Diego

Date 8-16-02

a LINER	Furiera	al, date, time AUG.	WEDS 21/1
hurch, Chapel, Gravesic	Outdealer	CA Bu	RIAL Mortuary.
Il Funeral cars must arri	ve before 3:30 p.m. of reg	ular work day or an extra	charge of \$
rill be applied and billed	to undersigned		
06 6 Grave_	10 ROW	Section2_ Div	ision/Block 12
Irave space & Care Fund	d		895.00
dditional spaces and ca	re fund	***************************************	
pening/Closing & Setup			375.00
urial Container	PΑ	ען	190.00
andling Fees			145.00
ower vases – Marker se	etting feeAUG 1	9 5005	
ecording and filing fee	MT. HOPE	CEMETARY	45.00
ales taxes	MT. HOT	AN DIEGO, CF	14.73
-,,	MT. HOPE CITY OF S	Total Due	1664.73
	Paid receipt	D-532	1 1664.73
	r aid receipt	320000	700
14.4	***********		nce due _ '
at I have the right to me	to make disposition of ren ke this authorization and I said authorization and int	nains as above indicated, agree to hold Mt. Hope C	emetery harmless from
ignature of recorded holder of deed	-	SAN DIEGO City (619) 264-923	Zip Code
5		Telephone	
755		Invoice #	
F 17	7273	Acct. #	
lork Order # ⊑ 🔟 /	-10	noot, II	

GRAVE BLIND CHECK FORM

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

	chelly	King		*		
8 8	Shelby	9 shelby	PX	Vere	12	
						χ
	ent space fo				n Kı	9-
	Grav		725	190	2	. Div:_
Agrees	with Legal	Card:	Yes	□ No	T	Tagon
-	with Map: heck & Ve		□ Xen	* 7	Dat	8/4/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50



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

IA. NAME OF DECI	EDENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA	MILY)			DATE OF DEATH	4. SEX
RICHARD		ALAN	KING	3			8/15/2002	M
SA. CITY OF DEATH	н	W		OF DEATH-OUTSIDE CALIF.		ISHIP, FULL MAILI	NG ADDRESS AND Z	P CODE
SAN DIEG	9		SAN DI		PRINCETTA	FORT-MO	THER, 5601	
CARIFORN	IA BURIAL CH	MA—FUNERAL DIRECTOR OR PER MAPEL MATIONAL CITY, CA		78. CALIF, LICENSE NUMBER —IF APPLICABLE FD-1689	CA 92114		T., SAN DIE	
ACKNOWLEDGMENT C		acknowledge as applicant that the propose 0376 of the Health and Safety Code, and was			Claus	toll for	08/1	9/200
PERMIT AUTHORIZATION O LOCAL REGISTRA	SIONS OF THE CALL AND IS THE AUTHORI IF IN THIS PERMIT.	UED IN ACCORDANCE WITH PRIFORMIA HEALTH AND SAFETY CITY FOR THE DISPOSITION SPECIFIC MINISTER OF CALFO	57.00	98. DATE PERM 08/19/20 C.RUSS	B 433 S	ATURE OF LOCAL 213512	REGISTRAR ISSUIN	IG PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NEV PERMIT TO SHOW FINA DISPOSITION.	VITAL RECO	REGISTRAR OF DISTRICT OF D RED IN CALIFORNIA RDS-P.O.BOX 8522 CA 92186-5222	ZV11	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI			N **	
10. AUTHORIZED D	SPOSITION(S) CHECK				f	FOR CORON	ER'S USE ONL'	Y
	ON OF CREMATED REM CEMETERY USE	MAINS OTHER	H. TRANSIT T	ENT CALIFORNIA COUTSIDE OF CALIFORNIA 11B. DATE BURI		(Name and Addre	IN CHARGE OF B	URIAL -
BURIAL	MT. HOPE	CEMETERY, 3751 P , CA 92102	Wilder State of the Control of the C	8-21-0	1/	F	lever	-4
CREMATION	12A. NAME AND A	ODDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREM	ATED 12C. SIGNAT	URE OF PERBON	IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	ODDRESS OF CALIFORNIA FAC	ILITY RECEIVING REM	AAINS 13B. DATE RECI	EIVED 19C. SIGNAT	URE OF PERSON	IN CHARGE OF F.	ACRLITY
TRANSIT		ODRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		RE 148. DATE SHIP		SS AND SIGNATU CING WITH THE	re of Person in Carrier	CHARGE
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETE	FICIENT TO ID	AREST POINT ON SHORELINE, O JENTIFY FINAL PLACE AND CA D				ure of Person E of Dispositio	N OF CREA	NUMBER MATED RE- DISPOSER PLICABLE





City of San Diego

Date 8-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter to for Haster, a. This mass in a Type of Burner (B) Funeral, date, time Hyg 21, We have Church, Chapet, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot Section Division/Block Grave space & Care Fund Fine Hyg 21, We ha	he remains
Type of Bursu Container Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot Section Division/Block Grave space & Care Fund Section Division/Block Additional spaces and care fund Opening/Closing & Setup Section	
Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot	
Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot	ds 10:0
will be applied and billed to undersigned. Lot 3236 Grave Row Section Division/Block Grave space & Care Fund Additional spaces and care fund PA D Opening/Closing & Setup D Burial Container AUG 19 2002 Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIFGO CA	Mortuary.
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Defining Container Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee Row Section Division/Block Division/Block Division/Block Division/Block AUG 192002 AUG 192002 MT. HOPE CEMETARY Flower vases – Marker setting fee	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Opening/Closin	-
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Opening/Closi	10
Opening/Closing & Setup 2 Opening/Closing &	0
Opening/Closing & Setup 2 Opening/Closing &	
Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIFGO CA	50.00
Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIFGO CA	180-00
Flower vases - Marker setting feeCITY OF SAN DIFGO CA	20.00
	-
Recording and filing fee (a) hu Conding fee	40.00
Sales laxes	\$4.45
Total Due	6990
Paid receipt number K-55228 5	69.45
Balance due	2
I hereby certify I am the adversariance and this is your authority to make disposition of remains as above indicated. I certify and that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery har any liability on account of said authorization and interment.	d represent
George Hasteria I hereby authorize the interment in Ion hold under deed.	£
Address	
Signature of recorded holder of deed City	Zip Code
Tolephone	
- 4 7 0 7 4 Invoice #	
Work Order # E 17274 Acct. #	

Christed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.



E1727

GRAVE BLIND CHECK FORM

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

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ntermer	nt Date: 8	-21-0	2	Time:	10:00	
ot: 32	36 Grav	e:	Row:	Sect:		Div: 10
Grave I	aid out by:	NF	ROBER	ł		S - E - E - S - S

Agrees with Legal Card: 🔲 Yes

Agrees with Map: TYes

Blind Check & Verified By

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

				-
IA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Thomas	L.	Haslerig		10/26/1940 08/15/2002 M
SA. CITY OF DEATH		58. COUNTY OF DEATH	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Dieg		ENTER STATE	Diego	Farris Haslerig, Wife
Anderson-R	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS Lagsdale Mortuary, 5050 Fed	ON ACTING AS SOUR, 78. CAL	LIF. LICENSE NUMBER F APPLICABLE	3205 Mar Lu Drive Jamul, CA 91935
San Diego,	CA 92102	FD-	1329	BA: SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF AF	Section 1037s of the Health and Safety Code, and was a	authorized pursuant to Section 7100 of th	e Health and Safety Code.	6 Campbell 108/19/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO- NO IS THE AUTHORITY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. NOTE: THIS PERMIT CHES NO MENT OF DISPOSAL OUTSIDE OF CALIFORN	67 00	98. DATE PERMIT 08/19/20 B. Campb	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box 8 San Diego, CA 92186-5222	1 151		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUPORNIA
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
A. BURIAL (MOLU	JOES ENTOMBMENT)	E. TEMPORARY ENVA	NULTMENT	L DISPOSITION PENDING—REMAINS LOCATED A
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT		(Maine and Address)
THAN IN A CE	METERY	G. SHIP IN TO CALIFO		1
D. SCIENTIFIC US	The state of the s	H. TRANSIT TO OUTS	HOE OF CALIFORNIA	
BURIAL	Mt. Hope Cemetery, 3751 M San Diego, CA 92102	1776200037	8-21-02	
CDEMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
CREMATION	V . 2		T L	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B, DATE RECEIV	ED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORIELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 8-19-2002

You are hereby authorized and instructed, subje	ect to your rules and regulations, to i	nter the remains
or Rhodell Fo	X X 456	West transporter services and
ina DD Crupt (B) Fu	ineral, date, time Th US. A	U6. 23 ª
Church, Chapel, Graveside	: 8.D. memor	A Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge	818
will be applied and billed to undersigned	11 - 12 II - 13 - 13 - 13 - 13 - 13 - 13 - 13 -	
Lot 77 Grave 2 Row	Section 2 Division/B	Hock 12
Grave space & Care Fur P. A. I. D.		895.00
Additional spaces and care fund Opening/Closing & SeAUG 20 2002	2) opening Clasing	750.00
Burial Container MT. HOPE CEMETARY	L	380.00
Handling Fees CITY OF SAN DIEGO, C	XA	320.00
Flower vases - Marker setting fee SETT	ing fee	. 125.00
Recording and filing fee	2) hecording Tex	90.00
Sales taxes		29.45
	Total Due	2589, 45
Paid re-	ceipt number <u>R-5 533 2</u>	2589.45
	, Balance du	· <u>O</u> _
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	I remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	named decedent ify and represent ry harmless from
Desiree Bouty	to Devere 12	outy
I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	Address	
CHRONIC PRODUCT PROCESSOR AND CONTRACTOR AND CONTRA	Сну	Zip Code
·	Telephona	
5	Invoice #	
Work Order # <u>L 17275</u>	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.

	(8)				7:3
			-		5.18
		h X			
nterment space	8-2	202	Time:	200	
Grave Laid out	2. by:	NF	ROBER	*	
Agrees with Le	gal Card:	☐ Yes	□ No		
Agrees with Ma	ap: 🗇 Ye:	s 151	No	45.5	
Blind Check &		ni	auce		1

£17275

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	200	2. DATE OF BIRTH 3. DATE	E OF DEATH 4. SEX
RHODELL	KILLIAN	POXX >			8/2002 N
SA. CITY OF DEATH		58, COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING AL	ODRESS AND ZIP CODE
SAN DIEGO	**	ENTER STATE		of informant Essere Bouty-Sister	(155)
	ORESS OF CALIFORNIA FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH 78. CAL	F. LICENSE NUMBER	055 ARIZONA ST #3	
	MEMORIAL CHAPEL			AN DIEGO CA 92104	
The same of the sa	ERSITY AVE SAN DIEGO (TA 92104 PI The proposed disposition stated herein is one of the		SIGNATURE OF APPLICANT—Person taking	All race laborated
ACHIOMATOGREENT OF AP	Section 10376 of the Health and Select Co	ele, and was outhorized pursuant to Section 7100 of th	Health and Safety Code.	Track flave	08/20/2002
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND S AND IS THE AUTHORITY FOR THE DISPOSITION THIS PERMIT.	WITH PROVI- AFETY CODE IN SPECIFIED	08/21/2002	DED SC. SIGNATURE OF LOCAL REG 2213624	ISTRAA ISSUING PERMIT
LOCAL REGISTRAR	NOTE: THIS PERMIT CHES NO MIGHT OF DISPOSAL OUTSIDE		ROSA HAVA	_;>	
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW PIMAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRIC IF DEATH OCCURRED IN CAUPORNIA P.O. BOX 85222 SAN DIEGO CA 92186-52	*1		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFORNIA	
10. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
	DES ENTOMBMENT)	E, TEMPORARY ENVA	ULTMENT	I. DISPOSITION PENDING	REMAINS LOCATED AT
THAN IN A CE		G. SHP IN TO CALIFO			
D. SCIENTIFIC US		H. TRANSIT TO OUTS	IDE OF CALIFORNIA		
	11A. NAME AND ADDRESS OF CALIFOR	NIA CEMETERY	118. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BURIAL	MT HOPE CEMETERY 3751 HARKET ST SAN	DIRECCEA 92102	9/22/02	· Kenneth Ca	llins -
CREMATION	12A. NAME AND ADDRESS OF CALIFOR	NIA CREMATORY	12B, DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMAN
	8		1	>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFOR	NIA FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVIN REMAINS OR CREMATED REMAINS		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE COP PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHOP FICIENT TO IDENTIFY FINAL PLACE A		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



INTERMENT ORDER

City of San Diego

Date 8-20-02

ina LIVEN	En! //'n	A AUC
Type of Buriel Container	Funeral, date, time	7100
Church Chapel, Graveside	CA BURIL	L Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	d	V/25041
Lot 169 Grave 11 Row	v Section Division/61	56k //
Grave space & Care Fund	······································	845.0
Additional spaces and care fund	PAID	<u> </u>
Opening/Closing & Setup		375.00
Burial Container	AUG 2 U ZANZ	190.00
Handling Fees	AUG ZOTTO	145.00
Handling Fees	MT. HOPE CEMETARY	
C	MT. HOPE CEMETARY TTY OF SAN DIEGO, CA	45.00
and the second of the second o		14.7
Sales laxes	(OSMANANAS	166647
	Total Due	1164 22
	Paid receipt number £=>>55.	1001- L
	Balance due	-Ψ
~ 1 P	at the shows a	amed decedent
I hereby certify I am the Wife	critics of remains as about indicated Londiff	and recreeost
and this is your authority to make dispo that I have the right to make this authori	osition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemetery	y and represent
and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriza	esition of remains as above indicated. I certifization and I agree to hold Mt. Hope Cemeter ation and interment.	y and represent
and this is your authority to make disport that I have the right to make this authorizany liability on account of said authorizany liability on account of said authorizany liability on account of said authorizany liability on account of said authorizany liability liability on account of said authorizany liability l	esition of remains as above indicated. I certifization and I agree to hold Mt. Hope Cemeter ation and interment.	y and represent
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and this is your authority to make dispo that I have the right to make this authorize any liability on account of said authorize NARCEN DO I hereby authorize the interment in lot I hold under deed.	cition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter ation and interment. Wh Surley Br	y and represent
and this is your authority to make dispo that I have the right to make this authorize any liability on account of said authorize NARCEN DO I hereby authorize the interment in lot I hold under deed.	cition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter ation and interment. Wh Surley Br	y and represent y harmless from 45 buy d fld A. 92114



. . MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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Interme	nt space	o for:	Vince	ent	Brow	w _	
Interme	nt Date:	8-23	3-02	Time	: 11:0	oC	nurch
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Grave l	_aid out	by: <u>()</u>	£ 6.	BER	1		
Agrees	with Leg	gai Card:	Yes		10 FI	195	Nove
Agrees	with Ma	p: 🗖 Y	es 5	DNG			1
Blind C	heck &	Verified	ву:	$\triangle a$	wen!	Date:	PRIC

£17276

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC LAST OF	MELY)			TE OF DEATH	4. SEX
-	VINCENT	1	-	B1	ROWN			/16/2002	M
5/	. CITY OF DEATH				OF DEATH-OUTSIDE CALIF.		ATIONSHIP, FULL MAILING	ADDRESS AND Z	P CODE
	SAN DIEGO	N		CAN D		OF INFORI	N BROWN-WIFE,	1405 LAR	WOOD
7,6	CALIFORNIA	BURIAL CHA	The state of the second		IF APPLICABLE		N DIEGO, CA 92		
	2200 HARAD	MEAD EXEY, NA	TIONAL CITY, C.	A 91950	FD-1689	BA. SIGNATUR	RE OF APPLICANT—Person take	ng permit 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF AF	Section 1037	mosfedge as applicant that the propose G of the Health and Safety Code, and was	authorized pursuant to Section	7100 of the Health and Safety Code.	Cla	utette Kas	the second	0/2002
	PERMIT	SIONS OF THE CALIFO	D IN ACCORDANCE WITH PRI PINIA HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIF	ODE	F FEE PAID 98 DATE PERM 08/20/20			GISTRAR ISSUM	IG PERMIT
	UTHORIZATION OF	IN THIS PERMIT	RIGHT OF DISPOSAL ONTSIDE OF CALIFO	47 M	C.RUSS		2213565		
A!	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	IF DEATH OCCURRED	SISTRAR OF DISTRICT OF DI IN CALFORNIA DS-P.O.BOX 8522 A 92186-5222		9E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		OF DISPOSITION— R DISTRICT IN CAUFORNIA		•
10		OSITION(S) CHECK APP					FOR CORONER	'S USE ONL'	7
Total Company	B. CREMATION		INS OTHER	F. DISINTERM G. SHIP IN TO	T/S/A		I. DISPOSITION PENDIN (Name and Address)		OCATED AT
	BURIAL	MT. HOPE	DRESS OF CALIFORNIA CEN CEMETERY, 3751 , CA 92102		8 - 23 -4	1	GNATURE OF PERSON IN	CHARGE OF B	URIAL
BLE TEMS	CREMATION	12A, NAME AND ADD	DRESS OF CALIFORNIA CRE	MATORY	128, DATE CREMI	ATED 12C. S	GNATURE OF PERSON IN	CHARGE OF CR	EMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADD	DRESS OF CALIFORNIA FAC	ILITY RECEIVING REI	MAINS 13B. DATE RECE	EIVED 19C. SI	GNATURE OF PERSON IN	CHARGE OF F	ACILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE REMATED REMAINS ARE TO		RE 148, DATE SHIP		DDRESS AND SIGNATURE F PLACING WITH THE CAI		CHARGE
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		est point on shoreline, o Tiffy final place and ca <u>d</u>				GNATURE OF PERSON IN HARGE OF DISPOSITION	1 OF CREA	AATED RE-



INTERMENT ORDER

City of San Diego

_ Funeral, date, n. of regular work Section	CA f	Division/	375 00
Section Section	on <u>2</u>	Division/	12 610R 895.00
Section Section	on <u>2</u>	Division/	375 00
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SMM DIEGO!	Total D	ue	1694.1
d receipt numbe	K-5	5340	LUCEY 7.
	- 53	Balance du	ы <u>Д</u> _
		of the above	named decedent
on of remains a	s above in	dicated. I cen	tify and represent
		nope cemer	ny namiess nom
X			
Signature			533 B//E 8
Address			
7 City	_		Zip Code
Folianteses			- 20.55 O
e enegativitie	C.		
Invoice	#		
Acct. #	ž.		49 190
	DE CEMETAP SAN DIEGO, d receipt number on of remains a on and I agree to n and interment. Segnature Address City Telephone Invoice Acct. #	CEMETARY SAN DIEGO, CA Total D d receipt number R5 on of remains as above in on and I agree to hold Mt. n and interment. Signature Address City Telephone Invoice #	Total Due



GRAVE BLIND CHECK FORM

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

36	15		•	=3.8	
			-	-	-
		'^ X	Carden	ba -	Howell
			1		<u> </u>
		i i	}	de:	4

Interment space for:	loresWalker
Interment Date: 8- 16-02	Time: 11:00 Grauside
Lot: 125 Grave: 1 Row:	
Grave Laid out by: NF ROBE	et
Agrees with Legal Card: Tyes	1000 / 100/01/
Agrees with Map: Yes	J No
Blind Check & Verified By	Wey Date: 886-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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0,	-
3	

	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF		TE OF DEATH	4. SEX
Delores		Marie	Walker		6370871	941 087	17/2002	F
CITY OF DEATH			5B. COUNTY OF DEAT		NAME, RELATIONSHE	the same of the sa	ADDRESS AND Z	P CODE
Moreno Wa		Note that the second of the se	Riversid	The state of the s	of Medriant Angela Lomb	a-Daught	er (WAT	ě.
Californi	a Cremation	A-FUNERAL DIRECTOR OF A & Burial Ch San Diego,		F APPLICABLE	3810 Wabasi San Diego,	CA 92104	02	
ACKNOWN FEDGMENT OF A	new source 1 hereby a	chnowledge as applicant that the	proposed disposition stated herein is one of the	dispositions authorized by	SIGNATURE OF APP	LICANT—Person table		E SIGNED 2/200
ACMENICULARINI OF N	Section 10	376 of the Health and Safety Code, JED IN ACCORDANCE WIT	and was authorized purposent to Section 7100 of the	e Health and Safety Code. AID 9B. DATE PERMIT IS	7			THE REAL PROPERTY.
PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S D MOST OF REPOSAL OWISIDE OF	TY CODE PECIFIED \$7.00	08/23/20		RE OF LOCAL RE	ware !).
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERAUT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT D IN CALIFORNIA Drds—P.O. Box CA 92186—52	85222 Riv	DRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR. BY SIDE COUNTY CIRCLE DE	Health De	pt. Vital		
. AUTHORIZED DISP				*	FC	R CORONER	S USE ONL	7.
B. CREMATION			F. DISINTERMENT			OSITION PENDIN ne and Address)		
D. SCIENTIFIC U	SE	DDRESS OF CALIFORNA Cemetery 3/5	G. SHIP IN TO CALIFO	MEN CONTRACTOR OF THE PARTY OF	11C SIGNATURE	OF PERSON IN	CHARGE OF B	RIA
HAN IN A CI	EMETERY SE 11A NAME AND AS MT. Hope		G. SHIP IN TO CALIFO	SIDE OF CALIFORNIA	11C SIGNATURE	OF PERSON IN	CHARGE OF B	RH C
D. SCIENTIFIC U	ITA NAME AND AT HOPE Sen Diego	DDRESS OF CALIFORNIA Cemetery 375	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS CEMETERY I Market St.	SIDE OF CALIFORNIA	Z. Ken	nett c	allin	, –
D. SCIENTIFIC U	11A. NAME AND AF MT. Hope San Diego 12A. NAME AND AF	DERESS OF CALIFORNIA Cemetery 375 D. CA 92102 DDRESS OF CALIFORNIA	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS CEMETERY I Market St.	118. DATE BURIED	Z Xen	neth (Selling CHANGE OF CR	EMATION
BURIAL CREMATION SCIENTIFIC	SER DIEGO 12A. NAME AND AL 13A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	DDRESS OF CALIFORNIA CEMETERY 375 D. CA 92102 DDRESS OF CALIFORNIA DDRESS OF CALIFORNIA	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS CEMETERY THATKET St. CREMATORY FACILITY RECEIVING REMAINS TATE OR COUNTRY WHERE	BIDE OF CALIFORNIA 118. DATE BURIED 8/26/0: 128. DATE CREMATES	Xen 12C SIGNATURE D 13C SIGNATURE	nett () OF PERSON IN	CHARGE OF FA	EMATION

INTERMENT ORDER

City of San Diego

ist.		Date 8	-21-02
BURIAL		7.7.7.	
You are hereby authorized and instruct	ted, subject to your rule		to inter the remains
of CKECOKIO	PANIQ	A (450	
In a VOUBLE DEPTH	Funeral, date, tin	ne FRI 8	-30 <u>/o'</u> .'
Church, Chape Graveside	J:	mobile	DUI) Comprisary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra ch	arge of \$
will be applied and billed to undersigne	ed		
V2 3		2	12
Lot 13 Grave 9 Ro	w Section	Divisi	on/Block 19
Grave space & Care Fund			845.00
Additional spaces and care fund			
Opening/Closing & Setup P. A	I.D.		375.00
Burial Container	Company of the contract of the		The state of the s
Handling Fees AUG 2 f) 7007		350.00
Flower vases - Marker WITINGPE (
Recording and filing fCTY OF SAN	DIEGO, C		70 HB
Sales taxes			99.45
		Total Due	3044.42
	Paid receipt number_	K- 5531	1769.30
V	0	- 553 Y 6	due 475.0
I hereby certify I am the		or the abi	ove named decement
and this is your authority to make disp that I have the right to make this author	rization and I agree to h		
any liability on account of said authoriz	Y		-0
I hereby authorize the interment in lot I hold under deed.	Signature		
nois under doos.	Address		
Signature of recorded holder of deed	— ×		Z ₁₀ Coda
	X Telephone		
5			
Work Order # E 17278	Invoice #		
Work Order # E 1/2/0	Acct. # _		s

REA-104 (7-96)



GRAVE BLIND CHECK FORM

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

	A	LMENTA	73 X 2	3	. 1	WRIGHT
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G.						(F)

	-50	0	7	10	1)
				- 0	
Interment space for:	GREGO	Rio Pi	TOTUA	ÍΑ	
Interment Date: FR				504400	
Lot: 73 Grave:		1		Div:	15
Grave Laid out by:'	NF RO	BERT			
Agrees with Legal Ca	rd: 🗆 Yes		No à	May.	en/
Agrees with Map:	l ves	No.	8	Gra	

Blind Check & Verified By

E17278

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE		1C. LAST (FAMI	n		DATE OF BIRTH	3. DATE (DAY, YEAR
-	GREGORIO		-		PANIOJA		. 0	5/02/1923	08/20	0/2002 M
5,	A. CITY OF DEATH			1	ENTER STATE		OF INFO			ESS AND ZIP CODE
-	OCEANSIDE	**************************************	A Carny porces	n no procos so	SAN DI	S. CALIF LICENSE NUMBER	455,000	la pantoja-	TARREST A	17.1
**			, 0002, IMPER				LICENSIS CONTRACTOR	S.DITMAR SI	All Committee and	
		CA. 92102				FD-1425		SIDE, CA. 6		nt 88. DATE SIGNED
	ACRIMONALEDGMENT OF AF	no scarce hereby a	acknowledge as applicant that			of the dispositions authorized by 00 of the Health and Safety Cede.	De	lux (hu	ur.	08/29/200
	PERMIT	SIONS OF THE CALIF	UED IN ACCORDANCE FORNIA HEALTH AND SATY FOR THE DISPOSITIO	AFETY CODE	BA. AMOUNT OF I	SELENE CH	NEZ 2	C. SIGNATURE OF LO 214077	CAL REGIST	TRAR ISSUING PERMIT
	UTHORIZATION OF	IN THIS PERMIT.	IO RIGHT OF DISPOSAL OUTSIDE		\$7.00	08/29/2	002 1			- 1
A		VITAL RECO	RDS P. O. B	OX 85222	100	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			RNIA	
-	D. AUTHORIZED DISPO	The second secon	CA. 92186-	-3444	1			FOR COR	ONER'S	ISE ONLY
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. CREMATION		ANS OTHER		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	т		I. DISPOSITION (Name and A		REMAINS LOCATED A
	BURIAL	MOUNT HOP	DORESS OF CALIFOR	, 3751 M	ARKET ST.	118. DATE BURIE	_ i	SIGNATORE OF PER	SON IN CHI	ARGE OF BURIAL
		SAN DIEGO), CA. 92102	2		18-30-0	10/	Will F.	Lam	
ICABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFOR	NIA CREMATOR	IY.	128. DATE CREMA	TED 12C.	SIGNATURE OF PER	SON IN OPTA	AGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFOR	NIA FACILITY R	ECEIVING REMAI	NS 13B. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHA	ARGE OF FACILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS			14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T		PERSON IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHOR ENTIFY FINAL PLACE A					SIGNATURE OF PER CHARGE OF DISPOS		13D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER. —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 8-21-02

na LIDER .	Funeral, date, time	TUES.AUX	3.274
Tune of Brigist Constitues	;;	RAGSDAL	F Mortuary
All Funeral cars must arrive before 3:30 p.m.		or an extra charge of	
will be applied and billed to undersigned.	81 8	250	THE R.
var de applied and billed to diffusi signed.			3-1020
ot 66 Grave 9 Row	Section	2 Division/Btr	11
<u> </u>	6772	2 Division/Bit	
Grave space & Care Fund			~
Additional spaces and care fund			선 기보였다. 16
Opening/Closing & Setup			0.000
Burial Container			
landling Fees			8
lower vases - Marker setting fee			0
Recording and filing fee			0
Sales taxes		Wasangian wanitens	0,
	To	tal Due	0
Paid	receipt number		
		Balance due	8
hereby certify I am the		of the above no	amed deceden
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as abo n and I agree to hold	ve indicated. I certify	and represen
hereby authorize the interment in lot I nold under deed.	Signature		
	Address		-
ignature of recorded holder of deed	City		Zip Cod
	Telephone		
Work Order # E 17279	Invoice #	*3	100

GRAVE BLIND CHECK FORM

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

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# 8°	กั	Probase	A X	[0	16 dder	Kon
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i.					1	
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Interment s	pace for:	Horace	yat.	es_		<u> </u>
Interment I	Date Use	SAu	a277	ћ Гіте:	11:05	(hurch)
Lot: 106		The Company of the Control of the Control				Div:
Grave Laid	l out by:	NF	Rote	seet		
Agrees wit	h Legal Car	rd: 🗆 Ye	s [J No Z	Flag	ware
Agrees wit	h Map: 🏻	Yes	2520	No		John
			1/1			6771 0

Blind Check & Verified By: Date: 9-26-2

Rogedale

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NZ

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAM	LY)	2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR	
Horace		-	Yates, .	Jr.	01/02/1927 08/21/2002	C. 10 COM
SAN Diego			ENTER STAT		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND OF INFORMANT VALOTIE L. Yates.	
7A. TYPED NAME AND AL		A FUNERAL DIRECTOR OR CTUBERY, \$050 1	PERSON ACTING AS SUCH 7		960 47th Street San Diego, CA 9210	9.5 Set //
San Diego,	CA 92102		11	FD-1329 8	A. SIGNATURE OF PLICANT—Person taking permit 88. DA	
ACKNOWLEDGMENT OF AF	Section 10	376 of the Health and Safety Code, as	uposed disposition stated herein is on id was authorized europeant to Section 7	100 of the Health and Safety Code.	Thirthe Den 08/2	MANAGEMENT AND PROPERTY.
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORINA HEALTH AND SAFET TY FOR THE DISPOSITION SP IO MIGHT OF DISPOSAL OUTSIDE OF C	Y CODE PECIFIED	98/22/200 B. Campbe		ING PERMIT
	Vital Rec	EGISTRAR OF DISTRICT OF ID IN CAUFORNIA OFTAS, P.O. BOX CA 92186-522	85222	E. ADDRESS OF REGISTRAR O	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO					FOR CORONER'S USE ON	LY
B. CREMATION	SE .		F. DISINTERMEN G. SHIP IN TO (CALIFORNIA OUTSIDE OF CALIFORNIA	I. DISPOSITION PENDING—REMAINS (Name and Address) 11C. SIGNATURE OF PERSON IN CHARGE OF	
BURIAL	Mt. Hope	Cemetery; 375 c, CA 92102	I Market Stree	8/27/0	1 21 # - 00	WA .
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREMATE	D 12G, SIGNATURE OF PERSON IN CHARGE OF C	REMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMA	INS 138. DATE RECEIVE	13C. SIGNATURE OF PERSON IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B, DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON OF PLACING WITH THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION		I MAINS	SE NUMBER EMATED RE- DISPOSER, PPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 8-21-02

01 1175	9	Funeral, date, time	TU	ES.ALK	ショフサムリ
in THE	Chesina	and of the state o	7	CODAL	E
Church, Chapel, Braves			714	אראוטפ	Monutary.
All Funeral case must er	rive before 3:30 p.m.	of regular work de	y or an	extra cyarge o	45
will be applied and billed	t to undereigned				
Lm 66 Grave	9 ROW	Section	2	_ Olvision/Sto	<u> </u>
Grayo space & Care Fu	m4	677a		innestinations for the	5
Additional spaces and o	are tund	*****************	No. (\$1 4 1 5a)	44 4 4444-49544454445-	
Opening/Closing & Safe	p .,	********************	H(1)****-**	*******	2_
Burial Container	eer, egagge dikelik van rekalikke jirkke pe	*************			0_
Handling Feet	**********			·,ppr,ba84.cruq-44.td	1_
Flower vakes - Marker		and the same and the	serve palice		Dr.
Flower Vakes - Marker	esinling isso	Hiparter and the state of the s	attender in the	Marit bearen i Thursday	-
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Recording and tiling fee		and the second s	Γρ18) Du	gantiga ame og engenstad a a e gantifugging po en en en en e eggenstad amende en efter	2
Recording and tiling fee	Palo Wife	receipt number _	Fotal Du	Balence due	S Same discontent
Recurring and tiling feet Sales taxes I haveby carelly I am the and this is your suffering that I have the right to reary tability on account	Palo Wife by to make dispastion nake this authorization of said suthorization	receipt number	Fp18) Du	Balance due	Amed tecadent
Recording and tiling feet Sales taxes I hereby cartily I am the and this is your authorities.	Palo Wife by to make dispastion nake this authorization of said suthorization	receipt number	Fp18) Du	Balance due	Amed tecadent
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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-21-02

You are hereby authorized and instructed, su		ter the remains
m. D.D.Crypt (T)	Funeral, date, time	6 11.00
Church, Chapel, Graveside DELIVERY	DOT ALL	DEAN WHITE
All Funeral cars must arrive before 3:30 p.m.	7/20-23	6-0008
will be applied and billed to undersigned.	or regular work day or all extra criange o	
15• W	4	PSS-14191
Lot _ Grave _ Row _	Section Division/Bit	sck_13_
Grave space & Care Fund		126.00
Additional spaces and care fund	-01 N	
8-1>	08/1	423.00
Opening/Closing & Setup	× 7	163 01
Burial Container		10.3.01
Handling Fees	ncelly	
Flower vases - Marker setting fee	h _	C
Recording and filing fee		45.00
Sales taxes		9.53
FAX 760-736-0085	Total Due	726.54
- 1 160- 100 Pain	receipt number	
P.A	TO SEE SWARD CHEET HER THE STATE OF THE STAT	
NANCY HOLDIST	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of dead	City	Zip Code
	Telephone	
_ / = ^ -	Invoice #	
Work Order # E 17280	Acct. #	

REA-104 (7-96)

INTERMENT ORDER

City of San Diego

Date 8 - 22 - 09

You are hereby authorized and instructed		and regulatio	ns, to inter the	remains
or SHUCHIEH			D 31	7,0
in a ASH VAULT	Funeral, date, time	WOW	8-98	40
Church, Chape, Graveside		AM, LY		Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day	or an extra	charge of \$ _	
will be applied and billed to undersigned.	4			
Lot 137 Grave 12 Row	Section	a_ Div	ision/ Sleck	<u> </u>
Grave space & Care Fund	Pre-need			0_
Additional spaces and care fund				
Opening/Closing & Setup	41 P		/0	5.00
Burial Container	2.2.2002		ട	5.00
				000
Handling Fees MT. HDIR Flower vases Marker setting 19 OF S	CISMETARY T	RION	4	6.93
Recording and filing fee				5.00
			1	1.26
Sales taxes		stal Due	31	64.3
	aid receipt number	1 220	316	2.19
S.	aid receipt number <u>Y</u>		nce due	0
I hereby certify I am the and this is your authority to make disposithet I have the right to make the authorization and liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	ation and I agree to hole	BARBA Bar	RA Ju	epresent less from AG 92/6
Work Order # E 17281	Invoice #	-226-	5125	-8 -8 -8 -8
REA-104 (7-96) This info	rmation is available in	alternative	formats upon	request.

Printed on recycled paper



GRAVE BLIND CHECK FORM

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			J Yes	_	•	as IX	en

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDI			1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR
SHU		HIEN	SUN		01/25/1929 06/29/2002 F.
SA. CITY OF DEATH	KUEISHAN		58. COUNTY OF DEATH	7774	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA JUNG - DEVECTOR
7A. TYPED NAME AND A	LOORESS OF CALIFORNIA-FUNE	RAL DIRECTOR OR PERSON A	ACTING AS SUCH 7B. CAL	IF. LICENSE NUMBER	9868 SCRANTON ST.
A COLUMN TO SERVICE DE LA COLUMN TO SERVICE DE LA COLUMN	TCHELL MORTUARY	, 3655 FIFTH	AVENUE,	* APPLICABLE	SAN DIEGO, CA 92121
ACKNOWLEDGMENT OF A		as applicant that the proposed dispe- lealth and Safety Code, and was author	sition stated herein is one of the	dispositions authorized by	BA. SIGNATURE OF APPLICANT—Person taking person, 88. DATE SIGNED 11 2 00 08/16/2002
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN A SIONS OF THE CALIFORNIA H AND IS THE AUTHORITY FOR T IN THIS PERMIT.	CCORDANCE WITH PROVI- EALTH AND SAFETY CODE HE DISPOSITION SPECIFIED		98. DATE PERMIT	DISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 02 2213438
LOCAL REGISTRAR	MOTE: THIS PERMIT GINES HO MIGHT OF	THE RESERVE OF THE PARTY OF THE	A CONTRACTOR		0.2013 1753 18700
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRA IF DEATH OCCURRED IN CAL		i iF i	DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSITION— UP IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO, CA 92186-5222
10. AUTHORIZED DISP	POSITION(S) CHECK APPLICABLE	Е ПЕМЯ	E 5 5 5		FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REMAINS OT EMETERY ISE	È	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	
BURIAL	MOUNT HOPE CEME SAN DIEGO, CAA	STERY, 3751 MA		8-26-02	Norman Ferman
CREMATION	12A. NAME AND ADDRESS	OF CALIFORNIA CREMATO	DRY	128. DATE CREMAT	
SCIENTIFIC	13A. NAME AND ADDRESS	OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS REMAINS OF CREMAT	IN RECEIVING STATE OR ED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	5			\$1	15C. SIGNATURE OF PERSON IN LIST, LICENSE NUMBER

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

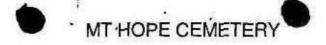
INTERMENT ORDER

16 chis

City of San Diego

Date 8-26-02

or Justin DAV		9 10° m
in a DOUBLE DEPTH	Funeral, date, time WED 8-2	0 10.0
Church, Chapel Graveside	(GOODBODY	Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of	\$
will be amplied and billed to undersigned.		
Grave Space & Care Fund	Section Division/Blos	* <u>10</u>
Grave space & Care Fund	tre-much 0-2001	-0
Additional spaces and care fund		
Opening/Closing & Spp AID		375.00
Burial Container		380.00
Handling FeesAUG 26 2002		350,00
Flower vases - Marker setting fee MT. HOPE CEMETARY Recording and THOUSE SAN DIEGO. C	· · · · · · · · · · · · · · · · · · ·	45.00
Sales taxes		Q 1145
	Total Due	1144,45
Paid	d receipt number VISA	1117.43
× .	Balance due	-0-
I hereby certify I am the	of the above nam	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery h	
I hereby authorize the interment in lot I hold under deed.	X Gala. Davis X Squares Jasa Hanir	nan Ar
Signature of recorded holder of deed	X San Diego	72 8 105
Work Order # E 17282	Invoice #	



GRAVE BLIND CHECK FORM

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

the buria			T			
elaffer	CHARLES	1320	o _M X	1336 WARVE 11	VU	
Interment	space for:	Ju	stin [Davis	. 00	
Lot: 133	1 Grave	:	ROW:_ ROW:_	Sect:		Div: <u>\0</u>
Agrees w	ith Legal C	_		J No No	#	lig on

Wes Date: 8-26-02

Blind Check & Verified By:

APPLICATION AND-PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

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USE BLACK INK ONLY-MAKE NO FRASURES WHITFOUTS OR OTHER ALTERATIONS

	DENT-FIRST (GIVEN)	1 18. MIDDLE	IC. LAST (FA	MILY)		Z. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	
JUSTI	M	EDWARD		DAVIS		1/23/1945	08/23/2002	M
A. CITY OF DEATH	1.5	1149 SIQ SELICE (5B. COUNTY C	F DEATH—OUTSIDE CALIF.	6. NAME, F		MAILING ADDRESS AND	ZIP CODE
SAN D	IEGO		EMICH OIL	SAN DIEGO	JILL	DAVIS-WIFE	3	
	MORTUARY: 50	IA-FUNERAL DIRECTOR OR PER D27 EL CAJON BOU	JLEVARD	-F APPLICABLE	1982 N. J. W. S. C.	HANIMAN DE DIEGO, CA 9	100 CO 10	
		AN DIEGO, CA 921		PD 790	BA. SIGNA	FURE OF APPLICANT	Person taking permit, 88. D	
ACKNOWLEDGMENT OF		acknowledge as applicant that the propose 1376 of the Health and Safety Code, and was			Mu	clou.	2,020 08/	27/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF	UED IN ACCORDANCE WITH PR FORMA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF	ODE	F FEE PAID 9B. DATE PERMI	ZZARO	C. SIGNATURE OF LI 2213929	OCAL REGISTRAR ISS	JING PERMIT
LOCAL REGISTRAR		O MIGHT OF IMPOSAL OUTSIZE OF CALIFO		08/2//20	and the second			
NY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	- Contract C	DEATH—	9E. ADDRESS OF REGISTRAP IF DISPOSITION IS TO OCC				
O. AUTHORIZED DIS	SPOSITION(S) CHECK A			*	Ī	FOR COL	RONER'S USE ON	LY
Tend a management access	CLUDES ENTOMBMENT)		E TEMPODAD	Y ENVAULTMENT	- 1	T I DISPOSITION	PENDING-REMAINS	LOCATED
B. CREMATION	N OF CREMATED REM CEMETERY	IAINS OTHER	F. DISINTERMI	ENT		(Name and		LOCATED
B. CREMATION C. DISPOSITIO THAN IN A D. SCIENTIFIC	N OF CREMATED REM CEMETERY USE 11A. NAME AND A MOUNT HOR	DDRESS OF CALIFORNIA CENTER STREET, SAN	F. DISINTERMI G. SHIP IN TO H. TRANSIT TO	ENT CALIFORNIA O OUTSIDE OF CALIFORNIA 11B, PATE BURIE	ED 11C.	└── (Name and a		
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CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY MT. HOPE CEMETERY MT. HOPE CEMETERY City of San Diego

Date 8-26-02

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$	To Dougles of			Date 0 1 4	~~
Funeral, date, time THURS. AUG, 29th FAMILY Mortuary. All Funeral rare must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Will be applied and billed to undersigned. Additional spaces and care fund Section Division/Brook 10 Grave space & Care Fund For 1478/D-7349 Grave space & Care Fund For 1478/				nd regulations, to inter	the remains
Church, Chaper Graveside : FAMILY Mortuary. All Funeral fars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 52 5 Grave Row Section Division/Brock 10 Grave space & Care Fund Figure 1478/D-7349 Figure 147	of Evelyn G	<u>rrp</u>		tu	mask .
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lo. 525 Grave Row Section Division/Brook 10 Grave space & Care Fund E - 1478/D - 7348 Additional spaces and care fund Copening/Closing & Setup. Burial Container All Container All Copening Flower vases — Marker setting fee CITY OF SAN DIEGO: CH Sales taxes Total Due 293.04 Paid To Sales taxes Total Due Grave paid receipt number All Dry VISA 293.04 Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account o	in a HSH VAUL	7'			
will be applied and billed to undersigned. Lot 535 Grave Row Section Division/Brook 10 Grave space & Care Fund E-1478/D-7349 GA Additional spaces and care fund Opening/Closing & Setup Row PAID 1055.00 Burial Container PAID 1055.00 Handling Fees AUG-26 2002 Flower vases - Marker setting fee Recording and filling fee CITY OF SAN DIEGO. CA 150 CITY O	Church, Chaper Graveside			HAMILY	_ Mortuary.
Grave space & Care Fund E - 1478/D - 7348 Additional spaces and care fund Opening/Closing & Setup Part D 105.00 Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee CITY OF SAN DIEGO, CA Sales taxes CITY OF SAN DIEGO, CA Paid receipt number ADD Balance due Opening/Closing & Setup Paid receipt number ADD By VISA ADD Balance due Opening/Closing & Setup Folial Dus Balance due Opening/Closing & Setup Opening/Closing & Setup ADD By VISA ADD Balance due Opening/Closing & Setup Folial Dus Balance due Opening/Closing & Setup Opening/Closing & Setup Folial Dus ADD Balance due Opening/Closing & Setup Opening/Closing & Setup Folial Dus ADD Balance due Opening/Closing & Setup Fo	All Funeral cars must arrive before	3:30 p.	m. of regular work day	or an extra charge of \$	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes CITY OF SAN DIEGO, CF Landling Fees Total Due Paid receipt number Flo D Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and interment. Thereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tetephone Invoice #	will be applied and billed to undersi	gned.			
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees AUG 2 6 2002 Flower vases – Marker setting fee Recording and filling fee CITY OF SAN DIEGO: CP Sales taxes CITY OF SAN DIEGO: CP Balance due I hereby certify I am the August Peid receipt number Paid By VISA 293.04 I hereby certify I am the August Peid receipt number of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. Chereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Telephone Invoice #	Lo 525 Grave	Row_	Section	Division/Block	10
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees AUG 2 6 2002 Flower vases – Marker setting fee Recording and filling fee CITY OF SAN DIEGO: CP Sales taxes CITY OF SAN DIEGO: CP Balance due I hereby certify I am the August Peid receipt number Paid By VISA 293.04 I hereby certify I am the August Peid receipt number of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. Chereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Telephone Invoice #	Grave space & Care Fund		E-1478/D	7348	0
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Burial Container Handling Fees AUG 2.6 2002 Flower vases – Marker setting fee Recording and filling fee CITY OF SAN DIEGO, C# Sales taxes CITY OF SAN DIEGO, C# Paid receipt number Augustus – Augustus	Opening/Closing & Setup		- A I D		105.00
Recording and filing fee Recording and filing fee CITY OF SAN DIEGO, CF Sales taxes Total Due Paid receipt number ALD BY VISA 293.04 Balance due Interesty certify I am the and this your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Telephone Invoice #	Burial Container		PAID		\$5,00
Recording and filling fee Recording and filling fee CITY OF SAN DIEGO, CF Sales taxes Total Due Paid receipt number Fig. D. VISA And By VISA	Handling Fees		MIG 2 6 2007	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	60.00
Sales taxes CITY OF SAN DIEGO, CF January Paid receipt number Total Due Paid Day VISA 293.04 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. Thereby authorize the interment in lot I appearance of recorded holder of deed City Telephone Invoice #	Flower vases - Marker setting fee .				23.78
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tust in CA 72-78 City Telephone Invoice #	Recording and filing fee		MT. HOPE CEMET	ARY -	45.00
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tust in CA 72-78 City Telephone Invoice #	Sales taxes	C	ITY OF SAN DIEG	o, o,	4-26
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tust in CA 72-78 City Telephone Invoice #	-NT - nhal	' Q	্য০	lal Due	93.04
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tust in CA 72-78 City Telephone Invoice #	- VISU Wand any	M. bs	id receipt number PA	O BY VISA	293.04
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Tust in CA 72-78 City Telephone Invoice #	poly de lya. 650			Balance due	0
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed. Tust in CA 92-187 City Ze Code	I hereby certify I am the	5BA	ر الم	of the above name	ed decedent
Andread CO MALA GA Regulature of recorded holder of deed Tust in , CA 92-78 City Ze Code Telephone Invoice #	that I have the right to make this aut	thoriza	tion and I agree to hold		
Address Tustin, CA 92-187 City Zep Code Telephone Invoice #	hereby authorize the interment in I hold under deed.	lot I	Sprature	MALA GA	ulte
Telephone	Signature of recorded holder of deed		Attornets	tim, CA	92780
74-11 11 11 11 11 11 11 11 11 11 11 11 11			2		
Work Order # E 17283 Acct. #	-		Invoice #		
	Work Order # E 17283		Acct. #		

REA-104 (7-96)

This information is available in alternative formats upon request.

217283

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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wan ord	29351114	524 EARCA	** **	52 ENLING	a	
nterment	space for:	T-v=	lun (Carpents	er	
nterment	Date:	1-19	-02	Time:	11:0	0
.ot: 52	∑ Grave		Row:	Sect:	D	iv: <u>10</u>
Jrave Lai					100	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 08789 /2002 07719719F8 E. CARPENTER EVELYN 58. COUNTY OF DEATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH JAMES CARPENTER. ENTER STATE Husband ORANGE NEWPORT BEACH 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 100 MALAGA FD1280 TUSTIN. OMEGA SOCIETY, 2800-A S. MAIN, SANTA ANA, CA. 92780 SIGNATURE OF APPLICANT—Person taking perms, 88. DATE SIGNED Thereby acknowledge as applicant that the proposed disposition stated heren is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 08/12/2002 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AUG 1 3 2002 AUTHORIZATION OF LOCAL REGISTRAR 7.00 NOTE: THIS PERMIT EMES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. BO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALFORNIA ANY CHANGE IN DISPOS IF DEATH OCCURRED BY CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SDCHD, P.O. BOX 85222, SAN DIEGO, CA. OCHD, P.O. BOX 234, SANTA ANA, CA. 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY L DISPOSITION PENDING-REMAINS LOCAT X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT (Name and Address) X 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 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED IIC SIGNATURE OF PERSON IN CHARGE OF BURIA MT. HOPE CEMETERY, BURIAL SAN DIEGO 3751 MARKET STREET, CA TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CREMATION AUG 1 5 2002 MACERA CREMATORIUM CREMATION APPLICABLE SANTA ANA 1020 N. FULLER ST., 1acen 3-13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 7 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF ISC. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED RE-MAINS DISPOSER SCATTERING AT SEA DISPOSITION CHARGE OF DISPOSITION OR DISPOSITION OTHER THAN IN A CEMETERY

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.

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 8/28/02

a Liner	Funeral, date, time
Church Chapel, Graveside	Featherina VI Mortuary
Il Funeral cars must arrive before 3:30 p.m.	- A letter
vill be applied and billed to undersigned.	
ot 140 Grave 6 Row_	Section 2 Division/Block 12
Brave space & Care Fund	895.00
Additional spaces and care fund	375.00
	1 90.00
landling Fees	14300
lower vases - Marker setting fee	<u> </u>
Recording and filing fee	45.00
Sales taxes	
	Total Due
Paid	receipt number
1 1:	Balance due
hereby certify am the	. 1
hereby authorize the interment in lot I lold under deed.	124B9 Heathorton Ct *4
grusture of recorded holder of deed	(6(a) 384-2340 858 679 98 Telephone Lew Home
	Invoice #

INTERMENT ORDER

City of San Diego

Date 8-22-02

in a	Funeral, date, t	ime FR	8-30	1'.0
Church, Chapel, Graveside		GUADAL	UPANA	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an ex	ra charge of \$	3
will be applied and billed to undersigned.				
Lot 130 Grave Row	Section	<u> </u>	Division /Block	9_
Grave space & Care Fund	***************************************	io, partition ann		00.00
Additional spaces and care fund				
Opening/Closing & Sep. A				5.00
Burial Container				
Handling FeesAUG2.8.2002				
Flower vases - Marker setting fee			·····	7.5
Recording and THY OF SAN DIEGO, C			шЦ	5.00
				20.0
		Total Due		10.00
Paid	receipt number	14- 223	11 <u>a</u>	70,00
		Ba	alance due	-6
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and lagree to	above indicat	ne above name ed. I certify and e Cemetery har	d represent
hereby authorize the interment in lot I nold under deed.	Signature	ZEF	Back-	
Signature of recorded holder of deed	Address			
	City			Zip Code
	Telephone			- 8
<u> </u>	Invoice A			
Nork Order # E 17285	Acct. #		2222	
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While You Were Out CELL 895-2905 Phone Area Code URGENTI TELEPHONED RETURNED YOUR CALL CAME TO SEE YOU PLEASE CALL WANTS TO SEE YOU RUSH WILL CALL AGAIN MESSAGE WANTS SERVICE ON FRI FOR BABY. WILL BRING Check for 270.00 AT 2:00 to DAY .





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THAN IN A CEMETERY						- 1			5 - T	-IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 8-28-02

of 405 FRANK CAPO	
in a LINER	Funeral, date, time
Church, Chapel, Graveside	: MERKLEY M. TCh Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned,	
94 4	3 13
Lot Grave Row	Section Q Division/Bleek 13
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	(00,09/
Handling Fees	145,00
Flower vases - Mar Hole ting the 2003	
Recording and filing fee MT. HOPE CEMETAR	11 - 0 -
Sales taxesOITY OF SAN DIEGO	14. 73
	Total Due
Pai	id receipt number R - 55351 1664-7
12 8.3	Balance due = 0
I hereby certify I am the	of the above named decedent
and this is your authority to make dispositi	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
(CALLEY) AND COMMON THE COMMON OF	Invoice #
Work Order # E 17286	Acct. #
REA-104 (7-96) This infor	mation :s available in alternative formats upon request.

C Printed on recycled paper

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	Descrip	tion of	Contract Items	Price	Tax	Allowance	Addl. Desc.	120
1 (Graves	Division 1	2-2		895.00	0.00			(-
1 (Opening/Closing	Single Gra	ve		375.00	0.00		Mt.	
11	Burial Vaults	#5 Bell Li	ner		190.00	14.73			
11	Handling Fee	Bell Liner	Hande	ling Fee	145.00	0.00			
11	Misc Fees	Recording	Fee		45.00	0.00			
Propert	у								6
	Divisio	n Sec	tion	Blk / Row	Lot	Grave	Depth/Lvl		
	Division 1:	2	2		94	4	A		2

on the grave of John L. Estey

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 Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup..... Burial Container. WIFE AILEEN EDWARD 480-983-DR39 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 Signature hold under deed. Address Signature of recorded holder of deed City Zip Cod Telephone Invoice # E 17287

This information is available in alternative formats upon request.

REA-104 (7-96)

£17287 STATE OF ARIZONA TRANSIT COPY SERVICES - OFFICE OF VITAL RECORDS (This copy must accompany DEPARTMENT OF HEALTH FILE NO. C-17167 body to final destination) **DISPOSAL - TRANSIT PERMIT** RMOSETHINIBITE NAME OF A. FINEY C. LAST S. MIDDLE SEX AGE DECEASED James White H. Edwards Male IDENTIFICATION A. TOWN DR CITY B. COUNTY C. STATE DATE OF DEATH PLACE OF DEATH OF 2002 August Scottsdale Arizona Maricopa DECEASED CAUSE OF MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES! DEATH B. ST. ADDRESS C. CITY AND STATE FUNERAL HOME A. NAME EURIAL OTHER MANNER (SPECIFY 398 Old West Hwy Apache Junction, Az Apache Junction Mortuary CREMATION Burial AND DATE SIGNED REMOVAL Cremains PLACE OF 11. 8-3-02 PLACE OF BURIAL OR C. CLTY AND STAT DISPOSITION OTHER DISPOSITION Mt. Hope San Diego, California Cemetery REGISTRAR'S AND THE MANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS AUTHORIZATION REGISTRAR'S SIGNATURE DATE SIGNED REG. DISTRICT YOR 8-3-02 DISPOSITION C. CITY AND STATE BODY MAS DISPOSITION DATE OF DISPOSITION CREMATED CEMETERY MANAGER'S SIGNATURE OF BODY GFECIFY! TITLE STATE REGISTRAR USE 22 B. CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887 DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030 VS-7 REV. 8/88

left 16, 2002 Please send wea receipt - The war from learnan hes been over there looking at The beedstone or my folters grave John C. Tatey To make a new. or 4 motal it as alone as possible. June Danselo R. & MRS. JAMES EDWARDS

E17287

5830 S. FEATHER BUSH DRIVE GOLD CANYON, ARIZONA 8521 B

12-4-02 Per Reggy for John Eater



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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	eranor de la constante de la constante de la constante de la constante de la constante de la constante de la c			E OF DEATH 4. SEX
James		H.	Edwards		3	02/03/1931 08/	01/2002 M
SA. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING A	
Scottsdale			ENTER STATE	risons		PRIMAT Afleen H. E	
Feathering	111 Mortuar		-	LIF. LICENSE NUMBER F APPLICABLE	Apac	S. Feather Bus he Junction, AZ TURE OF ARPLICANT—ferson below	85218
ACKHOWLEDGMENT OF AP	ne scent hereby a	chaosledge as applicant that the pr	reposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of the	dispositions authorized by	» 1€	S. C.	09/03/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH- FORMIA HEALTH AND SAFET BY FOR THE DISPOSITION SE ID INGIT OF IMPOSAL OUTSIDE OF IS	PROVI- PY CODE PECIFIED	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY.	002	C. SOUNTURE OF LOCAL REC 2214258	SISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI-	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D IN CAUFORNIA 22, Sett Diego 92186 3222		DRESS OF REGISTRAF DISPOSITION IS TO OCC BOX 85222		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA D1930, CA 92186	-5222
B. CREMATION	DES ENTOMBMENT) OF CREMATED REM.		E. TEMPORARY ENVI	DANIA		FOR CORONER' I. DISPOSITION PENDIN (Name and Address)	
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA Comptery, 375 , CA 92102	CEMETERY	118. DATE BURBE	1	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA	CREMATORY	128, DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN	HANGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARI	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



INTERMENT ORDER

City of San Diego

Date 9-3-02

In T.S. VAULT	TUNE Y 446 Funeral, date, time THVR 9-5 10/0
Type of Burup Contener	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 undersigne	d
Lot 96 Grave 9 Roy	Section \ Division/Block
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	11D 250.00
Barrier de la constitue de la company de la company de la company de la company de la company de la company de	12~ 00
Flower vases - Marker setting SEP	13 2002
	112 10 0
	CEMETARY AN DIEGO C
Sales laxesCIT.Y.OF.S	1719 38
	Total Due
	Paid receipt number R - 55 3 5 8 17 69. 38
V	Balance due
I hereby certify I am the	of the above named decedent
	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from atlon and interment.
	Signature - 0 UCC
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Ciey Zip Code
	Telliphone
5	Description
Work Order # E 17288	Invoice #
Work Order # L 1/200	Acct.#

@ Printed on recycled paper

GRAVE BLIND CHECK FORM

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

the burial		\	, and op.	1	are adjac	
	1	3	3	ų.	ड	6
· V	CRV27	8 Anderson	* × 1	NuDerson	VNBLEZON	/ T ²
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		R 9-5		mic.	0 : 00	v:_\\?
	id out by: _	ard: 🗆 Y	ar ſ	7 No	Dy	<i>50</i> ~

Agrees with Map: Yes

ON C

Blind Check & Verified By: DAVID

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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

1A. NAME OF DECED	ENT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
ALARRITOE	ID. MIDDLE	ANTENEZ		11744/1969 08/30/2002 M
SA. CITY OF DEATH			ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
SAN DIEGO		SAN DIEG		OF INFORMANT PEROSIN ANTUNEZ-PROTYER
CINDALASAN	DORESS OF CALIFORNA—FUNERAL DIRECTOR OF MORTGLARY, 2601 INSPERIA	LAVE.	IF APPLICABLE	2675 MARKET ST. SAN DIESD. CA. 92102
SAN DIEGO,	CA. 92102		D-1425	8A. SIGNATURE OF APPLICANT—Paylor taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF	APPLICANT I hereby activeledge as applicant that the Section 10376 of the Health and Safety Code.			WOULD (MOLLS: 09/05/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WIT SIONS OF THE CALIFORNIA MEALTH AND SAFE AND IS THE AUTHORITY FOR THE DISPOSITION S IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF	TY CODE SPECIFIED	SELECTE CO 99/05/20	2214398
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX SAM DIRECTO CA. 92185-52	85222		OF DISTRICT OF DISPOSITION— OUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION	JSE .		JEORNIA JESIDE OF CALIFORNIA	
BURIAL	MOUNT HOPE CEMENTRY, 3 SAN DIEGO, CA. 92102	751 MARKET ST.	9-5-0	1 / - 1
CREMATION CREMATION SCIENTIFIC	12A, NAME AND ADDRESS OF CALIFORNIA	CREMATORY	128. DATE CREM	TED 12C. SIGNATURE OF PERSON IN COURSE OF COMMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	19B, DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING S REMAINS OR CREMATED REMAINS AF		14B, DATE SHIP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND		15B, DATE OF DISPOSITIO	15G, BIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER — IF APPLICABLE -

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-3-02

11 Cmi - C	riano (436)
na Liner	Funeral, dale, time FRI 7-6 2:30
Church, Chape, Graveside	Community Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge of \$
vill be applied and billed to undersign	ned
of 122 Grave 6 F	Now Section/_ Division/Block 12_
Grave space & Care Fund	<u>895 00</u>
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	PAID 313.00
Handling Fees	145.00
Flower vases - Marker setting fee	SEP n 3 2002
Recording and filling fee	MT. HOPE CEMETARY 45.00
Sales taxes	CITY OF SAN DIEGO, CF 14./3
	Paid receipt numbe 3 Paid receipt numbe Belance due
51	24 September 1997
that I have the right to make this auth any liability on account of said autho	indez (155) Figure 673 Raven ST
Signature of recorded holder of deed	59n Det 3 (1921)
	Temphone
3	Invoice #

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

_			Banucles		
3	4	5	6 X McKnit	Y	
7	10	11	13 Bry 500		
8)		18.41			91

Grave Laid out by: NF CHUC

Interment Date: Fri. GL

Agrees with Legal Card: Yes

- lag on the J No

2:30

J No Blind Check & Verified By: JAVII

Agrees with Map: Yes

the hurial enace

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



and the second s				아이지 아이들이 아이는 아이들이 잘 들어서 어떻게 하다.				
A NAME OF DECEDENT—FIRST (GIVEN) 1B. MODILE MATIA ETlinda				IC. LAST GAMLY) Soriano			3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2002	
A CITY OF DEATH Nations	1 City			SB. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sen Diego OZ/07/1927 6. NAME, RELATIONSHIP, FULL OF INFORMANT Justo Hernandez			MAILING ADDRESS AND Z	
COMMUN	ITY MORTUAN	WINDOWS TO STREET THE PROPERTY OF THE PARTY		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682	873 Rave San Die	m St to Ca 92		re signed
ACKNOWLEDGMENT OF	appropriate I hereby	acknowledge as applicant that the propo 0376 of the Health and Selety Code, and w		ne of the dispositions authorized by	» // //	MU	1 09/0	4/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPEC ID MINIT OF DISPOSAL OUTSIDE OF CALL	ROVI- CODE DIFIED	FEE PAID 98. DATE PERMIT	002 221		Carried Contract Cont	WATER STREET, SQUARE,
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERAIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA Ords P.O.Box 85: Callf 92186-52	222	9E. ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC				
A. BURIAL (INCL	OF CREMATED REM		F. DISINTERME	***			RONER'S USE ONL PENDING-REMAINS L Address)	
D. SCIENTIFIC L	11A. NAME AND A Mount Hope	DDRESS OF CALIFORNIA CE Cenetary t San Diego Ca	METERY	OUTSIDE OF CALIFORNIA	D 11C. SIGN	ATURE OF PER	RSON IN CHARGE OF B	URIA
D. SCIENTIFIC U	11A. NAME AND A Mount Hope 3751 Marke	e Gemetery	92102	A A J A Y A Y A LUI J SA SA SA SA SA SA SA SA SA SA SA SA SA	2 1	le le le le le le le le le le le le le l	ISON IN CHARGE OF B	
BURIAL CREMATION SCIENTIFIC USE	11A. NAME AND A Mount Hope 3751 Marke 12A. NAME AND A	e Gemetery t San Diego Ca	92102 HEMATORY	9-4-0 128. DATE CREMA	Z D 12C. Skill	ATURE OF PER	Flow	EMATION
BURIAL CREMATION SCIENTIFIC	11A. NAME AND A MOUNT HOPE 3751 Marke 12A. NAME AND A 13A. NAME AND A	e Genetary et San Diego Ca DORESS OF CALIFORNIA CR	92102 MEMATORY CILITY RECEIVING REM	11B. DATE BURIE 9-4-0 12B. DATE CREMA	TED 12C. SIGN	NATURE OF PER	ISON IN GRANGE OF CA	ACILITY

INTERMENT ORDER

City of San Diego

Date 9-3-07

(Ou are hereby authorized and instructed	ed, subject to your rules and regulations, to inter-	the remain
	MARIE TUBMAN	
na LINER	Funeral, date, time THUR 9-5	1
Church Chapel Graveside	: FEATHERING: LL	Mortuary
Il Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$	
rill be applied and billed to undersigned	L	
ot 199 Grave 11 Row	Section 2 Division/Block	13
Brave space & Care Fund		845.0
	_	
pening/Closing & Setup	3	75.0
urial Container	<u></u>	10.0
andling Fees CFP 10 1/270	T	15.00
ower vases - Marker setting fee		
ecording and filing to HOPE CEME CITY OF SAN DIE	TAR) Y	4.73
	Total Due\	64.7
	Paid receipt number N 1	1001
* S - Y	N Palance due _	400.C
hereby certify I am the Hus (of the above name	ed degede
at I have the right to make this authori	sition of remains as above indicated. I certify an zation and I agree to hold Mt. Hope Cemetery ha	romess tro
my liability on account of said authoriza	ition and interment.	143
hereby authorize the interment in lot I	Segrature C. C.	4.0
old under deed.	Address Switzer BY.	4/3
gnature of recorded holder of deed	- > Spring volley CA	74/ Zeco
5	Telephone	grune 10004
	Invoice #	
Vork Order # E 17290	Acct. #	
IOIN CIVOL II		

REA-104 (7-96)

E17290

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	9		2. DATE OF BIRTH 3. DAY	SEX YEAR 4. SEX	
Cynthia		Marie	Tubman		05/15/1958 08/30/2002			
SA. CITY OF DEATH			58. COUNTY OF D	EATH—OUTSIDE CALIF.,	6. NAME,	RELATIONSHIP, FULL MAILING A	DDRESS AND ZIP CODE	
Spring Vall	ley		EMIER SINIE	San Diego		ORMANT William Tub Switzer Drive,		
		IA-FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER —IF APPLICABLE	U100-3965N-555W	ng Valley, CA 9	State Control of the	
Feathering		•	1		apra	me serves ou s	****	
6322 E1 Caj	A STATE OF THE PARTY OF THE PAR	San Diego, CA	The second secon	FD1083	BA. SIGNA	TURE OF APPLICANT-Person taking	permit 88. DATE SIGNED	
ACKNOWLEDGMENT OF AF	Section 18	1375 of the Health and Safety Code, and	osed disposition stated herein is one o was authorized sursuant to Section 7100	of the Health and Selety Code.	>7	me	09/04/200	
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH I FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE	CODE	98. DATE PERMI		2214357	SISTRAR ISSUING PERMIT	
AUTHORIZATION OF	IN THIS PERMIT.	ID RIGHT OF REPOSAL OUTSIDE OF CAL	4 7 00	K. Zere	tska		40	
ANY CHANGE IN DISPOSI- TION REGULARS A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	22, San Diego,	- 1	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— IMER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPO	THE RESERVE THE PERSON NAMED IN				9	FOR CORONER	S USE ONLY	
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND AI Mt. Hope	DDRESS OF CALIFORNIA CO Comptery, 3751	EMETERY	LIFORNIA UTSIDE OF CALIFORNIA 11B. DATE BURIE	D i lic	SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
CREMATION		DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMA		SIGNATURE OF PERSON IN	HARGE OF CREMATION	
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FA	ACILITY RECEIVING REMAIN	S 13B. DATE RECE	IVED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		KREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SU DISTRICT OF DISPOSITION	F- 15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE MAMBER OF CREMATED RE- MANS DISPOSER —IF APPLICABLE	

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

MT. HOPE-CEMETER INTERMENT ORI

REA-104 (7-98)

MT. HOPE CEMETERY

INTERMENT ORDER

9.3-07

rou are her of	reby authorized and And	Cort	ect to your rules a	nd regulations, to inte	The remains
a D.I	D CRYPT	(T) F	uneral, date, time	SEPT.G FI	Riday 1
hurch, Ch	ape Graveside		:_(mmund	Mortuary.
li Funeral	cars must arrive befo	ore 3:30 p.m. o	f regular work day	or an extra charge of	7 Hump
rill be appli	ied and billed to und	ersigned			
503	39 Grave —	Row	Section _	Division/Bloc	<u> 19</u>
Grave spac	e & Care Fund	E-11	244	1992	-
Additional s	spaces and care fund	1	da (1.166.) (1.44.)		*
Opening/Cl	losing & Setup		***************************************		Θ
Burial Cont	ainer				0_
landling Fe	8 8 8				<u> </u>
lower vase	es – Marker setting f	ee	******************************		0
Recording a	and filing fee				0
Sales taxes	B				2
			To	tal Due	0
		Paid re	eceipt number		
		7000		Balance due	0
and this is y hat I have I	rtify I am the Oo your authority to mai the right to make this on account of said a	ke disposition authorization	of remains as above and I agree to hold	of the above name indicated. I certify a Mt. Hope Cemetery h	and represent
hereby aut oold under	thorize the interment deed.	10 101 1 D (0)	Signature 105 U	isto son	10 ton
ignature of reco	orded holder of deed		Cay / Q Tedephone	710-81	SP Sth Code
	"E 1729	pursain.	Invoice #		

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This information is available in alternative formats upon request.

7 -
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4	Colean	Laker		Haring		
Kind	colean	Asemia	80/A X	Vub0	Kubo	
. , , ,		MANAGE				ē
					*.	10.
Interment	space for:	An	a Cort	~Z_		10-
Interment	Date: 9-	6-02	1	ime: 10:	<i>σ</i>	<u> </u>
Lot:503	I Grave	:	Row:	Sect: .	Div:	D

Agrees with Map: Yes No Sale: _____ Date: ____

Grave Laid out by: NF CHUCK

Agrees with Legal Card: Yes

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

35



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

1,	A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	MILES NO.			DATE OF DEATH	
	Ana		Maria	Cortez		(1) (4) (5) (5)		NTH, DAY, YEA 0/01/2002	P
5.	A. CITY OF DEATH San D:	iego		58. COUNTY OF DEAT	n-outside calif	OF INFORMA	TONSHIP, FULL MAILIN NT (9 20 Cortez - 8		ZIP CODE
7,	COMPLEX.	ODRESS OF CALIFORN	RY 855 Broadw	RSON ACTING AS SUCH 7B. CA		705 Vis	ta Santo To go Ca 92154	mas	*
_	Chu	la Vista (Calif 91911		1682	BA. SIGNATURE	OF APPLICANT—Person	ateng permit 8B. Di	ATE SIGNED
×	ACKNOWLEDGMENT OF M	PPLICANT I hereby a Section 10	echnomicage as applicant that the proper 1376 of the Health and Safety Gode, and w	sed disposition stated herem is one of the as authorized pursuant to Section 7100 of t	e dispositions authorized by the Health and Safety Code.	·	UMPAN	1 09/	04/200
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC IO MIGHT OF DISPOSAL OUTSIDE OF CALK	CODE IFIED	96 DATE PERM 09/05/2 D.Heldenh	002 22	GNATURE OF LOCAL 14383	registrar issu	ERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA FGS P.O. Box 85: Calif 92186-52	222	DRESS OF REGISTRA DISPOSITION IS TO CO		F DISPOSITION— DISTRICT IN CALIFORNIA		
The second second	B. CREMATION	OF CREMATED REM		E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT.	ORNIA		FOR CORONE I. DISPOSITION PEN (Name and Address	DING REMAINS	
•	BURIAL	Mount Hope	DDRESS OF CALIFORNIA CE Cambber7y at San DiegoiCa		9-10-0	2 N	NATURE OF PERSON	N CHARGE OF	BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMA	ATED 12C. SIG	NATURE OF PERSON	CHARGE OF C	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGI	NATURE OF PERSON	IN CHARGE OF	FACILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIP		RESS AND SIGNATUR PLACING WITH THE C		IN CHARGE
00	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITIO		NATURE OF PERSON RIGE OF DISPOSITION	OF CR	SE NUMBER EMATED RE- DISPOSER PPLICABLE

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

•	1000	7.00	100	-
- SASSE /	4	- 3	-0	1
Date	C 100 (40 C)			-

of Nestor Colining Liner Type of Burjal Container Church, Chapel, Graveside	Funeral, date time Thurs 5	1 (3 y ns) 1 1 00 1 Mortuary
	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned		9
	THE SECOND SECOND SECOND	IREAN
Additional appears and ages for Ma	rker Setting Fee	80.00
	Commence of the Commence of th	19110
	DAID	ロノハハ
	PAID	FAOT
Handling Fees	SEP 0.3.2002	50,00
CONTRACTOR YOUR AND ADDITIONAL PROPERTY OF THE	A 10. TO A POST OF THE PARTY OF	4500
Recording and filing fee	THOPE CEMETARY	7.3/
Sales taxesCIT	Total Due	66736
	Paid receipt number K = 30 360	0
I hereby certify I am the and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriza	sition of remains as above indicated. I certifization and I agree to hold Mt. Hope Cemeter	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I	WHY DRUESTO COLI	۷
hold under deed.	1828 GEEGORY ST	
Signature of recorded holder of deed	- SD.CA.	92102
<i>C</i>	619 · 733 · 4243 .	Zip Code
→ work Order # E 17292	Invoice #	

When marker is

Placed

12-17-03 ways size

media we 16 x 28

induced

induced

to x 20.

GRAVE BLIND CHECK FORM Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. 0 20 CLAY BORW OBREGIN Interment space for: NESTOR ECHERRIA Interment Date: THUR 9-5 Grave:_____ Row: _____ Sect: 3 Grave Laid out by: NF CHUCK Agrees with Legal Card: Tes Agrees with Map: Yes Blind Check & Verified By: ARREY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (ECHEVERRIA		MONTH, DAY, YEAR	DATE OF DE MONTH, DAY, 18/31/20	YEAR .
5.	SAN DIE	60		58 COUNTY ENTER	OF DEATH-OUTSIDE CA	OF IN	RELATIONSHIP, FULL MAIN FORMANT	ING ADDRESS	AND ZIP COOPE
7/	PROBLEMA	rta aztlan	A-FUNERAL DIRECTOR	OR PERSON ACTING AS SUC		3465 SAN	HERSHEY ST. DYEGO, CA., 921 ATURE OF APPLICANT—PER	115	HEB
	ACKNOWLEDGMENT OF A	escursor bereity a	cineminden as applicant that	the proposed disposition stated herein ide, and was authorized paravant to Sec	is one of the dispositions author	used by	ance (705 KGgg	9/05/2002
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE ORNIA HEALTH AND SU Y FOR THE DISPOSITION	N SPECIFIED S 7.6		LOPEZ 5/2002	90. SIGNATURE OF LOCA 2214399	al Megistrar	ISSUING PERMIT
1	ON RECEIPES & NEW	IF DEATH OCCURRE	DS P.O. BOX	85222,	9E. ADDRESS OF REG		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	4	
10	AUTHORIZED DISP	OSTTION(S) CHECK A	PLICABLE ITEMS	MZ-			FOR CORO	NER'S USE	ONLY
	B. CREMATION	SE	DORESS OF CALIFOR	F. DISINTER G. SHIP IN 1	ARY ENVAULTMENT MENT TO CALIFORNIA TO OUTSIDE OF CALIF		1. DISPOSITION PE (Name and Add	resa)	
	BURIAL	MOUNT HOPE	CEMETERY	DIEGO, CA., 9210	a Rose	i	Kung 1	E 1	
UBLE TIEMS	CREMATION	12A. NAME AND AD	128. DATE	CREMATED 120	SIGNATURE OF PERSO	N IN CHARGE	OF CHEMATION		
IL APPLIC	SCIENTIFIC USE	13A, NAME AND AD	A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			RECEIVED 130	SIGNATURE OF PERSO	N IN CHARGE	OF FACILITY
OMPLETE A	TRANSIT			S STATE OR COUNTRY WHI ARE TO BE SHIPPED	ERE 148. DATE	SHIPPED 140	OF PLACING WITH THE		ON IN CHARGE
5	BCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			eline, or other descripti No CA <u>district</u> of disposi		OF 150	SIGNATURE OF PERSO CHARGE OF DISPOSITI	OH ! C	ACENSE HUMBER A CREMATED RE- TAINS DISPOSER -IF APPLICABLE

INTERMENT ORDER

City of San Diego

Ou are hereby authorized and instructe	AIRS	on and can listings to in	les the semalor
FZEKIELTEVEL			Mrc.
		OF DET IN	th Horse
Type of Burial Container	Funeral, date, tir	100 F20 F20 V320 V	11 1100 00
hurch Chapel, Graveside		CA BURIAL	Mortuary.
Funeral cars must arrive before 3:30	p.m. of regular work	day or an extra charge o	of \$
ill be applied and billed to undersigned	4		
	2	7	W
ot 1798 Grave Row	Section	Division/Ble	4 9
TOW	PA	D	
rave space & Care Fund			100.00
dditional spaces and care fund	CED-0		
pening/Closing & Setup	SEF U	4 //"//	125.00
	NAT HODE	CEMETARY	¥
	CITY OF SA	N DIEGO, U	
andling Fees	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ower vases - Marker setting fee			-777-35
ecording and filing fee			45,00
ales taxes			
35		Total Due	270-00
	An arch workship to the sylves of	D 55360	270 00
A	Paid receipt number _	11- 22202	010.00
	- 44	Balance due	
hereby certify I am the	Moti	ker of the above n	amed decedent
nd this is your authority to make disponant I have the right to make this authority	sition of remains as a zation and I agree to i	above indicated. I certify hold Mt. Hope Cemeter	and represent
ny liability on account of said authoriza	ation and interments	1 0	1 (49
	1 lkm	amountation of	eline 4
hereby authorize the interment in fol I old under deed.	Signature	1 11 Walter	No lette
	Address ,	6 40 10 strees	
	- San	Diego, CA- 9	2/62 Ze Code
grature of recorded holder of deed	Con		COLUMB
gnature of recorded holder of deed	619-	501-5642	
grature of recorded holder of deed	City Cc / 9 - Talaphona	501-5642	
gnature of recorded holder of deed	Talaphona	501-569 -	
Signature of recorded holder of used		-501-564 →	-

MAY 1 4 ANST

DANAMNUA JULIAN 702-465-4245
EX.HUSRANO WANTS SCAMAN POE TO
CHANGE MATCHER, AGAINST HER WILL
CON 46? DANIO L. TRUKSO TO HER
E17293 EZEILIEL CALINGE

PE CEMETERY

GBA	VE BLINI	D CHECK FORM	
CAT II	TY L DENT	D OTTEORT OTTO	

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

95				
we	BIRGIE	m &		Bus

Interment space for:	EZEK	iEL-	LEVE L	EM.	MAN	UELLE
Interment space sor.	<i>a</i> .	11/00			<u>.</u>	CAL
Interment Date:	7-10	11.	Time: 1	Les	Dec	1. 10

Grave Laid out by: NF

Agrees with Legal Card: Yes Agrees with Map: Tes

Blind Check & Verified By

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

217 293 WHOTE

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

	NT-FIRST (GIVEN)	1B. MIOOLE		AMILY)			TE OF BEATH 4. SEX
EXEK LEGITA	AET	REGEARUEL	CALIM	- Allerton		the same of the sa	01/2002 H
SAN DIRGO			SB. COUNTY	OF DEATH—OUTSIDE CAL	LIF., S. NAME,	RELATIONSHIP, FULL MAILING ORMANT JULIAN—MOT	ADDRESS AND ZIP CODE
Wilder Property	MOTO OF OAL BOOM	Duran L. Diprotopion					The state of the s
CALIFORNI	A BURIAL CH		R PERSON ACTING AS SUCH	-IF APPLICABLE		r, san diego, c	1 70
ACHIOMAEDIMENT OF A	hereby ac	monitodies as applicant that the p	proposed displication stated herein is and was authorized personnt to Soctio	one of the dispositions authorize	ma by	THE OF APPLICANT—FROM SA	09/06/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.		H PROVI- TY CODE PECIFIED \$7.00	F FEE PAID 98. DATE I	6/2002	C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL	D. ADDRESS OF RE	STRAP OF DISTRICT OF STRANGE S	OF DEATH— 5222	DE ADDRESS OF REGI		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	9-
O: AUTHORIZED DISPO	OSITION(S) CHECK AP	PLICABLE ITEMS	and the same of			The state of the s	THE STATE OF THE PROPERTY OF THE PARTY OF TH
B. CREMATION	OF CREMATED REMA		F. DISINTERN	RY ENVAULTMENT MENT D CALIFORNIA TO OUTSIDE OF CALIFO	ORNIA	L DISPOSITION PENDS (Name and Address)	NG REMAINS LOCATED A
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMA METERY SE	INS OTHER DRESS OF CALIFORNIA EMETERY, 3751	G. SHIP IN TO	CALIFORNIA TO OUTSIDE OF CALIFO			
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMA EMETERY SE 11A. NAME AND AD MI. HOPE O SAM DIEGO,	INS OTHER DRESS OF CALIFORNIA EMETERY, 3751	G. SHIP IN TO	CALIFORNIA TO OUTSIDE OF CALIFO 11B. DATE	BURNED 11C	(Name and Address)	CHARGE OF BURNAL
A. BURIAL BHOLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKS METERY SE 11A. NAME AND AD MT. HOPE C SAN DIEGO,	INS OTHER DRESS OF CALIFORNIA EMETERY, 3751 CA 92102 DRESS OF CALIFORNIA	G. SHIP IN TO	COLIFORNIA TO OUTSIDE OF CALIFO 11B. DATE 12B. DATE	BURNED 11C	(Name and Address)	CHARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKETRY SE 11A. NAME AND AD 12A. NAME AND AD 13A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	DRESS OF CALIFORNIA CA 92102 DRESS OF CALIFORNIA DRESS OF CALIFORNIA	G. TEMPORAL F. DISINTERN G. SHIP IN TO H. TRANSIT T CEMETERY MARKET STREE CREMATORY FACILITY RECEIVING REI	COLLIFORNIA TO OUTSIDE OF CALIFO 11B. DATE 12B. DATE MAINS 13B. DATE	BURNED 11C	(Name and Address) SIGNATURE OF PERSON IN	CHARGE OF GREMATION CHARGE OF FACILITY OF PERSON IN CHARGE

MT. HOPE CEMSTER INTERMENT ORDER

City of San Diego

Date 9-4-02

	MY TUDITION W
in a LIVER	Funeral, date, time FRIDAY SELT 6"3:3
Church, Chapel, Graveside	: RAGSDALE Mortuary.
All Funeral cars must arrive before 36	30 p.m. of regular work day or an extra charge of \$ $150,00$
will be applied and billed to undersign	ed
V 10	
Lot 169 Grave 1 2 Re	ow Section _ 2_ Division/Block_/2
Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	ate overtime) 150.00
Opening/Closing & Setup	325.00
Burial Container	170.00
Handling Fees	145.00
Flower vases - Marker setting fee	Flower vasc 148.08
Recording and filing fee	_43.00
Sales taxes	PAID 19,73
1. inito	Total Due
Mostra, 9	Paid recent humber 71111/ R. 45315 1963.5
mortuary to	MT/HOPE CEMETAP Balance due
hereby certify I am the VIII VIV	OF SAN DIEGO, Cr of the above named decedent position of remains as above indicated. I certify and represent
that I have the right to make this authori any liability on account of said authori	orization and Lagree to hold Mt. Hope Cemetery harmless from
VOLANDA TUDM	
I hereby authorize the interment in lot hold under deed.	Maria Million
iola briabi deba.	x B 594/ Clary Mee
	- + Jan Dreer
Signature of recorded holder of deed	Top Cook
Signature of recorded holder of deed	16/9)23/0985 9 20 Come
Signature of recorded holder of deed	(19)23/10982 5 30 Codes
Suprahure of recorded holder of deed:	(19)23/10985 9 2 To Cook

O Printed on recycled paper

GRAVE BLIND CHECK FORM

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

	8		8) <u>42</u>		3	
SoHuson	3	cheen 4	cheek ⁵	Ь		
3	9	10	M X W	13		
			EOVAR	5		
					14	6

Interment space for: EYNTHIA	TUBMAN	(F)
Interment Date: THUR 9-5	Time:	** Spanner
Lot: 199 Grave: I Row:	Sect:	Div: 12
Grave Laid out by: NF CHuck	₹n	- M-

Agrees with Map: Yes No

Blind Check & Verified By: DAKKEYL

Agrees with Legal Card: Yes

Date: 9-5-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FA	MILY) 1			ATE OF BIRTH TH, DAY, YEAR		OF DEATH	4. SEX
OMETIA		RAY	TUDMON				26/1949		/2002	7
A. CITY OF DEATH			58. COUNTY O	F DEATH—OUTS		NAME, RELA	TIONSHIP, FULL	MAILING AD	DRESS AND Z	P CODE
KAN DIEGO	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1		90/00/730-700	SAN DI	EGO	ST ST CHAR	YOLANDA	TUDMA	N, DAUG	HTER
ANDERSON-R	AGSDALE MO	RTUARY, 5050 PEDI		—IF APPLK	ABLE		3241 CL SAN DIE			*
SAN DIEGO,	CA 92102			FD-1329	- GAT	SIGNATURE	OF APPLICANT-	Person taking p	ermit 8B. DAT	E SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed o 376 of the Health and Safety Code, and was av				1/1	not les	a_	09/04	/2002
PERMIT AUTHORIZATION OF	BIONS OF THE CALIF	JED IN ACCORDANCE WITH PROV FORNIA HEALTH AND SAFETY COU TY FOR THE DISPOSITION SPECIFIE	Milesen resta	FEE PAID 88	9/06/2002	Seattle of the Children and Children				
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES IN	IO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNI			. CAMPBEL		ancy h		un m	D Make
TION REQUIRES A NEW	F DEATH OCCURRE VITAL RECO	EGISTRAR OF DISTRICT OF DEA ED IN CAUFORNIA RDS. P.O. BOX 852 CA 92186-5222	score I		OF REGISTRAR OF ON IS TO OCCUR IN					
, AUTHORIZED DISPO						1	FOR CO	RONER'S	USE ONL	r (8
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE	AINS OTHER	F. DISINTERME	CALIFORNIA O OUTSIDE OF	CALIFORNIA		(Name and	Address)	-REMAINS L	
BURIAL	MT. HOPE	CEMETERY, 3751 MA	NAME OF TAXABLE PARTY.	(A)(10277)		IIIC. SIG	NATURE OF PE	Z C	L.	MINI CO
		, CA 92102		17	-4-0Z	10/12			eren	-
GREMATION	12A, NAME AND A	, CA 92102 DDRESS OF CALIFORNIA CREM	ATORY	128	DATE CREMATED	12C. SIG	NATURE OF PE	RSON HY CA	IARGE OF CR	EMATION
CREMATION SCIENTIFIC USE		A CONTRACTOR OF THE PROPERTY O			(E) 507100	•	į.			
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA CREM	ITY RECEIVING REM	AINS 13B	DATE CREMATED	13C. SIG	į.	RSON IN C	HARGE OF F	ACILITY





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-5-02

ina Liner	Funeral, date, time
Church, Chapel, Graveside	CA BURIAL Mortuary
	.m. of regular work day or an extra charge of \$
w be applied and billed to undersigned.	
	Section 2 Division/Block 11
Grave space & Care Fund	E 14455
Additional spaces and care fund	
Opening/Closing & Setup	375.0
Burial Container	190.0
Handling Fees	145.0
Flower vases - Marker setting fee	
Recording and filing fee	450
	<u> 147</u>
TO BE PAID I	6 Hours Total Due7697
	6 Hours Total Due7697
TO BE PAID I	6 Hours Total Due7697
To BE PAID to Prior to Service	aid receipt number
To BE PAID () Prior to Service I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorize	aid receipt number
To BE PAID (Prior to Service) I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorize any liability on account of said authorizati I hereby authorize the interment in lot I	aid receipt number
To BE PAID (I Prior to Service) I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization in late of the right to make the authorization in late of the right to make the authorization in late of the right to make the authorization in late of the right to make the authorization in late of the right authori	aid receipt number
To BE PAID (1) Prior to Service Paid (1) I hereby certify I am the and this is your authority to make dispose	aid receipt number

INTERMENT ORDER

City of San Diego

Date 9-15-02

na LINER	Funeral, date, time SAT 9-1	10:01
Type of Burial Container Church Onapel Graveside	FEATHERING	LL Mortuary.
All Fuerral cars must arrive before 3:30 p.	.m. of regular work day or an extra charge o	t S
will be applied and billed to undersigned.	그 원 원 원 회	5 8
/		
ot 15 Grave 8 Row	Section Division/Ble	mak_12
Grave space & Care Fund		895,01
Additional spaces and care fund	TURDAY OUERTIME	600,00
Opening/Closing & Setup	(i) 1	375.00
		196,0C
Handling Fees	PAID	145.00
	CCD 4.4	-
Hower vases – Marker setting fee Recording and filling fee		45.00
Sales taxes	MT. HOPE CEMETARY	14.73
dates taxes	CITY OF SAN DIEGO, CA	aa64.7
-	aid receipt number R- 55399	29647
	2 Checks 1581/1000	a
Xuica		
and this is your authority to make disposit	of the above na tion of remains as above indicated. I certify	and represent
hat I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold MI. Hope Cemetery on and interment.	narmiess from
	X Linda a. recomes	Cao 431)
hereby authorize the interment in lot I nold under deed.	X 4181 Redwood st	· Ast. A.
	San Diego CA	42105
Signature of recorded holder of deed	J'619- 521-68H	Zie Code
	1011- 20-1-084	1
0	(Deptone	V
S	Septone .	
S Nork Order # E 17296	Invoice #	

O Printed on recycled paper

REA-104 (7-96)

GRAVE BLIND CHECK FORM

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

	T	- 100 Jan 198				100
-		Perez	-2	CARRON 3	TOPIS!	
		7	KN X	٩	(0)	1.

	7	N X	٩	(0)	1
	 <u> </u>		-		18
-	a'11'			An	73

terment space for: WILLIAM VENCESLAD

terment Date: SAT 9-14 Time: (0:06

pt: 151 Grave: 8 Row: Sect: 2 Div: 12

terment Date: SAT 9-14 Time: (0:06

DE: 151 Grave: 8 Row: Sect: 2 Div: 13

rave Laid out by: DF CHack

grees with Legal Card: Yes No No

grees with Map: Yes No No ind Check & Verified By: EOBYRT Date: 9.11.6

E17296

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			ATE OF DEATH 4. SEX
William		Florendo	Wencesla	0	08/29/1934 0	703/2002 M
SA. CITY OF DEATH			58. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
San Diego			54	n Diego	OF INFORMANT Linds Wend	
Feathering	111 Mortuar	A-FUNERAL DIRECTOR OR PERSON Y San Diego, CA 921	-	IF. LICENSE NUMBER APPLICABLE D1083	CA 92105	
ACHIOMALEDGMENT OF AF	DEL N'AMT hersby a	cknowledge as applicant that the proposed dis	position stated herein is one of the	dispositions authorized by	A. SIGNATURE DE APPLICANT—Person tu	09/05/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	376 of the Health and Safety Code, and was auth IED. III ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE V FOR THE DISPOSITION SPECIFIED IN BRIFF OF DISPOSAL OWISIDE OF CALIFORNIA.	9A. AMOUNT OF FEE P.			
ANY CHANGE IN DISPOSA- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	22, San Diego, CA	I IF I		P DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA	
C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	11A NAME AND AD Mt. Hope	DORESS OF CALIFORNIA CEMETE Cometery, 3751 Ma , CA 92102			11C, SIGNATURE OF PERSON	N CHARGE OF BURIAL
CREMATION	The second secon	DORESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATE		CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNATUR OF PLACING WITH THE CO	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or o ntify final place and ca <u>disti</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	N 15D. LICENSE NUMBER OF CREMATED RE- MAINS, DISPOSER —IF APPLICABLE



INTERMENT ORDER

City of San Diego

Date 9-5-02

na Liner	Funeral, date, time TUES. SEPT WAR
Church, Chapel, Graveside	RAGSDAUE Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
121 Grave 9 Row_	Section Division/Bleek
Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	190.00
fandling Fees	SEP 0 9 2002 LY 5.00
Flower vases - Marker setting fee	
Recording and filing fee	COF SAN DIEGO, CA 45,00
Sales taxes	
2.9/200	Total Due
Roy dale Paid	receipt number R-65392 (, 664.
to prind	Balance due
hereby dertify I am the St. Com	of the above named decedent
that I have the right to make this authorization	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
	De 1921
hereby authorize the interment in lot I hold under deed.	Signature 5. Hay
	Abdréss 4/ = ATTHE 63
Signature of recorded holder of deed	SAN DIROUCA 92/02
5	(619) 263-8984
	Invoice #
E 17297	

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request

	. GF	RAVE BL	IND CHE	CK FO	RM	_ 20
lock ma xisting	the name of arked with marker's in al space.	"X". Place	the name	s, lot # a	ind grave	# of all
			-			
	Howw	Amond General	Beardy	Wilans	Syoung	9
	Phis	bearer .	4 X	10	162	15
	+		-		-	-

terment space for: ESPER	ANCE		
terment Date: 9-(0-0			00
ot: 121 Grave: 9 R		Sect: 1	Div:
rave Laid out by: NF 'C	HUCK		-
grees with Legal Card: Tyes	□ No	FO	of dans
grees with Map: Yes	□ No	. , 0	dia
ind Check & Verified By:		p	ate:

817297

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECED	ENT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DA	TE OF DEATH 4. SEX
ESPERANCE		EVANS		MONTH, DAY, YEAR MONT	H, DAY, YEAR
SA. CITY OF DEATH		SE COUNTY OF BEAT	- OUTSIDE CALIF I	B. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
SAN DIEGO		ENTER STATE	N DIEGO	OF INFORMANT LAURA HAYES,	
ANDERSON-R	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER AGSDALE MORTUARY, 5050 FED CA 92102	REAL BLVD TE. CAL	F APPLICABLE	1951 47TH ST SAW DIEGO, (BA. SIGNATURE OF APPLICANT—Person India	REET #163 A 92102
ACKNOWLEDGMENT OF	PPLICANT I hereby acknowledge as applicant that the propos Section 10376 of the Health and Safety Code, and we		dispositions authorized by	(and the	09/06/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT. NOTE: THE MEMBET GIVES NO MIGHT OF DISPOSAL OWISIDE OF CALIF	CODE IFIED	99 DATE PERMIT	7714555	GISTHAR ISSUING PERMIT
ANY-CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF I IF DEATH OCCURRED IN CAUFORNA VITAL RECORDS, P.O. BOX SAN DIEGO, CA 92166-5222	85222		OF DISTRICT OF DISPOSITION— B IN ANOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DISE	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATION	SE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PHEA	(Name and Address)	i g R emains Located at
BURIAL	NT. HOPE CEMETERY, 3751 M SAN DIEGO, CA 92102		9-10-02	1/	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRI	EMATORY	12B. DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		148. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



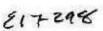
INTERMENT ORDER

City of San Diego

Date 9-5-07

in aType of Burist Container	Funeral, date, time TVES 9-10	
Type of Burial Container Church, Chapel, Graveside	: AZTLAN Mortu	ary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$	SHE
will be applied and billed to undersigned.		- 8
	Section Division/Block	
Grave space & Care Fund	760	00
Additional spaces and care fund	PAID 125.	00
Burial Container	SEP 0 9 2002	-
		_
	MT. HOPE CEMETARY	
	TY OF SAN DIEGO, C. 45.	00
Recording and filing fee	_15.	
Sales taxes	370	n
	70tal Due	. 00
P	Paid receipt number R-55389 Q70	
X	Balance due	
I hereby certify I am the Mary dand this is your authority to make dispose that I have the right to make this authorizany liability on account of said authorizat	of the above named dece- ation of remains as above indicated. I certify and repre- ation and I agree to hold Mt. Hope Cemetery harmless to ion and interment.	dent sent from
I hereby authorize the interment in lot I hold under deed.	Signature OCECHVIEW BL	
Signature of recorded holder of deed	X san Diego CA 921	D Code
Signature of recorded holder of deed	2 2 3 3 5 19 92	- 11
Significant of deed second folder of deed second se	7 2 3 3 3 19 92	
Swork Order # E 17298	1 2 3 25 19 92 Invoice #	

O Printed on respectal paper



GRAVE BLIND CHECK FORM

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

	k	}	S 100 S	ļ		2345
	GALE	PRESFIED	859	BARBALE	861	862
- 410	-	936	MX.	738	<i>d3d</i>	940
				4		

terment space for: ESTERALDA BALANZAR

terment Date: TUES 9-10 Time:

ot: 937 Grave: Row:

rave Laid out by: NF CHUCH

groes with Map: Yes N

grees with Legal Card: Yes

ind Check & Verified By:

□ No Glue

Sect:

ate: 9-802

E17298

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1,1500

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FOUND 3. DATE OF DEATH MONTH, DAY, YEAR 1A. NAME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 1B. MIDOLE 4. SEX MONTH, DAY, YEAR RSMERALDA PALANZAR 07/14/2002 09/05/2002 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF... OF INFORMANT ENTER STATE SAN DIRECT SAN DIEGO CARMEN AGUILLAR-GRANDMOTHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 3078 OCEAN VIEW BLVD. -IF APPLICABLE FURGRARIA AZTLAN SAN DIRGO_CA...92113 7856 LA MESA BLVD., LA MESA, CA., 92941 FD-1658 8A. SIGNATURE OF APPLICANT Person Many parent, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 09/**98**/2002 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED John O. Rodriguez 2214624 \$ 7.00 AUTHORIZATION OF IN THIS PERMIT 09/09/2002 NOTE: THIS PERMIT GIVES NO RESAIT OF DESPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS # DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS P.O. BOX 85222 DISPOSITION SAN DIEGO, CA., 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY * A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING REMAINS LOCA (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURING 11B DATE BURIED MOUNT HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA., 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON AS CHARGE OF CREMATION CREMATION 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSED DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-02

	Funeral, date, time 9/18/02 A
Type of June 1 Container hurch, Chapel, Graveside	Feathering 111 Mortuan
Funeral care must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
If be applied and billed to undersigned.	
V20	Section IDOF-Biviston/Block 36
ave space & Care Fund	B-4640 0
fittional spaces and care fund	
pening/Closing & Setup	105.0
rial Container	AID
andling FeesCFD	0 9 2002
ower vases - Marker setting fee	0 9 2002
scording and filing fee	ECELETA TO . O
ales taxes	SAN DIEGO, CA
***	Total Due ald ca
Paid	Solder bumber PAID 36 9.3
Col	Balance due
nereby certify I am the	of the above named deceder
at this is your authority to make disposition at I have the right to make this authorization by liability on account of said authorization a	of remains as above indicated. I certify and represer and I agree to hold Mt. Hope Cemetery harmless from and interment.
nereby authorize the interment in lot I	Sonetare
old under deed.	5508 LUCKPENNY
pieture of recorded holder of deed	5508 Luckpenny Columbia maryland 410-930-3816 2181
	410-730-3816 2104
	Telephone Z Telephone
	Telephone Invoice #

C Printed on recycled paper

REA-104 (7-96)

GRAVE BLIND CHECK FORM

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

TREE	-				
	pplinger	38 X	Winston		na O
	Sign Par	Swit .		Tikurd	2
terment space fo	r: Cora	C. DWC	rime:	AYD	Div; 36

0 No Flag

O No grees with Map: 1 Yes

grees with Legal Card: Yes

ind Check & Verified By: DAVID N.

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MEDDLE COTA		Culp Swanson		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
5/	CITY OF DEATH	58	COUNTY OF DEATH	OUTSIDE CALIF., 6	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZP CODE OF INFORMANT Carol D. Praidlin, Destater
1	Featheringi	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTIN 11 Mortuary on Blvd., San Diego, CA 92115	IF A	PPLICABLE	5508 Luckpenny Pl., Columbia, MD, 21045 A. SIGNATURE OF APPLICANT Proxy taking semit, 88, DATE SIGNED
	ACHNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed disposition is Section 1937s of the Health and Seriety Code, and was authorized our		positions authorized by	M-//
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ESSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WILL BE NO MIGHT OF DEPOSIT, OUTSDE OF CALIFORNIA.			The state of the s
	ry Change in pisposi- ion requires a NEW ERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUPORNIA			of district of disposition— IN ANOTHER DISTRICT IN CAUFORNIA SAN Diego, CA 92186-5222
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	1-5		FOR CORONER'S USE ONLY
and the same of	B. CREMATION	OF CREMATED REMAINS OTHER	TEMPORARY ENVAUL DISINTERMENT SHIP IN TO CALIFORN TRANSIT TO OUTSIDE	u.	I DISPOSITION PENDING—REMAINS LOCATE (Name and Address)
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery, 3751 Market	SECTION SECTION AND ADDRESS OF THE PARTY OF	118. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	0.00000000	San Diego, CA 92102		9/18/02	> Hennett all has
BLE LEMS	CREMATION	는 1200 THE THE THE THE CONTROL CONTROL TO THE STATE OF T		9/18/02 128. DATE CREMATE	
LL APPLICABLE ITEMS	CREMATION SCIENTIFIC USE	San Diego, CA 92102			
OMPLETE ALL APPLICABLE ITEMS	SCIENTIFIC	San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	EIVING REMAINS		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY.