MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 9-10-02

502

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 44 Grave 12 Row _____ Section 1 Division/~~Block~~ 5

Grave space & Care Fund 1595.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID

OCT 07 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1595.00

PAID Paid receipt number R-55480 399.00

Balance due 1196.00

DEC 05 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X _____
Signature See

X _____
Address attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17300

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 9-10-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 44 Grave 12 Row _____ Section 1 Division/~~Block~~ 5

Grave space & Care Fund	1595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1595.00
Paid receipt number	399.00
Balance due	1196.00

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

X [signature]
Signature

X 7187 Melette St
Address

X San Diego CA 92119
City Zip Code

X (619) 589-6821
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17300

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
Contract Entry Verification
10/07/2002

E-17300

Contract Number: E-17300-L

Contract Date: 10/07/2002
Purchaser: Oganesyan, Yuriy
7187 Melotte St.
San Diego ,CA 92119

Purchaser Number: 502 /
Phone: 619-589-6821
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 5	1595.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 5	1		44	12	A

BASE PRICE	1,595.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,595.00	ODD PAYMENT OF	1,196.00
TOTAL DOWNPAYMENT	399.00 -	DATE FIRST PAYMENT DUE	11/07/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	1,196.00		
DEFERRED PAYMENT PRICE	1,595.00		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	319.00	
R S	Equity	1,276.00	
A	Interest	0.00	
R S	Tax Recovery	0.00	
R S	Cost of Goods	0.00	
R V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation
10/07/2002

E- 17300

eement Number: E-17300-L

Agreement Date: 10/07/2002

Purchaser: Oganesyan, Yuriy
7187 Melotte St.

San Diego ,CA 92119

Purchaser Number: 502 /

Phone: 619-589-6821

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 5	1595.00	0.00	
Property					

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 5	1		44	12	A

BASE PRICE	1,595.00
SALES TAX	0.00
TOTAL CASH PRICE	1,595.00
TOTAL DOWNPAYMENT	399.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,196.00
DEFERRED PAYMENT PRICE	1,595.00
NUMBER OF INSTALLMENTS	1
GULAR PAYMENT OF	0.00
D PAYMENT OF	1,196.00
DATE FIRST PAYMENT DUE	11/07/2002
PAYMENT PLAN	MONTHLY

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

Mt Hope Cemetery

E 17300

Mt. Hope Cemetery
Prepayment Plan Record

Yurly Oganesyan
7187 Melotte St.
San Diego, CA 92119
619 589-6821
E-17300

Lot 44, Grave 12, Section 1, Division 5

Payment NO.	1
Payment Due Date	November-02
Payment Amount Due	50.00
Balance Due	1,146.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17300

Mt. Hope Cemetery
Prepayment Plan Record

Yuriy Oganesyan
7187 Melotte St.
San Diego, CA 92119

E-17300

Lot 44, Grave 12, Section 1, Division 5

Payment NO.	2
Payment Due Date	December-02
Payment Amount Due	50.00
Balance Due	1,096.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17300

Mt. Hope Cemetery
Prepayment Plan Record

Yurly Oganesyan
7187 Melotte St.
San Diego, CA 92119

E-17300

Lot 44, Grave 12, Section 1, Division 5

Payment NO.	3
Payment Due Date	January-03
Payment Amount Due	50.00
Balance Due	1,046.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17300

Mt. Hope Cemetery
Prepayment Plan Record

Yuriy Oganesyan
7187 Melotte St.
San Diego, CA 92119

E-17300

Lot 44, Grave 12, Section 1, Division 5

Payment NO.	4
Payment Due Date	February-03
Payment Amount Due	50.00
Balance Due	996.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

502

E-17300

OGANESYAN, YURIY 7187 Melotte St., San Diego 92119 589-6821

		DEBIT	CREDIT	BALANCE
09-10-02	Opened Pre-need Lot. Lot 44, Grave 12, Section 1, Division 5	1595.00		1595.00
10-07-02	R-55480 319 1276		399.00	1196
10-29-02	R-55554 Coupon 1 2 2		100.00	1096.00
12-2-02	R-55668 " 3 & 4		100.00	996.00
12-5-02	M/C		996.00	0

OGANESYAN, YURIY E-17300

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55554

Date: 10-29-07, 20

From: Yuriy Oganesyan Address: On Record

One Hundred Dollars ($ 100.00)

In part Payment of Pre-need Lot.

Lot 44 Grave 12 Row Section 1 Division 5 Block

Invoice No.

Acct. No.

W.O. E- 17300

BALANCE DUE 1096.00

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

AC-212 (Rev. 5-94) 2210

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust 77186	63033 ~~9023~~		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55668

Date: Dec. 2, 20 02

From: Yuriy Oganesyan Address: on record

One Hundred and 00 Dollars ($ 100.00)

In part Payment of pre-need lot account

Lot 44 Grave 12 Row Section 1 Division Block 5

Invoice No.

Acct. No.

W.O. E-17300

BALANCE DUE $ 996.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2219

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	100.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN COOPER (423)

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

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

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

will be applied and billed to undersigned.

Lot 236 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55381	1664.73
Balance due	Ø

PAID

SEP 06 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

5

Invoice #

Work Order # E 17301

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17301

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			REYNOLDS			
			X 1	2	3	4
			7 YOUNG	8	9	10

ıterment space for: JOHN COOPER

terment Date: _____ Time: _____

ɔt: 236 Grave: 1 Row: _____ Sect: 2 Div: 12

rave Laid out by: _____

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: _____ Date: _____

E 17301

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

RKFILE

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	GREGORY	COOPER	05/10/1961	08/09/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LEHUA PE'A-FRIEND 3872 5TH AVE APT 3 SAN DIEGO CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	09/05/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/06/2002 ROSA NAVA	2214487 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Simeon Garabedian PA.# 20030043 (485)

in a D.D. Crypt (B) (Type of Burial Container) Funeral, date, time Tues SEPT 10 ~~9:30~~ 10:00

Church, Chapel, Graveside _____ : BAYVIEW Mortuary

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

will be applied and billed to undersigned. _____

Lot 11 Grave ~~1B~~ 1A Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number	
Balance due	

PAID 10-2-02

P.A. John Edwards FAX 858 277-7840

Bayview 858-277-7820 Ed

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.

Billed county 9/11/02

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

S

S

Invoice # 368167

Work Order # E 17302

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17302

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND 69

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOSEPH	SIMON	GARABEDIAN	02/22/1933	08/08/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JOHN EDWARDS-PUBLIC GUARDIAN 5201 A RUFFIN RD. SAN DIEGO, CA 92123

09-08-2002

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL SERV., 7510 CLAIREMONT MESA BLVD. #100, SD, CA 92111	FD-1661		09/09/2002

(2)

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/09/2002 E.DOUGIELLO	2214591

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 1-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4703 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-need ..... ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID 375.00

Burial Container .....

Handling Fees ..... SEP 06 2002 .....

Flower vases – [illegible] .....

Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO 45.00

Sales taxes .....

Total Due 420.00

Paid receipt number R-55382 420.00

Balance due ~~0~~

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

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

_____
Signature of recorded holder of deed

Hope Hadsell
Signature

8800 Fabienne Way
Address

La Mesa 91941
City Zip Code

619-697-8025
Telephone

Invoice # _____

Work Order # E 17303

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rita GRANT (H28) 15 CHAMPS

in a LINER (Type of Burial Container) Funeral, date, time SAT SEPT. 14. 11:00

Church Chapel, Graveside CA BURIAL : Mortuary. CLAUDETTE

All Funeral cars 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 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund overtime fee	600.00
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number R-55384	1664.73
R-55385	600.00
Balance due	0

PAID

SEP 06 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

BAL

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

EMORY LANDRY

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

Signature of recorded holder of deed

Emory Landry (427)

Signature

1414 Roosevelt Ave #6

Address

NATIONAL City CA 91950

City Zip Code

Telephone

S

Invoice # _____

Work Order # E 17304

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17304

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

3	4 Stevens	5	6			Free
9	10	11	12 X	Maryn Weekes		

ıterment space for: Rita Grant

terment Date: 9-14-02 Time: _____

ɔt: 46 Grave: 12 Row: _____ Sect: 1 Div: 12

rave Laid out by: N F CHuCH

grees with Legal Card: ☐ Yes ☐ No

Flag on grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: Kenneth Collins Date: 9/12/02

E-17304

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RITA	MARLENE	GRANT	10/31/1954	09/05/2002	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARLENE HAMILTON-DAUGHTER 1025 EAST AVE., Q5, #5 PALMDALE, CALIFORNIA 93550

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Bernard	09/10/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/10/2002 J. BERNARD	▶ 2214692

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 9-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-03

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

in a LINER (Type of Burial Container) Funeral, date, time WED 9-11 11:00

Church, Chapel, Graveside ; MERKLEY MITCHELL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 94 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-need E-17286 2002 -0-

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... -0-

Burial Container ..... -0-

Handling Fees ..... -0-

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

Recording and filing fee ..... -0-

Sales taxes ..... -0-

Total Due ..... -0-

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17305

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17305

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

1	2 CAPONE	3 COLLINS GREEN	4 X	5	6	
7	8 BECKER	9	10	11 KAGLER	12	

Interment space for: FRANK CAPONE

Interment Date: WED 9-11 Time: 11:00

Lot: 94 Grave: 4 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 9-10-02

E 17305

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FRANK	-	CAPONE SR.	07/12/1921	09/06/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANK CAPONE JR. - SON 3115 DOVE STREET SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Rose M Zullo	09/10/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/10/2002 R.M. ZULLO	2214728 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED 9-11	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-02

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI 9-13 2:00

Church, Chapel, Graveside ; PACIFIC BEACH Mortuary. 858 483-4465 JOHN

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

will be applied and billed to undersigned. _____

Lot 3705 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need E-2184	Ø
Additional spaces and care fund ..... LATE CHARGE	150.00
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee ..... PAID	Ø
Sales taxes	Ø
Total Due	150.00
Paid, receipt number R-55414	150.00
Balance due	Ø

SEP 16 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

X

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

X

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

_____
Signature of recorded holder of deed

X Signature _____

X Address See attached

X City _____ Zip Code

X Telephone _____

Invoice # _____

Work Order # E 17306 Acct. # _____

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

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-02

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

in a T.S. VAULT Funeral, date, time FRI 9-13 2:00

Church, Chapel/Graveside ; PACIFIC BEACH Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3705 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre-Need E-2184	0
Additional spaces and care fund	LATE CHARGE	150.00
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases - Marker setting fee		
Recording and filing fee		0
Sales taxes		0
	Total Due	150.00
	Paid receipt number	
	Balance due	

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

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

Signature of recorded owner of deed

X ROY MILLENDER JR.
Signature

X 340 OLD MILL RD, SP-5
Address

X SANTA BARBARA, Ca 93110
City Zip Code

X 805-692-8531
Telephone

Invoice # _____

Work Order # E 17306

Acct. # _____

REA-104 (7-99)

This information is available in alternative formats upon request.

Printed on recycled paper

EL CAMINO MEMORIAL

E 17306

1-800-EL CAMINO
www.el-camino.com

Members of the El Camino Family

EL CAMINO MEMORIAL PARK
5600 Carroll Canyon Road
San Diego, CA 92121
(858) 453-2121

CYPRESS VIEW MAUSOLEUM
3953 Imperial Avenue at 40th
San Diego, CA 92113
(619) 264-3168

EL CAMINO MEMORIAL
SORRENTO VALLEY CHAPEL
(FD License No. 1260)
5600 Carroll Canyon Road
San Diego, CA 92121
(858) 453-2121

EL CAMINO MEMORIAL
CYPRESS VIEW CHAPEL
(FD License No. 0670)
3953 Imperial Avenue at 40th
San Diego, CA 92113
(619) 264-3168

EL CAMINO MEMORIAL
ENCINITAS CHAPEL
(FD License No. 0857)
340 Melrose Avenue
Encinitas, CA 92024
(760) 753-1143

EL CAMINO MEMORIAL
ERICKSON-ANDERSON CHAPEL
(FD License No. 0296)
8390 Allison Avenue
La Mesa, CA 91941
(619) 466-3297

EL CAMINO MEMORIAL
BENBOUGH CHAPEL
(FD License No. 0480)
3051 El Cajon Blvd.
San Diego, CA 92104
(619) 283-7211

EL CAMINO MEMORIAL
PACIFIC BEACH CHAPEL
(FD License No. 0815)
4710 Cass Street
San Diego, CA 92109
(858) 488-5553

SEPTEMBER 9, 2002

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO ASSURE PAYMENT OF THE OVERTIME CHARGE OF $150 FOR THE BURIAL OF MR. RAY MILLENGER FRIDAY, SEPTEMBER 13, 2002.

PAYMENT WILL BE MADE TO MT. HOPE WHEN THE PROCESSON ARRIVES AT THE CEMETERY ON FRIDAY. THE SERVICE IS SCHEDULED FOR 2:00 P.M. AT PACIFIC BEACH CHAPEL. I WOULD ESTIMATE OUR ARRIVAL AT THE CEMETERY AT ABOUT 3:30 P.M.

SINCERELY,

JOHN CREPEAU, FUNERAL DIRECTOR

E-17306

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.

3702	3703	3704 DOROTHA MILLENDER	3705 X	3706	3707	3708

Interment space for: ROY MILLENDER

Interment Date: FRI 9-13 Time: 2:00

Lot: 3705 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF CHuck

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 9-11-02

E-17306

82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROY	J.	MILLENDER SR.	09/21/1917	09/05/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROY J. MILLENDER JR. - SON 340 OLD MILL RD. SP# 5 SANTA BARBARA, CA 93110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEM-PACIFIC BEACH CHAPEL 4710 CASS ST., SAN DIEGO, CA 92109	FD-815	[signature]	09/10/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/10/2002	2214664 J. FLORES

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9/13/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-02

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. April 11th ~~12:00~~ PM 1:00

Church, Chapel, Graveside WITNESS ; LEWIS COLONIAL Mortuary

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

will be applied and billed to undersigned. _____

Lot 11 Grave 1 Row _____ Section GAR Division/~~Stock~~ 1

Grave space & Care Fund ..... Pre-need	Ø
Additional spaces and care fund	
Opening/Closing & Setup ..... Pre-need E-16555	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number _____ Balance due	Ø

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

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

Signature of recorded holder of deed

Sue

X [signature] (Signature)

X 2536 Wightman St. (Address)

X San Diego CA 92104 (City, Zip Code)

X 619-295-1677 (Telephone)

Invoice # _____

Work Order # E 17307

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17307

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			X			

OAKWOOD AVE

O'REILLY

BAILHACHE

Henderson

ıterment space for: ARTHUR NOLAN

terment Date: 4-11-03 Time: 12:30

ot: 11 Grave: 1 Row: ____ Sect: GAR Div: 1

rave Laid out by: NF DAVID

grees with Legal Card: ☐ Yes ☐ No

Flag on grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: Kenneth Collins Date: 4/9/0

82111

E-17307

KH 508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	RAILBACHE	NOLAN	11/22/1904	09/03/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAY C. HOPKINS - DPOA 2536 WIGHTMAN ST SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶	09/06/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/06/2002 P VALENTINE	2214510 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 9/9/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Engrave of John D Shaw

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah M. SHAW COTTON

in a LINER (Type of Burial Container) Funeral, date, time WED'S SEPT 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 of $ _____ will be applied and billed to undersigned. _____

Lot 710 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund E-3116	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Due	769.73
Paid receipt number CREDIT CARD	769.73
Balance due	0

PAID
SEP 09 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature
X
Address
X
City Zip Code
X (619) 266 9752
Telephone

Invoice # _____

Work Order # E 17308

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17308

8H

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BEULAH	MAXINE	COTTON	02/04/1918	09/02/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHN COTTON, HUSBAND 216 55TH STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	09/09/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/10/2002 B. CAMPBELL	2214662 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 9, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Flora Belton 430 11:00

in a Liner (Type of Burial Container) Funeral, date, time Monday Sept 16th

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 128 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	23.78
Recording and filing fee	45.00
Sales taxes	14.73
Total Due M/C	1688.51
Paid receipt number	1688.51
Balance due	~~1688.51~~ PAID

PAID

SEP 13 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

Janice Borden
407) 381-1128

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

Janice Borden

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

_____
Signature of recorded holder of deed

Janice Borden (487)
Signature

9323 Whispering Meadows Ln
Address

Orlando FL 32825
City Zip Code

(407) 381-1128
Telephone

5

Invoice # _____

Work Order # E 17309

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17309

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 Tree				
		2 Gutierrez	3 X	4 Garza	5 Stevens	

Interment space for: Flora Belton

Interment Date: 9-16-02 Time: 11:00

Lot: 128 Grave: 3 Row: ____ Sect: 2 Div: 12

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☐ Yes ☐ No

Flag on the grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: NF CHICK Date: ____

E-17309

53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLORA	-	BELTON	03/11/1949	09/08/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	JANICE BORDEN, SISTER 9323 WHISPERING MEADOWS LANE ORLANDO, FL 32825

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	09/09/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/10/2002 B. CAMPBELL	2214696 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-02

425 426

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELBERTA B. BASHOR / MARCELA BRIER, MANTILLA

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 115 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup — 2 opening/closing	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee — 2 PAID ing fees	90.00
Sales taxes	29.45
Total Due	2464.45
Balance due	0

SEP 12 2002

MT. HOPE CEMETARY R-55407 2464.45

CITY OF SAN DIEGO, CA

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

I hereby authorize the interment in lot 426 I hold under deed.

Elberta B. Bashor
Signature

6811 Alvarado Rd-24
Address

San Diego, CA-92120
City Zip Code

619-286-8589
Telephone

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17310

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William A. Cain (432)

in a Liner (Type of Burial Container) Funeral, date, time SAT. SEPT 14th 10:00

Church Chapel, Graveside _____ ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 68 Grave 11 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund		895.00
Additional spaces and care fund	Overtime fee	600.00
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	SEP 09 2002	145.00
Flower vases – Marker setting fee		—
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	4500
Sales taxes		14.73
	Total Due	2264.73
	Paid receipt number Paid by M/C	2264.73
	Balance due	0

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

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

Signature of recorded holder of deed

Signature: Theresa Route (431)

Address: 6721 Tiffin Ave

City: San Diego Zip Code: 92114

Telephone: (619) 286-4449

S

Work Order # E 17311

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17311

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

2	3 GIRARD	4	5	6		
8 Wallace	9	10 Dipboy	X	12 Gilbert		

ıterment space for: William A. Cain

terment Date: 9-14-02 Time: 10:00

ɔt: 68 Grave: 11 Row: — Sect: 1 Div: 4

rave Laid out by: NF CHUCK

grees with Legal Card: ☐ Yes ☐ No Flag on grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: Kenneth Collins Date: 9/12/0

E-17311

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	A.	CAIN	02/04/1960	09/05/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DOWNEY	LOS ANGELES	LATONIA CAIN-WIFE 33088 SOTELLO DR. TEMECULA, CA 92592

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Bergund	09/13/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7-00	09/14/2002	▶ Thomas [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
LOS ANGELES COUNTY HEALTH DEPT. 313 N. FIGUEROA ST. RM L-1 LOS ANGELES, CA 90012	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-10-02

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

in a LINER (Type of Burial Container) Funeral, date, time FRI 9-13 10:30

Church, Chapel, Graveside : FEATHERING HILL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 110 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre-need 12539 1995	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need E-14250	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17312

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17312

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

1 People's	2	3	4 X	5 WOFFORD	6 WOFFORD	7
7	8	9 HILDEBRAND	10	11	12 CARTER	

ıterment space for: Dorothy Marion

terment Date: FRI 9-13 Time: 10:30

ot: 110 Grave: 4 Row: ____ Sect: 1 Div: 11

rave Laid out by: [signature]

grees with Legal Card: ☐ Yes ☐ No

Flag on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: DARREYL Date: 9-11-03

E-17312

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
W.	Dorothy	Marion	08/30/1915	09/09/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Carl W. Marion, Husband 15420 Old HWY 80 #229 El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	09/11/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	09/12/2002 K. Zaretzka	2214828 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

GRAVE of ANDREW ROBINSON

Date 9-11-02

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

In a LINER (Type of Burial Container) Funeral, date, time TUE 9-17 1:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2316 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre-need E-4993	0
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	SEP 12 2002	145.00
Flower vases – Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, Ca.	45.00
Sales taxes		14.73
	Total Due	769.73
	Paid receipt number R-55410	769.73
	Balance due	Ø

Family LINDA GANT 265-0043

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

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

_____
Signature of recorded holder of deed

X Linda Gant
Signature

X 4710 Ark St #5
Address

X SAN DIEGO CA 92115
City Zip Code

X 619 265-0043
Telephone

Invoice # _____

Work Order # E 17313

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17113

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		X-Deep		FLOWER VASE there		
2313	2314 HANKINS	2315 FAHRION	2316 X	2317 TABER	2318 TABER	2319 TABER

terment space for: FRANCES ROBINSON

terment Date: TUE 9-17 Time: 1:00

ot: 2316 Grave: ____ Row: ____ Sect: ____ Div: 10

rave Laid out by: N F CHUCK

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: DARREYL Date: 9-17-02

E-17313

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCES	MARIE	ROBINSON	08/12/1929	END 09/08/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINDA GANT, DAUGHTER 4710 ART STREET #15 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	09/12/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/13/2002 B. CAMPBELL	2214904 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-17-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No CHAIRS

Date 9-11-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Christopher Counts (434)

in a Liner (Type of Burial Container) Funeral, date, time Mon Sept 16th 10:00 AM

Church, Chapel, Graveside Delivery ONLY! Bishop Mortuary.

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

will be applied and billed to undersigned. _____

Lot 88 Grave 11 Row — Section 1 Division/Block 12

Grave space & Care Fund	893.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55402	1664.73
Balance due	0

PAID
SEP 11 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

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

_____
Signature of recorded holder of deed

Signature: Joline Counts (433)

Address: 225 N MEADOW brook Dr

City: San Diego Ca 92114 Zip Code

Telephone: 619 698 3657

5

Work Order # E 17314

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-1734

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

1 No marker	2 No marker	3 No	4 marker	5 X	6 X	Davenport White
7 No marker	8 X	9	10 No marker	11 X	12 No marker	

terment space for: Joseph Christopher Counts

terment Date: 9-15-02 Time: 10:00 Delivery

ot: 88 Grave: 11 Row: — Sect: 1 Div: 12

rave Laid out by: N F · CHuck

grees with Legal Card: ☐ Yes ☐ No

Flag on grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: DARKEY/L Date: 9-13-02

E-17314

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Joseph	Christopher	Counts	04/02/1962	09/03/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Louisville	Kentucky	Aline Counts - Mother 225 N. Meadowbrook Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD-1673	▶ [signature]	09/11/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	C. Mitchell 09/11/2002	▶ 2214765

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-03

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

in a LINER (Type of Burial Container) Funeral, date, time MON 9-16 10:30

Church, Chapel, Graveside ; CONRAD Mortuary.

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

Lot _____ Grave 32 Row 12 Section 3 Division/Block 2

Grave space & Care Fund ..... Pre-need D-66605, 1976 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Pre-need E-10489 ~~0~~

Burial Container ..... ~~0~~

Handling Fees ..... ~~0~~

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

Recording and filing fee ..... ~~0~~

Sales taxes ..... ~~0~~

Total Due ..... ~~0~~

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

X See attached
Signature

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 17315

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-02

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

in a LINER Funeral, date, time MONDAY 09/16/2002 10:30 a.m.

Church, Chapel, Graveside ST. NICHOLAS ORTH CH-SAN DIEGO, CA CONRAD Mortuary.

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

will be applied and billed to undersigned. _____

Lot _____ Grave 32 Row 12 Section 3 Division/Block 2

Grave space & Care Fund	Pre-need D-6605	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need E-10489	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		

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

X D. Levi
Signature

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

Signature of recorded holder of title

X10225 CAMINITO COVEWOOD
Address

XSAN DIEGO, CA 92131
City, State, Zip Code

X858/549-6893
Telephone

Work Order # E 17315

Invoice # _____

Acct. # _____

RSA-104 (7-96)

This information is available in alternative formats upon request.

C 17315

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

29 JAMES	30 MEDWED	31 SKY	32 X RUD	33 OLGA KOVSKY	34 YAKNICH	35 MAISHEFF

terment space for: KONSTANTIN RUDKOVSKY

terment Date: _____ Time: _____

ot: [illegible] Grave: 32 Row: 12 Sect: 3 Div: 2

rave Laid out by: NF KEN

grees with Legal Card: ☐ Yes ☐ No *Flag on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: [signature] Date: 9-13-05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-02

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

In a LINER (Type of Burial Container) Funeral, date, time MONDAY 09/16/2002 10:30 a.m.

Church, Chapel, Graveside ST. NICHOLAS ORTH CH-SAN DIEGO, CA CONRAD Mortuary.

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

will be applied and billed to undersigned. _____

Lot _____ Grave 32 Row 12 Section 3 Division/Block 2

Grave space & Care Fund	Pre-need D-6605	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need E-10489	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		

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

X D. Levi
Signature

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

_____
Signature of recorded holder of deed

X10225 CAMINITO COVEWOOD
Address

XSAN DIEGO, CA 92131
City Zip Code

X858/549-6893
Telephone

Work Order # E 17315

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E-17315

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KONSTANTIN	-	RUDKOVSKY	02/24/1911	09/11/2002	M

5A. CITY OF DEATH: SAN DIEGO

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DIANA DE LEVI - EXECUTOR
10225 CAMINITO COVEWOOD
SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
CONRAD LEMON GROVE MORTUARY
7387 BROADWAY - LEMON GROVE, CA 91945-1533

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: [signature]

8B. DATE SIGNED: 09/12/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: Grant K. Conrad 09/13/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2214919

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3721 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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

D. I. P. of GRAVE CALVIN HARRIS

Date 9-12-02

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

in a LINER (Type of Burial Container) Funeral, date, time WED 9-18 12:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

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

Lot 23 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Pre-need D-9531 (1978)	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need -9704	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 17316

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17316

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space. D.I.P. GRAVE OF CAVIN HARRIS

2 LUBERO	3 ADAMS	4 CARR	5 X HARRIS	6 Tree	1	2 POLK
8	9 SHAVER	10 WESTMORELAND	11 WASHINGTON	12 DAWSON		

ıterment space for: MARY HARRIS

terment Date: _____ Time: _____

ɔt: 23 Grave: 5 Row: _____ Sect: 3 Div: 12

rave Laid out by: N F · CHUCK

grees with Legal Card: ☐ Yes ☐ No Hug on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: DARKEY Date: 9-17-02

E-17316

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	FRANCES	HARRIS	01/16/1915	09/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PASADENA	LOS ANGELES	MICHELLE KIRBY-ROBINSON, GRAND-DAUG. 1181 ARMADA STREET PASADENA, CA 91103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	James E Bo[illegible]	09/16/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED: 09/16/2002 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [illegible] Bufalino [illegible]

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1845 N. FAIR OAKS AVENUE PASADENA, CA 91103	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED: 9-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-17316

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	FRANCES	HARRIS	01/16/1915	09/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PASADENA	LOS ANGELES	MICHELLE KIRBY-ROBINSON, GRAND-DAUG. 1181 ARMADA STREET PASADENA, CA 91103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ [signature]	09/16/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	09/16/2002	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1845 N. FAIR OAKS AVENUE PASADENA, CA 91103	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 9-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-02

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED SEPT 18 #AYD 10:15

Church, Chapel, Graveside _____ : Heath 4774139 Mortuary.

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

will be applied and billed to undersigned. _____

Lot 87 Grave 6 Row — Section 7 Division/~~Block~~ 1

Grave space & Care Fund a-1436 1964	0
Additional spaces and care fund	—
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	0
Balance due	0

Sister Joanne Knowles Temecula

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17317

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17317

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 ıe burial space. * marker on grave

			X	Lucen T. Wynn	Anita Johnson	

ıterment space for: Nella Mae Wynn ⊗

terment Date: AYD Time: ~~AYD~~ 10:15

ɔt: 87 Grave: 6 Row: — Sect: 7 Div: 1

rave Laid out by: NF · CHuck

grees with Legal Card: ☐ Yes ☐ No Flag on grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: DAVID N Date: 9-17-02

E 17317

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NELLA	MAE	WYNN	05/30/1928	09/09/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joann Knowles - Sister 3409 East 7th Street National City CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Ave., National City CA 91950	FD 807	▶ [signature]	09/10/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	[illegible]	▶ Nancy L Bowen MD

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lemeda Crematory, El Cajon CA	12B. DATE CREMATED 9/11/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (484) JAYLEN S. DENNIS

in a _____ Funeral, date, time MON 9-16 1:00

Type of Burial Container

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

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

will be applied and billed to undersigned. _____

Lot 1353 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	80.00
Recording and filing fee	45.00
Sales taxes	
Total Due	350.00
Paid receipt number R-55413	350.00
Balance due	0

PAID

SEP 13 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

28" L
13" W

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X SDMC
City Zip Code

X _____
Telephone

5

Work Order # E 17318

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17318

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		MORR'S	LATIMER			BLAISE
1350	1351	1352	X	1354	1355	1356 STETLE

terment space for: Jaylen S. Dennis

terment Date: MON 9-16 Time: 1:00

ot: 1353 Grave: ____ Row: ____ Sect: 1 Div: 9

rave Laid out by: Mark Zandermacher

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

ind Check & Verified By: Norman Date: ____

E 17318

1 day

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(48)

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAYLEN	STANFORD	DENNIS	09/11/2002	09/11/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STANFORD DENNIS-FATHER (483) 1781 ROCKY SHORE RD SAN DIEGO CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	09/12/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/12/2002	2214888 ROSA NAVA ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PALEPA MOSE 29308

in a LINER (Type of Burial Container) Funeral, date, time MON 9-16 2:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 134 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Re-seed	~~0~~
Additional spaces and care fund ..... PAID	
Opening/Closing & Setup	375.00
Burial Container ..... SEP 16 2002	190.00
Handling Fees ..... MT. HOPE CEMETARY	145.00
Flower vases – Marker setting fee ..... CITY OF SAN DIEGO, CA	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55416	769.73
Balance due	~~0~~

MORTUARY to BRING check X

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

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

_____
Signature of recorded holder of deed

X Signature _____

X Address _____ see attached

X City _____ Zip Code

X Telephone _____

Invoice # _____

Work Order # E 17319

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 17319

Next of Kin.

Peni Tofete - son

233 54th St.

San Diego, CA

619-527-0907

E 17319

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			X		135 1 RODRIG BEZ	2 ANDERS

Interment space for: PALEPA MOSE

Interment Date: MON 9-16 Time: 2:00

Lot: 134 Grave: 11 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF FERNSON CHack

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Ellis Date: 9/16/02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-02

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

in a LINER (Type of Burial Container) Funeral, date, time MON 9-16 2:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 134 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-need	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number _____	
Balance due _____	

MORTUARY to BRING check X

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

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

Jeanette Benyal
Signature of recorded owner of deed

PENI JOFRA
X Jeanette Benyal
Signature
X 5880 El Cajon Blvd.
Address
X Spring Valley, CA 92115
City Zip Code
X 619-234-3272
Telephone

Invoice # _____

Work Order # E 17319

Acct. # _____

NSA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17319 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PALEPA	-	MOSE	06/15/1922	09/07/2002	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	PENI TOFETE-SON 233 54TH STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	09/12/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/12/2002 J. BENYARD	▶ 2214877

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 9-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-02

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI 9-20 1:00

Church, Chapel, Graveside _____; LEWIS COLONIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2068 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need D-1849 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... ~~0~~

Burial Container ..... ~~0~~

Handling Fees ..... ~~0~~

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

Recording and filing fee ..... ~~0~~

Sales taxes ..... ~~0~~

Total Due ..... ~~0~~

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 17320

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-02

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

in a T.S. VAULT (Title of Burial Container) Funeral, date, time 9-20-02 Friday 1:00 PM GRAVE SIDE

Church, Chapel, Graveside GRAVESIDE LEWIS COLONIAL Mortuary

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

will be applied and billed to undersigned. _____

Lot 2068 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need D-1849	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	

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

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

Signature of recorded holder of deed

X [signature] Signature

X 3280 Olive St #32 Address

X Lemon Grove City Zip Code

X 619 303-8853 Telephone

Invoice # _____

Work Order # E 17320

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

E-17320

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.

2065 HOWELL	2066	2067 PARKER	2068 X	2069	2070	2071 COOK

Interment space for: CHARLENE GEAIRN

Interment Date: _____ Time: _____

Lot: 2068 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/18/02

E-17320

69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4.
CHARLENE	G	GRAIEN	03/30/1943	09/13/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GINA KOVZELOVE - DAUGHTER 3280 OLIVE ST LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Paulette Valentine	09/17/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/17/2002 P VALENTINE	2215052 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 9-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 9-16-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 112 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-need E-3190	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	14.75
Total Due	894.73
Paid receipt number R-55415	894.73
Balance due	-0-

PAID
SEP 18 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C/

See 19493
E-DP 3821452

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

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

_____
Signature of recorded holder of deed

X HUMBERT ARCE
Signature
X 4902 ZION AVE
Address
X SAN DIEGO 92120
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 17321

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

№ 55415

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-16-02, 20

From: Humbert Arce Address: 4902 Zion Ave San Diego 92120

Eight Hundred Ninety Four & 73/100 Dollars ($ 894.73)

In full Payment of Pre-need Trust & marker setting fee

Larry Arce

Lot 112 Grave 9 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-17321

BALANCE DUE 0

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

93

AC-212 (Rev. 5-94)

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

ISSUED BY J Shechtlon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust 77186	63033 9022	769	73
Sales Tax	80101 78390		
TOTAL PAID	$	894	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ashes in center right

Date 9-16-02

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED 9-18 AYD

Church, Chapel, Graveside _____ : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 85 Grave 6 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-need A-4322 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID 105.00

Burial Container 55.00

Handling Fees ..... SEP 17 2002 60.00

Flower vases – Marker setting fee .....

Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO 45.00

Sales taxes 4.26

ashes & permit in office

Total Due 269.26

Paid receipt number R-55420 269.26

Balance due 0

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

VANderlinde X R Vanderlinde (Signature)

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

X 320 W Hellmann (Address)

X Killeen TX 76541 (City, Zip Code)

_____ Signature of recorded holder of deed

X _____ (Telephone)

Invoice # _____

Work Order # E-17322

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-17322

GRAVE BLIND CHECK FORM

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

3	4 HERRING	5 HERRING	85 X 6	ARRAN		
9 SPRAGINS	10	11 FUNK	12 CLARK			

Interment space for: IONE MEIDINGER ☆

Interment Date: WED 9-18 Time: AYD

Lot: 85 Grave: 6 Row: ____ Sect: 2 Div: 7

Grave Laid out by: ____

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E 17322 82 26827 13110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IONE	A.	MEIDINGER	04/22/1920	07/26/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	INEZ STRANGE - DAUGHTER 4519 CAPE MAY AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1618 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107	FD-816	▶ [signature]	07/31/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/31/2002 R.M. ZULLO	2212484 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626	12B. DATE CREMATED AUG 0 2 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-02

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 85 Grave 6 Row _____ Section 2 Division/Block 7

Grave space & Care Fund	Pre-need A-4322	Ø
Additional spaces and care fund		
Opening/Closing & Setup	PAID	105.00
Burial Container		85.00
Handling Fees	SEP 17 2002	60.00
Flower vases – Marker setting fee	MT. HOPE CEMETARY	—
Recording and filing fee	CITY OF SAN DIEGO, C.	45.00
Sales taxes		4.26
Total Due		269.26
Paid receipt number R-55421		269.26
Balance due		Ø

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

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

_____
Signature of recorded holder of deed

X Vanderlende
Signature

X 4519 Cape May
Address

X SD 92107
City Zip Code

Telephone

Invoice # _____

Work Order # E 17323

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-02

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

in a LINER (Type of Burial Container) Funeral, date, time FRI. SEPT. 20 1:00

Church, Chapel, Graveside _____ ; RAGSDALE DESMOND Mortuary.

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

will be applied and billed to undersigned. _____

Lot 14 Grave 5 Row _____ Section 2 Division/~~Block~~ 17

Grave space & Care Fund ..... Pre-need E-7373 ..... ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number M/C 769.73

Balance due ~~0~~

PAID
SEP 16 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

CDL N55 91912 2-26-04

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

I hereby authorize the interment in lot Jo Ann Greene hold under deed.

_____
Signature of recorded holder of deed

X Jo Ann Greene
Signature

X 4351 Skyline
Address

X San Diego 92114
City Zip Code

X 619 2645679
Telephone

Work Order # E 17324

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 17324

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

2	3	4 MCCOY	14 X 5	6 WALLACE		
8	9 GREENE	10 GREENE	11	12 JONES		

Interment space for: ODESSA GREENE

Interment Date: FRI 9-20 Time: 1:00

Lot: 14 Grave: 5 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYL Date: 9-18-02

E 17329

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ODESSA	-	GREENE	12/23/1916	09/14/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THELMA COHN, NIECE 7273 SKYLINE DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	09/18/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/18/2002 B. CAMPBELL	2215145 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Dot & Trust

Date 9-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joann Seaport 424

in a t.s. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 61 Grave 11 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Mark	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1769.38
Paid receipt number R-55418	1769.38
Balance due	0

PAID PAID

SEP 16 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

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

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

Joann Seaport
Signature of recorded holder of deed

Joann Seaport
Signature
4404 Kansas St
Address
San Diego CA. 92116
City Zip Code
619-281-7267
Telephone

Invoice # _____

Work Order # E 17325

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17325

Mt Hope Cemetery
Contract Entry Verification
09/18/2002

Contract Number: E-17325-F

Contract Date: 09/16/2002
Purchaser: Seaport, Joann
4404 Kansas Street
San Diego ,CA 92116

Purchaser Number: 424 /
Phone: 619-281-7627
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-1	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		61	11	A

E- 17325

Mt Hope Cemetery
Contract Entry Verification
09/18/2002

Contract Number: E-17325-F

Contract Date: 09/16/2002
Purchaser: Seaport, Joann
4404 Kansas Street
San Diego ,CA 92116
Beneficiary:

Purchaser Number: 424 /
Phone: 619-281-7627
Child Prot: N

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,750.00	NUMBER OF INSTALLMENTS	1
SALES TAX	19.38	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,769.38	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,769.38-	DATE FIRST PAYMENT DUE	10/18/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	1,769.38		

ACCOUNT CONTRIBUTIONS			AMOUNT	FRACTION
R	L	Perp. Care	179.00	
I	V	P/N Trust	855.00	1.0000
R	S	Equity	604.00	
A		Interest	0.00	
R	S	Tax Recovery	19.38	
R	S	Cost of Goods	112.00	
R	V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E-17325

Mt Hope Cemetery
Agreement Confirmation
09/18/2002

Agreement Number: E-17325-F

Agreement Date: 09/16/2002

Purchaser: Seaport, Joann
4404 Kansas Street
San Diego ,CA 92116

Purchaser Number: 424 /
Phone: 619-281-7627
Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 11-1	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		61	11	A

BASE PRICE	1,750.00
SALES TAX	19.38
TOTAL CASH PRICE	1,769.38
TOTAL DOWNPAYMENT	1,769.38-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,769.38
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	10/18/2002
PAYMENT PLAN	MONTHLY

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

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (482) MARYANNE WOOF

in a DOUBLE DEPTH Funeral, date, time THUR 9-19 1:00

Type of Burial Container

Church, Chapel, Graveside _____ : CONRAD Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1466 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases, burial setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2144.45
Paid receipt number R-55419	2144.45
Balance due	0

PAID
SEP 16 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

X Joseph H. Woof Jr (481)
Signature
X 7266 MOHAWK ST.
Address
X SAN DIEGO CA 92115
City Zip Code
X 619-463-8043
Telephone

Work Order # E 17326

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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TIM

463-8043

CELL 840-5463

E-17326

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.

1463	1464 SHUFORD	1465	1466 X	1467 MARTIN	1468 MARTIN	1469

Interment space for: Maryanne Woof

Interment Date: THUR 9-19 Time: 1:00

Lot: 1466 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 9/17/08

E-17326

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARYANNE	-	WOOF	05/20/1939	09/15/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSEPH H. WOOF JR. - HUSBAND 7266 MOHAWK STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ [signature]	09/16/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 09/19/2002	2215220 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-02

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

in a Liner (Type of Burial Container) Funeral, date, time MON 9-23 11:00

Church, Chapel, Graveside : ELCASON Mortuary. Judy

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

will be applied and billed to undersigned. _____

Lot 54 Grave 6 Row _____ Section 3 Division/Block 5

Grave space & Care Fund ..... Re-med A-4908 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setting 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number VISA 769.73

Balance due ~~0~~

PAID
SEP 16 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X [signature] Signature

X 2556 FOOTS CRK. RD. Address

X GOLD HILL, OR. 97525 City, Zip Code

X 541-582-3600 Telephone

Invoice # _____

Work Order # E 17327

Acct. # _____

REA-104 (7-05)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17327

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 BROWN	4 GOLLER	5 HINKLE	6 X	WALTON		
9 LEUNG	10 LEUNG	11	12			

Interment space for: HAZEL HINKLE

Interment Date: MON 9-23 Time: 11:00

Lot: 54 Grave: 6 Row: ____ Sect: 3 Div: 5

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 9-19-93

E-17327

88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HAZEL	RUTH	HINKLE	01/07/1914	09/17/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LOVOLLA FRANCISCO-DAUGHTER 7046 ENDERS AVE SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020	FD-1022	▶ Jackie Kozica	09/19/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/19/2002	2215205 JACKIE KOZICA ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 9-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

5 Chairs

on the grave of Lincoln Cromwell

Date 9-16-02

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

In a ASH VAULT (Type of Burial Container) Funeral, date, time ~~MON 9-23 12:00~~ FRI, 9-27 10:00

Church, Chapel, Graveside ; Mortuary 406-883-2808

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

Lot 145 Grave 2 Row — Section 4 Division/Block 7

Grave space & Care Fund E-4905	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases - Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55430	269.26
Balance due	0

PAID

SEP 20 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

LEAH HIGGINS
858 273-2199

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice #

Work Order # E 17328

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

On the grave of Lincoln Cromwell

MT HOPE CEMETERY

E 17328

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Gorham	X	1 Rainwater		Porter
			Horton Ave			

Interment space for: Clive C. Cromwell

Interment Date: MON 9-23 Time: 1:00

Lot: 145 Grave: 2 Row: — Sect: 4 Div: 7

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: _____ Date: _____

Grogan
FUNERAL HOME INC
Personalized caring service

E-17328

September 17, 2002

Mount Hope Cemetery
3751 Market Street
San Diego, California 92102

To whom it may concern:

Enclosed you will find a check in the amount of $269.26 as quoted in a phone conversation on Monday September 16, 2002, in regards to Clive C. Cromwell's interment charges for his cremains in the grave next to his father Lincoln Cromwell.

His daughter Camille, will be transporting the cremains to California, she is aware that see needs to obtain a California permit. If they should have the interment on a weekend you will need to collect the balance from her, as this charge was not included in our services.

Sincerely;

Fred Nelson
Grogan Funeral Home
406-883-2808

E-17328

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLIVE	C.	CROMWELL	12/20/1942	09/15/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POLSON	MT	CAMILLE CROMWELL - DAUGHTER 1370 FALAND WAY RENO, NV 89503

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CERRITO MEMORIAL - PACIFIC BEACH CHAPEL 4710 CASS ST, SAN DIEGO, CA 92109	FD-815	▶ Pauletta Valentine	09/24/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2002 P VALENTINE	2215532 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 9-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILMA RUDOLPH PA 20030304

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 9-18 10:30

Church, Chapel, Graveside _____ : BAYVIEW 558 277-7820 Mortuary.

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

will be applied and billed to undersigned. _____

Lot 110 Grave ~~1~~ 1B Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number	
Balance due	

PAID 10-2-02

Billed online 9-19-02

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

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

Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

S S

Work Order # E 17329

Invoice # 368411

Acct. # 000952

REA-104 (7-98)

This information is available in alternative formats upon request.

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E-17329 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILMA	-	RUDOLPH	11/30/1913	09/01/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	MARCO DE LA TORA - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
BAYVIEW CREMATION & BURIAL SERV. 7520 CLAIREMONT MESA BLVD. #109, SAN DIEGO,CA 92111	FD-1661

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		[signature]	09/13/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00 $7.00	09/13/2002 E. DOUGIELLO	2214948

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-17-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marton Douglas 2:00

In a Liner (Type of Burial Container) Funeral, date, time OCT. 11, 2002 FRI-

Church, Chapel (Graveside) ; McWane Funural Home Mortuary. 1-909-658-9497 (Kenny)

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

Lot 6 Grave 3 Row — Section IOOF ~~Division~~/Block 13

Grave space & Care Fund B-7346	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55494	769.73
Balance due	Ø

PAID

OCT 09 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17330

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

C-17330

GRAVE BLIND CHECK FORM

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

PALM

	Johnson	HART	Small	-		
MOULTON	Killman	Skelton	3 X			

CENTRAL

Interment space for: Morton Douglas

Interment Date: 10-11-2002 Time: ~~11:00~~ 2:00

Lot: 6 Grave: 3 Row: — Sect: IDOF ~~Div:~~ Blk 13

Grave Laid out by: N F cHuck

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/9/0

E-17330

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Morton	Robert	Douglas	09/26/1917	09/13/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Ron Grant, Stepson 9230 Wister Drive La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McWane Family Funeral Home 350 N. San Jacinto St., Hemet, CA 92543	FD998	▶ Deanna Can	09/25/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/27/2002	▶ Gary Feldman MD |LK

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside County Health Dept. P.O. Box 7600, Riverside, CA 92513	San Diego County Health Dept. PO Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamen
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lots

Date 9-17-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 137 3 to 5 CHINESE

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

Grave space & Care Fund ..... 23 Lots at 550 ..... 12,650.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID ..... _____

Burial Container ..... _____

Handling Fees ..... SEP 17 2002 ..... _____

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY ..... _____

Recording and filing fee ..... CITY OF SAN DIEGO ..... _____

Sales taxes ..... _____

Lot 138 4 & 5
139 1 to 6
140 1 to 6
141 1 to 6

Total Due 12,650.00

Paid receipt number R-55422 12,650.00

Balance due 0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17331

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-02

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

531 of HAMBURY DAVIES PA 20030332

in a DOUBLE DEPTH Funeral, date, time TUES 9-24 9:00
Type of Burial Container

Church, Chapel, Graveside _____ HUMPHREY Mortuary.
Joy 425-9111

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

will be applied and billed to undersigned. _____

Lot 11 Grave 2B Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number	
Balance due	

MARCO DeLATORA

BILLED 9/26/02 PD 11/15/02

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17332

Invoice # 368704

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

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37319

E- 17332

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

73

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HANBURY	WILLIAM	DAVIES	03/04/1929	09/11/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALICE BERWENT (APS WORKER) 2840 ADAMS AVENUE STE. 103 SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ [signature]	09/19/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/19/2002 ARACELY FLORES	2215247 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 9-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

Date 9-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rinya K. Vanderberg & Maurice T. Vanderberg

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

71, 73 MUSLIM

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

Grave space & Care Fund ..... Pre need	0
Additional spaces and care fund	
Opening/Closing & Setup ..... 2 at 450	900.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee ..... 2 at 45	90.00
Sales taxes ..... 2 at 6.20	12.40
Total Due	1002.40
Paid receipt number MC	1002.40
Balance due	0

PAID SEP 17 2002 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

Maurice T. Vanderberg
Signature
14027 Heusinger Dr
Address
Jamul, CA 91935
City Zip Code
(619) 669-6568
Telephone

Invoice # _____

Work Order # E 17333

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

229
2747

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-02

478 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONALD E. CRUMBLE JR.

in a LINER (Type of Burial Container) Funeral, date, time MON 9-23 12:00

Church, Chapel, Graveside : CA BURIAL N.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. _____

Lot 245 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker set	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55428	1664.73
Balance due	-0-

PAID

SEP 20 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

MORTUARY to BRING check

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

I hereby authorize the interment in lot I 477 hold under deed.

X Irma Richmond (Signature)
X 7404 Peter Pan Cove (Address)
X San Diego 92114 (City, Zip Code)
X (619) 263-8501 (Telephone)

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17334

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17334

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		1	2 STANDARD	3	4 TAYLOR	5 CALHOUN
		7	245 X 8	9	10 LEN	11 JENKINS

Interment space for: DONALD CRUMBLE

Interment Date: MON 9-23 Time: 12:00

Lot: 245 Grave: 8 Row: ____ Sect: 2 Div: 12

Grave Laid out by: N F CHuck

Agrees with Legal Card: ☐ Yes ☐ No *Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 9-20-02

E-17334

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

478

19

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONALD	EDWARD	CRUMBLE, JR.	04/09/1983	09/08/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DONNA CRUMBLE-MOTHER 9119 JAMACHA RD. #142 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Jeanette Bernard

8B. DATE SIGNED: 09/19/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/19/2002 J. BENYARD	▶ 2215244

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 1-23 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

on grave of
Dorothy M. Young
+ Ronald Young

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-02

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

in a ASH VAULT Funeral, date, time THURS OCT 3, 12:00

Type of Burial Container

Church, Chapel, Graveside ~~Witness Only~~; CA BURIAL Mortuary Fax

MARTIN 229-2747 (50)

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

will be applied and billed to undersigned. _____

Lot 26 Grave 10 Row — Section 15 15 Division/Block 7

Grave space & Care Fund	B-2050	Ø
Additional spaces and care fund		—
Opening/Closing & Setup		105.00
Burial Container	PAID	55.00
Handling Fees		60.00
Flower vases – Marker setting fee	OCT 02 2002	
Recording and filing fee	MT. HOPE CEMETARY	46.00
Sales taxes	CITY OF SAN DIEGO, CA	4.26
	Total Due	269.26
	Paid receipt number R-55466	269.26
	Balance due	Ø

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17335

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

on Grave of Dorothy Ronald Young

E 17335

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.

	Lily Rodman	X	X	Zell Jones		

Interment space for: BARBARA Young & Witnes

Interment Date: Oct 3, Thursday Time: 12:00 Noon

Lot: 26 Grave: 10 Row: — Sect: 15 Div: 7

Grave Laid out by: N F · C Nuck

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 10-1-02

LHLY-3X8

ATT. PAY

or grave of Dorothy M. Young + Ronald Young

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-02

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

in a ASH VAULT Funeral, date, time THURS OCT 3, 12:00

Church, Chapel, Graveside Witness Only! CA BURIAL MARTIN 927-2747 (50) Mortuary, Fax

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

will be applied and billed to undersigned. _____

15

Lot 26 Grave 10 Row — Section _____ Division/Block 1

Grave space & Care Fund	B-2850	0
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		35.00
Handling Fees		60.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		4.26
Total Due		249.26

Paid receipt number _____

Balance due _____

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

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

Patricia Young Hollis
Signature of recorded owner of deed

Patricia Young Hollis
Signature
7462 Gloaming Ave.
Address
San Diego Ca. 92114
City Zip Code
(619) 262-1343
Telephone

Work Order # E 17335

Invoice # _____

Acct. # _____

REA-124 (7-96)

This information is available in alternative formats upon request.

E-17335

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BARBARA	LYNN	YOUNG	10/16/1952	09/21/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	PATRICIA HOLLIS-SISTER 7462 GLOAMING AVE.,SAN DIEGO,CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY,CA 91950	FD-1689

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		[signature]	09/30/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	10/02/2002	[signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	LA. COUNTY DEPT. OF VITAL RECORDS RM.L-1 313 N.FIGUEROA ST.LA. CA 90012	VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 10/2/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-24-02

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

(480) JAVIER RODRIGUEZ-AGUILAR

in a LINER (Type of Burial Container) Funeral, date, time THUR 9-26 10:00

Church, Chapel, Graveside ; S.D. MEMORIAL Mortuary.
692-3090

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

will be applied and billed to undersigned. _____

Lot 17 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55433	1664.73
Balance due	∅

PAID

SEP 24 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

mortuary to bring check

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

S

Work Order # E 17336

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-24-02

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

in a LINER Funeral, date, time THUR 9-26 10:00

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

692-3090

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

Lot 97 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker coding fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73

Mortuary to bring check

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot I hold under deed

Signature of recorded owner of deed

X Jeffrey B Johnson
Signature

X 2444 University Ave
Address

X San Diego CA
City

X 619 692-3090
Telephone

Invoice # _____

Work Order # E 17336

Acct. # _____

REA-104 (7-88)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17 336

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 MANDEL	4	5	6 CAMPBELL			
8	9	10	11 X 12	7 BUSTOS		

Interment space for: JAVIER RODRIGUEZ - AGUILAR

Interment Date: THUR 9-26 Time: 10:00

Lot: 97 Grave: 11 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF KEN

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 9-24-08

E-17336

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAVIER	DAVID	RODRIGUEZ-AGUILAR	09/30/1944	09/16/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KATHLEEN RODRIGUEZ - WIFE 611 EMERALD AVE.#C EL CAJON, CA 92020 (479)

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	[signature]	09/17/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/24/2002 J. JOHNSON	▶ 2215438

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Enriquez	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot a trust

Date 9-25-02

554

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

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

Church, Chapel, Graveside ; MERKLEY MITCHELL SCOTT Mortuary.

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

✓ Lot 78 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55563	1664.73
Balance due	0

PAID

OCT 3 1 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

X See attached
Signature

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

_____
Signature of recorded holder of deed

X 761 MILL HILL RD
Address

X RICHMOND HILLS GEORGIA
City

X 31324
Zip Code

Telephone

Invoice # _____

Work Order # E 17337

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Set a Trust

Date 9-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~AMELIA POPPELL~~ Eula Crouthamel

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

Church, Chapel, Graveside _____ ; MERKLEY MITCHELL SCOTT Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 78 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

X Amelia Poppell
Signature

X 761 MILL HILL RD
Address

X RICHMOND HILL GEORGIA
City

X 912-727-2080 31324
Telephone Zip Code

Invoice # _____

Work Order # E 17337

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
Contract Entry Verification
10/31/2002

E-17331

Contract Number: E-17337-F

Contract Date: 09/25/2002
Purchaser: Poppell, Amelia
761 Mill Hill Road
Richmond Hills ,GA 31324
Purchaser Number: 554 /
Phone: 912-727-2080
Child Prot:N
Beneficiary:

Counselors: 3 SUE SHACKELTON

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

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		78	12	A

Mt Hope Cemetery
Contract Entry Verification
E-17337

10/31/2002

Contract Number: E-17337-F

Contract Date: 09/25/2002
Purchaser: Poppell, Amelia
761 Mill Hill Road
Richmond Hills ,GA 31324

Purchaser Number: 554 /
Phone: 912-727-2080
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,650.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,664.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,664.73 -	DATE FIRST PAYMENT DUE	11/30/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	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: _____

E- 17337

Mt Hope Cemetery
Agreement Confirmation
10/31/2002

Agreement Number: E-17337-F

Agreement Date: 09/25/2002

Purchaser: Poppell, Amelia
761 Mill Hill Road
Richmond Hills ,GA 31324

Purchaser Number: 554 /
Phone: 912-727-2080
Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

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

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		78	12	A

BASE PRICE	1,650.00
SALES TAX	14.73
TOTAL CASH PRICE	1,664.73
TOTAL DOWNPAYMENT	1,664.73 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,664.73
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	11/30/2002
PAYMENT PLAN	MONTHLY

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

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED TRUST

Date 9-24-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DORSADAF BANDEGAN 555

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 138 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID 450.00

Burial Container ..... _____

Handling Fees ..... SEP 24 2002 _____

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY _____

Recording and filing fee ..... CITY OF SAN DIEGO, C. 45.00

Sales taxes 6.20

Total Due 501.20

Paid receipt number R-55432 501.20

Balance due _____

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

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

_____
Signature of recorded holder of deed

Signature 11725 AVE SIVRITA

Address SAN DIEGO 92128

City Zip Code

487-7006

Telephone

Invoice # _____

Work Order # E 17338

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Pre-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-24-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

158, 159, 160 MUSLIM

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

Grave space & Care Fund ..... 3 LOTS AT 550 ..... 1650.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... PAID ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

SEP 2 9 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 1650.00

Paid receipt number R-55435 1650.00

Balance due ~~0~~

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17339

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PERRY L. WEST (404)

in a LINER (Type of Burial Container) Funeral, date, time FRI 9-27 1:00

Church, Chapel, Graveside HEATH Mortuary.

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

Lot 112 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – MT. HOPE CEMETERY	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number MIC	1000.00
	664.73
Balance due	0

PAID
SEP 25 2002
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

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

(443) X Gladys M. West
Signature
X 7638 Grove St.
Address
X National City
City Zip Code
X (619) 474-4819 91950
Telephone

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

_____
Signature of recorded holder of deed

S

Invoice # _____

Work Order # E 17340

Acct. # _____

RSA-104 (7-96)

This information is available in alternative formats upon request.

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E 17340

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 more	2 more	3 Booker	4 Hayden	5
		7	X 8	9	10 Villeza	11

Interment space for: Berry West

Interment Date: FRI 9-27 Time: 1:00

Lot: 112 Grave: 8 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 9-25-07

E-17340

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PERRY	LEE	WEST	01/23/1953	09/22/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lincoln Acres	San Diego	Charlotte A. Bass - Daughter 33679 Sherry Street Wildomar CA 92595

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Ave., National City CA 91950	FD 807	▶ Steven D. Heath	09/25/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2002	▶ Nancy L Bowen MD MPH

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED 9-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Kemper	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

on The grave of Charlie Johnson

City of San Diego

Date 9-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHELTON SCARBOROUGH Pin #230022

in a LINER (Type of Burial Container) Funeral, date, time MON SEPT. 30 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 95 Grave 1 Row — Section 14 Division/Block 7

Grave space & Care Fund C-0613	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55437	769.73
Balance due	Ø

PAID

SEP 25 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

Pin 230021

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

Signature of recorded holder of deed

x Alice M. Smith
Signature

x 3490 MINERVA DR.
Address

x SAN DIEGO 92114
City Zip Code

x (619) 264-7173
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17341

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

on the grave

E 17341

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.

				Lot 94 grave 3		
				↓		
		2 GANTT	1 X	3 NO MARKER.		

Interment space for: SHELTON SCARBOROUGH

Interment Date: 9-30-02 Time: 1:00

Lot: 95 Grave: 1 Row: — Sect: 14 Div: 7

Grave Laid out by: NF CHuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 9-27-03

Jones
Morris
Pressley
Epps
Coleman

E-17341

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHELTON	-	SCARBOROUGH	05/23/1912	09/23/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	ALICE SMITH, SISTER 7400 MINERVA DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [illegible]	09/24/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/2002 B. CAMPBELL	▶ Nancy L. Bowen MD

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER, OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Julia S. Calhoun

In a D.D. Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Lot 94 Grave 2 Row — Section 14 Division/Block 7

Grave space & Care Fund	0
Additional spaces and care fund	0
Opening/Closing & Setup 2 @ $375.00	750.00
Burial Container	375.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 2 @ $45.00	90.00
Sales taxes	29.45
Total Due	1569.45
Paid receipt number R-55438	392.36
Balance due	1,177.09

Paid in full June 2, 03 1st Burial only

Jan. 02, 2003
Family pd in full for 1st Burial only, Family still owes $420.00 for 2nd Burial

pd IN Full FOR 2nd Burial R-00354 6-21-06

Balance 0

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

Julia S Calhoun
Signature

227 N. Pardee St.
Address

S.D. CA. 92102
City Zip Code

Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 17342

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

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Pin # 229444 Phone # (213) 897-6392 E-17342

Calhoun, Julia S. 227 N. Pardee St. San Diego, Ca. 92102

DIV 7 SECTION 14 LOT 94 GRAVE 2

		debit	Credit	Balance
09-25-02	Opened Pre-Need Trust Account with 25%			$1,569.45
	down for DD Crypt on 1st & 2nd Burial		$392.36	$1,177.09
11-21-02	R-55642 Payment Coupon # 1		$98.00	$1,079.09
01-02-03	R-55774 Pd in full for trust on 1st Burial only		$659.09	$420.00
	Family will be using 1st Burial on E-17529			
	Family still owes a balance on 2nd Burial			
	of $420.00	2002 Prices are		
	O/C on 2nd Burial is $375.00	Still owed		
	R/F on 2nd Burial is $45.00	$420.00		
	Family needs to continue on payments of 2nd Burial			

2002 FEES

O/C - - - - - - 375 1st Burial

DD Crypt - - - - 380 1st Burial

Rec fee - - - - 45 1st Burial

R/F - - - - - - 320 1st Burial

1540.00

Tax - - - - - - - 29.45 Tax 1st Burial

1,569.45

~~320~~
~~45~~
~~365~~

375 - - - 2nd Burial O/C

45 - - 2nd Burial R/F

420 Balance owed

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55774

Date: Jan 2 , 20 02

From: Julia Calhoun Address: 227 N. Pardee st. SD 92102

Six Hundred Fifty Nine & 09/100 Dollars ($ 659.09)

in Full Payment of Interment of Thelma Gantt

Lot 94 Grave 24 Row Section 14 ~~Division~~ Block 7

Invoice No. E 17342-1
E 17529

Acct. No.

W.O.

BALANCE DUE —0—

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1480

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

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	659	09
Sales Tax	60101		
	78390		
TOTAL PAID	$	659	09

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55642

Date: 11 -21 , 2002

From: Julia Calhoun Address: On record

Ninety-Eight 00 Dollars ($ 98.00)

in part Payment of Pre-need trust account for Julia S. Calhoun

Lot 94 Grave 2 Row Section 14 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-17342

BALANCE DUE $ 1,079.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2490

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

ISSUED BY P. Crawford

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	98.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	98.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00354

Date: 6-21-06 , 20 06

From: Julia Calhoun Address: 227 N. Pardee ST S.D. CA. 92102

Four hundred & twenty dollars 00/100 Dollars ($ 420.00)

in Full Payment of Pre-need FOR 2nd Burial

Div 7 Sec 14 Blk/Row Lot 94 Grave 2

Invoice No. E-17342

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#2777 ☒ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JUN 21 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	420	00
Trust	77186		
TOTAL PAID		$ 420	00

JULIA S. CALHOUN
227 N PARDEE STREET
SAN DIEGO, CA 92102

90-4257/1222
0898236963

2777

DATE 6/21/06

PAY TO THE ORDER OF Mt Hope Cemetery $ 420.00

Four Hundred Twenty 00/100 DOLLARS

NEIGHBORHOOD NATIONAL BANK 619-239-3360 3511 NATIONAL AVENUE SAN DIEGO, CA 92113-3113

MEMO Cemetery plot

Julia Calhoun

THE CITY OF SAN DIEGO

June 16, 2006

Julia S. Calhoun
227 N. Pardee St.
San Diego, Ca. 92102

Reference: E-17342

Dear Ms. Calhoun

Mt. Hope records indicate on the Interment of Ms. Thelma Gantt E-17529, the trust on the first burial has been paid in full. Payments on the second burial were to continue. Mt. Hope Cemetery has not received any payments for the second burial. Your balance still owed is $420.00.

The price for the second burial was from 2002. Our prices have increased since then. Resident price on second burial is $598.00 and Non Resident price is $793.00.

Mt. Hope cemetery will honor your 2002 price of $420.00 if payments start within 10 days. If you choose to wait you will be charge the current price of Interment at the time of your service.

Any questions you may have, please contact our office 619. 527-3400.

Mt. Hope Cemetery Manager

David Lugo

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Pin # 229444 Phone # (213) 897-6392 E-17342

Calhoun, Julia S. 227 N. Pardee St. San Diego, Ca. 92102

DIV 7 SECTION 14 LOT 94 GRAVE 2		debit	Credit	Balance
09-25-02	Opened Pre-Need Trust Account with 25%			$1,569.45
	down for DD Crypt on 1st & 2nd Burial		$392.36	$1,177.09
11-21-02	R-55642 Payment Coupon # 1		$98.00	$1,079.09
01-02-03	R-55774 Pd in full for trust on 1st Burial only		$659.09	$420.00
	Family will be using 1st Burial on E-17529			
	Family still owes a balance on 2nd Burial			
	of $420.00			
	O/C on 2nd Burial is $375.00	2002 Prices are		
	R/F on 2nd Burial is $45.00	Still owes $420.00		
	Family needs to continue on payments of 2nd Burial			
6-21-06	P-00354 pd IN Full FOR 2nd Burial		$420.00	0
	Balance 0 E-19789			

PAID
JUN 21 2006
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55438

Date: Sept. 25, 20 02

From: Julia S. Calhoun Address: 227 N. Pardee St., S.D. CA 92102

Three Hundred Ninety Two and 36 — Dollars ($ 392.36)

In part Payment of pre-need trust acct, 25% down payment

Lot 94 Grave 2 Row Section 14 Division Block 7

Invoice No.

Acct. No.

W.O. E-17342

BALANCE DUE $ 1,177.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2082

AC-212 (Rev. 5-94)

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

ISSUED BY Pauline

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust 77186	63033 ~~9022~~	392	36
Sales Tax	60101 78390		
TOTAL PAID	$	392	36

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Julia S. Calhoun

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 94 Grave 2 Row — Section 14 Division/~~Block~~ 7

Grave space & Care Fund		0
Additional spaces and care fund		0
Opening/Closing & Setup	2 @ $375.00	750.00
Burial Container		375.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording and filing fee	2 @ $45.00	90.00
Sales taxes		29.46
	Total Due	1569.45
	Paid receipt number R-55438	392.36
	Balance due	1,177.09

Paid in full for 1st burial only

Jan. 02, 2003
Family pd in full for 1st Burial only, Family still owes $420.00 for 2nd Burial

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

Julia S Calhoun
Signature

227 N. Pardee St.
Address

S.D. CA. 92102
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17342

Paid in full for second burial 6/21/2006 E-19789

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Ack mud 1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/03

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

In a Double Deep (Type of Burial Container) Funeral, date, time Wed 1/8 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 94 Grave 2A Row _____ Section 14 Division/Block 7

Grave space & Care Fund C 0613 - 0

Additional spaces and care fund

* Opening/Closing & Setup R. 55438 PAID E 17342 - 0

Burial Container R. 55642 JAN 03 2003 264.64

Handling Fees 320 -

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

Recording and filing fee 45 -

Sales taxes 29.45

was pre need trust only

Total Due 659.09

Paid receipt number R 55774 659.09

Interfund XFer 1/10/03 2002

Balance due 0

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

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

Signature of recorded holder of deed

Pam

X Julia Calhoun
Signature

X 227 No. Pardee St.
Address

X San Diego Ca 92102
City Zip Code

X (619) 239-6775
Telephone

Invoice # _____

Work Order # E 17529

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55774

Date: Jan 2, 20 02

From: Julia Calhoun Address: 227 N. Pardee St. SD 92102

Six Hundred Fifty Nine & 09/100 Dollars ($ 659.09)

in Full Payment of Interment of Thelma Garitt

Lot 94 Grave 2A Row Section 14 Division/Block 7

Invoice No. E 17342 - 1
E 17529

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐ 1480

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

ISSUED BY Pam Hotzel

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	659 09
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	659 09

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55438

Date: Sept. 25, 20 02

From: Julia S. Calhoun Address: 227 N. Pardee St., S.D. CA 92102

Three Hundred Ninety Two and 36 — Dollars ($ 392.36)

In part Payment of pre-need trust acct, 25% down payment

Lot 94 Grave 2 Row ____ Section 14 Division Block 7

Invoice No. ____

Acct. No. ____

W.O. E-17342

BALANCE DUE $ 1,177.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☒ 2082

AC-212 (Rev. 5-94)

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

ISSUED BY Pauline

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	392	36
Trust 77186	9022		
Sales Tax	60101		
	75390		
TOTAL PAID	$	392	36

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55642

Date: 11-21, 20 02

From: Julia Calhoun Address: On record

Ninety-Eight 00 — Dollars ($ 98.00)

In part Payment of Pre-need trust account for Julia S. Calhoun

Lot 94 Grave 2 Row ____ Section 14 Division Block 7

Invoice No. ____

Acct. No. ____

W.O. E-17342

BALANCE DUE $ 1,079.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2490

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

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

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	98	00
Trust	77186		
Sales Tax	60101		
	75390		
TOTAL PAID	$	98	00

Pin # 229444 Phone # (213) 897-6392 E-17342

Calhoun, Julia S. 227 N. Pardee St. San Diego, Ca. 92102

DIV 7 SECTION 14 LOT 94 GRAVE 2		debit	Credit	Balance
09-25-02	Opened Pre-Need Trust Account with 25%			$1,569.45
	down for DD Crypt on 1st & 2nd Burial		$392.36	$1,177.09
11-21-02	R-55642 Payment Coupon # 1		$98.00	$1,079.09
01-02-03	R-55774 Pd in full for trust on 1st Burial only		$659.09	$420.00
	Family will be using 1st Burial on E-17529			
	Family still owes a balance on 2nd Burial			
	of $420.00	2002 Prices are		
	O/C on 2nd Burial is $375.00	Still owed		
	R/F on 2nd Burial is $45.00	$420.00		
	Family needs to continue on payments of 2nd Burial			

OK by MFD 6/21/06
2nd Burial
Pre-Need
PAID IN Full

per Maria Dorensky

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-17342

Date 6-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Calhoun #229444

in a DD Crypt B (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary

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

Division 7 Section 14 Blk/Row Lot 94 Grave 2

Grave space & Care Fund E-17342	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$ 375.00
Burial Container DD "B"	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 45.00
Sales taxes	0
Total Due	$ 420.00
Paid receipt number P-00354	$ 420.00
Balance due	0

PAID JUN 21 2006 MOUNT HOPE

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

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

Julia Calhoun X
Signature

X Julia Calhoun
Print Name
X 227 N. Pardee St.
Address
X San Diego Ca. 92102
City Zip Code
X (619) 239-6775
Telephone

Invoice # _____

Work Order # E-19789

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00354

Date: 6-21-06, 20 06

From: Julia Calhoun Address: 227 N. Pardee ST S.D. CA. 92102

Seven hundred & twenty dollars 00/100 Dollars ($ 420.00)

in Full Payment of Pre-Need For 2nd Burial

Div 7 Sec 14 Blk/Row Lot 94 Grave 2

Invoice No. E-17342

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
#2777 ☑ Check

AC-212 (11-05)
This information is available in alternative formats upon request.

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

PAID JUN 21 2006 MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT		
20% Sales Care	67007	420 00
Pre-Need Trust	77184	
	83033	
	77186	
TOTAL PAID		$ 420 00

THE CITY OF SAN DIEGO

E 17342

June 16, 2006

Julia S. Calhoun
227 N. Pardee St.
San Diego, Ca. 92102

Reference: E-17342

Dear Ms. Calhoun

Mt. Hope records indicate on the Interment of Ms. Thelma Gantt E-17529, the trust on the first burial has been paid in full. Payments on the second burial were to continue. Mt. Hope Cemetery has not received any payments for the second burial. Your balance still owed is $420.00.

The price for the second burial was from 2002. Our prices have increased since then. Resident price on second burial is $598.00 and Non Resident price is $793.00.

Mt. Hope cemetery will honor your 2002 price of $420.00 if payments start within 10 days. If you choose to wait you will be charge the current price of Interment at the time of your service. 6/16/2006

Any questions you may have, please contact our office 619. 527-3400.

Mt. Hope Cemetery Manager

David Lugo

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

on the grave of Angela M. Epperly ASHES center " top

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Epperly 499

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED'S OCT. 2, 2002 11:00 AM

Church, Chapel, Graveside CABURIAL Mortuary Jeanette

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

will be applied and billed to undersigned. _____

✓ Lot 102 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	E-15035	0
Additional spaces and care fund	PAID	—
Opening/Closing & Setup		105.00
Burial Container	SEP 30 2002	55.00
Handling Fees	MT. HOPE CEMETARY	60.00
Flower vases – Marker setting fee	CITY OF SAN DIEGO, CA	—
Recording and filing fee		45.00
Sales taxes		4.26
Total Due		269.26
Paid receipt number	R-55450	269.26
Balance due		0

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

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

495

Signature of recorded holder of deed

A M Epperly
Signature

716 68th St
Address

San Diego CA 92114
City Zip Code

619-255-8717
Telephone

Invoice # _____

Work Order # E 17343

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

on the grave of Angela M. Epperly

E 17343

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 TERRY	4 X	5 X	6 X			
X	X	11 DANIELS	12 LOWSMITH			

Interment space for: William Epperly

Interment Date: OCT 2, 2002 WEDS Time: 11:00

Lot: 108 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: N F CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-2-02

E-17343

56

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	C.	EPPERLY	09/23/1946	09/24/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	SONIA EPPERLY-DAUGHTER 12910 S.E. 240TH ST. # H-1 KENT, WASHINGTON 98031

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SANDIEGO, CA 92105	F-1357	▶ [signature]	09/30/2002

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$7.00	09/30/2002 J.BENNARD	▶ 2215820

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY [redacted].HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-02-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 10/1/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09/27/02

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

In a _____ (Type of Burial Container) Funeral, date, time 10/3/02 11:30

Church, Chapel, Graveside _____ ; Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1717 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	270.00
Paid receipt number R-55445	270.00
Balance due	0

PAID

SEP 27 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

Guillermo SABINO
Signature

4078 39th Apt 2
Address

San Diego Ca 92105
City Zip Code

(619) 641-9224
Telephone

S

Work Order # E 17344

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 17344

1 day

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KARINA	-	SABINO	09/25/2002	09/25/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	GUILLERMO SABINO - FATHER 4078 39TH ST, #2 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶ Pauline Valentine	09/30/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

8A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/01/2002 P VALENTINE	2215918 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 10 3 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F Lamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (489) Johnny BATES

in a LINER (Type of Burial Container) Funeral, date, time THURS. OCT. 3 11:00AM

Church, Chapel, Graveside _____ ; Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Lot 55 Grave 5 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.70
Total Due	1664.70
Paid receipt number R-55444	1664.70
Balance due	Ø

PAID

SEP 27 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

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

_____
Signature of recorded holder of deed

Mary Bates (489)
Signature
2720 E. 2nd St.
Address
National City Ca.
City Zip Code
475-4478
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17345

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17345

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 Allen	B X	L. Jones Sophie		

Interment space for: Johnny Bates

Interment Date: Thurs OCT 3rd Time: 11:00

Lot: 55 Grave: 5 Row: — Sect: 1 Div: 12

Grave Laid out by: N F Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No (Flag on Grave)

Blind Check & Verified By: DARREYL Date: 9-30-02

E 17345

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNIE	B.	BATES	04/12/1924	09/25/2002	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY BATES - WIFE 2520 E. 2ND ST. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
FUNERARIA AZTLAN 7856 LA MESA BLVD., LA MESA, CA 91941	FD-1658

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Nancy Lopez	10/01/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	NANCY LOPEZ 10/01/2002	2215879 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 921[illegible]-5222	11B. DATE BURIED 10.3.02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kum F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 506 Sharon Russell

in a LINER (Type of Burial Container) Funeral, date, time Oct 4th 11:00 - FRIDAY

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

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

will be applied and billed to undersigned. _____

Lot 89 Grave 10 Row — Section 2 Division ~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55467	1664.73
Balance due	0

PAID

OCT 02 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

S.D. memorial to bring check

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

S

Work Order # E 17346

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-02

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

in a LINER (Type of Burial Container) Funeral, date, time Oct 4th 11:00 - Friday

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

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

Lot 89 Grave 10 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Market setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73

SD memorial to bring check

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Jeffrey B. Johnson
Signature

Address 2441 University 92104
City Zip Code

619-692-3890
Telephone

Invoice # _____

Work Order # E 17346

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E 17346

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		9 Stevens	10 X	11 Heitman		
			Gibson	Tree		

Interment space for: Sharon Russell

Interment Date: FRIDAY OCT 4TH Time: 11:00 Chuck

Lot: 89 Grave: 10 Row: — Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 10-2-02

E-17346

506

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHARON	DENISE	RUSSELL	02/03/1973	09/26/2002	F

5A. CITY OF DEATH: NORTH LAS VEGAS

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: WILLIE L RUSSELL-FATHER, 6153 NEW CASTLE PL, SAN DIEGO CA 92114

505

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVE SAN DIEGO CA 92104

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Rosa Nava

8B. DATE SIGNED: 10/03/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 10/03/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2216066 ROSA NAVA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: –

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED: 10-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E - 17346

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

LOCAL FILE NUMBER | STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First: Sharon Middle: Denise Last: RUSSELL
2. DATE OF DEATH (Month, Day, Year): September 26, 2002
3a. COUNTY OF DEATH: Clark
3b. CITY, TOWN OR LOCATION OF DEATH: North Las Vegas
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Lake Mead Hospital Medical Center
3d. If Hosp. or Inst. indicate DOA, OP/Emer, Pro, Inpatient (Specify): Inpatient
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): Black
6. Was Decedent of Hispanic Origin? Specify (Y) yes (N) no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR: MOS: DAYS:
7c. UNDER 1 DAY: HOURS: MINS:
8. DATE OF BIRTH (Mo., Day, Yr.): February 3, 1973
9a. STATE OF BIRTH (If not U.S.A., name country): California
9b. CITIZEN OF WHAT COUNTRY: USA
10. Decedent's Education—Specify highest grade completed: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
12. SURVIVING SPOUSE (If wife, give maiden name):
13. SOCIAL SECURITY NUMBER: 260-06-5753
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist
14b. KIND OF BUSINESS OR INDUSTRY: Temporary Service
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 4000E. Bonanza #245
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

If death occurred in institution see handbook regarding completion of residence items

PARENTS

16. FATHER—NAME First: Willie Middle: Lewis Last: Russell
17. MOTHER—MAIDEN NAME First: Deborah Middle: Last: Faulk
18a. INFORMANT—NAME (Type or Print): Willie Russell
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 6153 New Castle Place, San Diego, CA 92114

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal / Burial
19b. CEMETERY OR CREMATORY—NAME: Mt. Hope Cemetery
19c. LOCATION City or Town State: San Diego, California
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Virginia L. Embry
20b. FUNERAL DIRECTOR LICENSE NUMBER: 41
20c. NAME AND ADDRESS OF FACILITY: NV Funeral Service-NV Cremation or Burial Society 2983 Fremont St., Las Vegas, NV 89104

CERTIFIER

To be completed by CERTIFYING PHYSICIAN
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.): 10/1/02
21c. HOUR OF DEATH: 12:38PM
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Suresh M. Khilnani, M.D. 2031 McDaniel #150 North Las Vegas, NV 89030
23b. LICENSE NUMBER: 6268

CAUSE OF DEATH

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

24a. REGISTRAR (Signature): Kathie Gravelle
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 01 2002
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☑

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a)
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b)
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

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

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

(Name of Cemetery or Crematory) _____ No. 224674

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

BURIAL PERMIT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucio ~~Lucille~~ Galvan (492)

in a T.S. Vault (Type of Burial Container) Funeral, date, time TUES. OCTOBER 1, 10:00

Church, Chapel, Graveside _____ ; Guadalajara Mortuary.

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

will be applied and billed to undersigned. _____

Lot 128 Grave 11 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55447	1769.38
Balance due	0

PAID
SEP 27 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

S

Work Order # E 17347

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17347

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 Gutierrez	3	4 Garza	5 Stevens			
			11 X			

Interment space for: LUCILLE Galvan

Interment Date: OCT 1, 2002 Time: 10:00

Lot: 128 Grave: 11 Row: — Sect: 2 Div: 12

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-1-02

E-17347

37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCIO	-	GALVAN	09/19/1965	09/26/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	OFELIA GALVAN-WIFE 1319 MCKINLEY AVE. ESCONDIDO, CA. 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	Selene Chaves	09/30/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 09/30/2002	2215790

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 10-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kem F. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-02

498

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

In a LINER (Type of Burial Container) Funeral, date, time OCT 2nd Wed 12:00 NOON

Church, Chapel, Graveside : BAYVIEW (ED) Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4 Grave 1 Row _____ Section MAS Division/Block J

Grave space & Care Fund	PAID	1595.00
Additional spaces and care fund		
Opening/Closing & Setup	SEP 30 2002	375.00
Burial Container		190.00
Handling Fees	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		2364.73
Paid receipt number R-55452		2364.73
Balance due		Ø

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

Maria Romo 496

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

Signature of recorded holder of deed

Mª Guadalupe Romo
Signature

144 Jamacha Ln
Address

Spring Valley CA 91977
City Zip Code

(619) 4697080
Telephone

5

Invoice # _____

Work Order # E 17348

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-17348

GRAVE BLIND CHECK FORM

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

			1 X	2 X	3 STACY	4 Brewer

Interment space for: HELIRED ROMO

Interment Date: OCT 2 WEDS Time: 12:00 NOON

Lot: 4 Grave: 1 Row: ____ Sect: MAS Div: J

Grave Laid out by: NF CHuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARREYL Date: 10-2-02

E-17348

42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HILARIO	GARCIA	ROMO	02/28/1960	09/30/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARIA ROMO - WIFE 1144 JAMACHA LANE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL SERV. 815 THIRD AVE #315-B, CHULA VISTA, CA 91911	FD-1713	▶	10/01/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/01/2002 R,MARTINEZ	2215908 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10 2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Mt Hope Cemetery
Contract Entry Verification
10/04/2002

E- 17348

Contract Number: E-17348-A

Contract Date: 09/30/2002
Purchaser: Romo, Maria
1144 Jamacha Ln
Spring Valley ,CA 91977
Beneficiary: Romo, Hilario Garcia

Purchaser Number: 496 /
Phone: 619-469-7080
Child Prot: N

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Masonic	1595.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Masonic	J		4	1	A

E-17348

Mt Hope Cemetery
Contract Entry Verification
10/04/2002

Contract Number: E-17348-A

Contract Date: 09/30/2002
Purchaser: Romo, Maria
1144 Jamacha Ln
Spring Valley ,CA 91977
Beneficiary: Romo, Hilario Garcia

Purchaser Number: 496 /
Phone: 619-469-7080
Child Prot: N

Counselors: 4 PAULETTE CRAWFORD

BASE PRICE	2,350.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	2,364.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	2,364.73 -	DATE FIRST PAYMENT DUE	11/04/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	2,364.73		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	319.00	
R S	Equity	1,959.00	
A	Interest	0.00	
R S	Tax Recovery	14.73	
R S	Cost of Goods	72.00	
R V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOP ~~1st~~ BURIAL of D.D. ASHES to be PLACED IN CASKET.

Date 9-30-02

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

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 10-2 11:00

Church, Chapel, Graveside ; HALLEY, OLSON, MURPHY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3745 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-need E-9910	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	~~0~~
Burial Container	~~0~~
Handling Fees	~~0~~
Flower vases – Marker setting fee	
Recording and filing fee ..... Interfund Transfer 10-3-02	~~0~~
Sales taxes	~~0~~
Total Due	~~0~~
Paid receipt number _____	
Balance due _____	

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

661 940-9680

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17349

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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LEROY HALLEY
661 942-1139

Tex
661 723-5587

E 17349

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

MORTUARY TO PLACE ASHES IN CASKET AFTER FAMILY LEAVES'						
3742 MURILLO	3743 FOWLER	3744	3745 X	3746 KUHNER	3747 KUHNER	3748 BISHOP

Interment space for: FLORA LION

Interment Date: WED 10-2 Time: 11:00

Lot: 3745 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 10-1-02

E- 17349

3745 1-23-92: W.O. # 9910, Pre-Need **PAID-IN-FULL** for Robert & Flora Lion for: Double Depth Crypt; two (2) O/C; Handling Fees two (2) Recording/Filing; tax on Crypt. 07-18-01 Letter on file re: upon death of wife, Flora, Robert's ashes to be placed in casket, and interred top vault; bottom vault never to be utilized. NOTE: Mortuary is responsible for opening casket; not Mt. Burial Cem.

3746

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3756 **Pre-need opening/closing charges of $23.00 paid. W.O. C-5317**

July 18, 2001

Mt. Hope Cemetery
3751 Market St
San Diego, California

To Whom It May Concern:

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

Sincerely,

Robert S. Lion
Son

E-17349

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLORA	SAMUELIAN	LION	01/08/1909	09/28/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LANCASTER	LOS ANGELES	ROBERT S LION, SON 44645 12TH STREET EAST LANCASTER, CA 93535

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HALLEY-OLSEN-MURPHY MEMORIAL CHAPEL LANCASTER, CA	FD1067	▶ Valerie DePuis	09/30/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/30/2002	▶ 4261626 Valerie DePuis

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N FIGUEROA STREET LOS ANGELES, CA 90012	P O BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 10-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jensen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER* OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Grave of Leroy Hunter
Top center

Date 9-30-02

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUE 10-8 AYD

Church, Chapel, Graveside _____ ; EL CAJON Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2501 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need C-6695	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55453	269.26
Balance due	0

PAID
SEP 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

X [signature]
Signature

X 10581 Rancho Rd
Address

X La Mesa, Ca. 91941
City Zip Code

X 619-670-7159
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17350

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17350

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	other Top Center					
2498	2499 WALKER	2500	2501 X Hunter	2502 BELT	2503 BELT	2504 COLLIN

Interment space for: HELEN HUNTER

Interment Date: Tue 10-8 Time: AYD

Lot: 2501 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF CHuck

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/8/02

E 17350

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	ALICE	HUNTER	07/04/1914	09/25/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GENE POWERS-SON 10581 RANCHO RD LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020	FD-1022

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

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Jackie Kozica

8B. DATE SIGNED: 09/30/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/30/2002	2215803 JACKIE KOZICA ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 10-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 10/3/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S. W. Shook	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-02

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

in a LINER (Type of Burial Container) Funeral, date, time MON. OCT 7th 1:00

Church, Chapel Graveside LEGGETT/KING 562-591-8791 Mortuary L.A.

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

will be applied and billed to undersigned. _____

Lot 77 Grave 8 Row — Section 2 Division/Block 12

Grave space & Care Fund E-13589	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees ..... PAID	145.00
Flower vases – Marker setting fee	—
Recording and filing fee ..... OCT 04 2002	45.00
Sales taxes	14.73
MT. HOPE CEMETARY CITY OF SAN DIEGO Total Due	769.73
Paid receipt number R-58473	769.73
Balance due	0

James Peace
Fax 562-591-7751

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17351

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 17351

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			8 X	9 DAVIS	10 X	11 X 12 JOHN-SON

Interment space for: CHARLOTTE DAUE

Interment Date: 10-7-02 Time: 1:00

Lot: 77 Grave: 8 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NP CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 10/04/02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-02

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

In a LINER (Type of Burial Container) Funeral, date, time MON. OCT 7th 1:00

Church, Chapel, Graveside LEGLETT/KING Mortuary. 562-591-8991 L.A.

All Funeral cars must arrive before 8:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 77 Grave 8 Row — Section 2 Division/Block 12

Grave space & Care Fund E-13589	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number	
Balance due	

James Peace
Fax 562-591-7751

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.

✓ Myrtle J. Davis
Signature of recorded owner of deed

✓ Myrtle J. Davis
Signature
2616 Billings St.
Address
Compton, Ca. 90220
City Zip Code
(310) 603-2293
Telephone

Work Order # E 17351

Invoice # _____

Acct. # _____

RSA-104 (7-98)

This information is available in alternative formats upon request.

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E-17351

35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHARLOTTE	DENISE	DAVE	05/17/1967	09/25/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARSON	LOS ANGELES	MYRTLE J. DAVIS-MOTHER 2616 W. BILLINGS ST. COMPTON, CALIF. 90220

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEGGETT & KING FUNERAL HOME-1870 ATLANTIC AVE., LONG BEACH, CALIF.	FD1340	▶ [illegible]	10/02/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	10/04/2002	▶ Thomas G. [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
LOS ANGELES COUNTY HEALTH DEPT. 313 N. FIGUEROA ST.,LOS ANGELES,CA.	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET ST, SAN DIEGO, CALIF. 92102	11B. DATE BURIED 10-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-02

504 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CORNELL MCDANIELS SR.

in a D.D. CRYPT (B) Type of Burial Container Funeral, date, time FRI. OCT. 4th 2002 10:00 TAHAITI

Church, Chapel, Graveside _____ OCEANSIDE (619) 262-1355 Mortuary.

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

Lot 198 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup 2 at 375	750.00
Burial Container	380.00
Handling Fees PAID	320.00
Flower vases – Marker setting fee	
Recording and filing fee 2 at 45	90.00
Sales tax MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	29.45
Total Due	2464.45
Paid receipt number M/C	2464.45
Balance due	0

OCT 01 2002

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

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

_____
Signature of recorded holder of deed

X Barbara McDaniels 503
Signature

X 115 South Clementine St 413
Address

X Oceanside CA 92054
City Zip Code

X (760) 757-9671
Telephone

Work Order # E 17352

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17352

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.

Li Geff	1	2	3	4	5	6 Govan
	7	8	198 X 9	10	11	12

Interment space for: CORNELL McDANIELS

Interment Date: FRI 10-4 Time: 10:00

Lot: 198 Grave: 9 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF KEN

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-2-02

E 17352

70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cornell	-	Mc Daniels Sr.	06/25/1932	09/28/2002	M

5A. CITY OF DEATH: Oceanside

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Barbara Mc Daniels, Wife
115 S. Clementine St. #413
Oceanside, CA. 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
Oceanside Mortuary 602 S. Coast Hwy
Oceanside, CA. 92054

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-253

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

8A. SIGNATURE OF APPLICANT—Person taking control: ▶ Jean McKendall

8B. DATE SIGNED: 10/01/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: J.Kendall 10/01/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 22158888 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA:
PO BOX 85222
San Diego, CA. 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market Street San Diego, CA. 92102	11B. DATE BURIED: 10-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Edward Moch (486)

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 168 Grave 1 Row _____ Section 1 Division/Block 71

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55458	416.00
Balance due	1,248.73

PAID
JUN 02 2004
MOUNT HOPE CEMETERY

25% Dep

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

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

_____
Signature of recorded holder of deed

x Charles Edward Moch (486)
Signature
904 State Street Apt #1203
Address
x San Diego, CA. 92101-6048
City Zip Code
(619) 230-2525
Telephone

Invoice # _____

Work Order # E 17353

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17353

(486)

MOCH, CHARLES EDWARD 904 State St., Apt. #1203, S.D. CA 92101-6043 (619) 230-1915

		DEBIT	CREDIT	BALANCE
10-01-02	Opened Pre-need Lot & Trust Account. Trust includes: Opening/Closing, Burial Container, Handling Fees, Recording/filing Fee and Sales Tax on the Liner. 25% down payment R-55458. LOT 168 GRAVE 1 SEC 1 DIVISION 11	895.00		895.00
		769.73		1664.73
10-1	R-55458		416.00	1248.73
11-6	Coupon #1 R-55583		52.00	1196.73
12-4-02	R-55690 #2		52.00	1144.73
1-7-03	R-55792 3		52.00	1092.73
2-3 03	R55875 4		52.00	1040.73
3-4-03	R55975 5		52.00	988.73
4-4 03	R56101 6		52.00	936.73
5-2 03	R56188 7		52.00	884.73
6-4 03	56317 8		52.00	832.73
7-11-03	56480 9		52.00	780.73
8-5 03	56550 10		52.00	728.73
9-4-03	R-56641 11		52.00	676.73
10-8 03	56772 12		52.00	624.73
11-7 03	56871 13		52.00	572.73
12-9 03	56989 14		52.00	520.73
1-8 04	57070 15		52.00	468.73

PAID

JUN 0 1 2004

MOUNT HOPE CEMETERY

rem. to trust

E-17353 MOCH, CHARLES EDWARD

over

		rec. to trust		Balance		468 73
2-9	of	57193	#16		52 —	416 [redacted]
3-8	of	57295	17		52 —	364 73
4-7	of	57445	18		52 —	312 73
5-5	of	57516	19		52 —	260 73
6-1	of	57609	20-24		260 73	— 0 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55583

Date: 11-6-02, 20

From: Charles Mock Address: 904 State St Apt 1203 San Diego 92101

Fifty two Dollars ($ 52.00)

In part Payment of Pre-need Lot & trust

Lot 168 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-17353

BALANCE DUE 1220.73

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

AC-212 (Rev. 5-94)

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

PAID

NOV 06 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY J Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 00
Opening/ Closing	100 77181	
Burial Containers	100 77162	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77163	
Pre-Need Trust 77186	63033 9922	
Sales Tax	60101 78390	
TOTAL PAID	$	52 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55690

Date: 12-4-02, 20

From: Charles Moch Address: On Record

Fifty two Dollars ($ 52.00)

in part Payment of Pre-need Lot & trust

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-17353

BALANCE DUE 1144.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2528

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

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55792

Date: 1-7-03, 20 ____

From: Charles Moch Address: On Record

Fifty Two Dollars ($ 52.00)

in part Payment of Pre-need Lot - Trust

Lot 168 Grave 1 Row ____ Section 1 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E- 17353

BALANCE DUE 1092-73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2546

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

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55875

Date: Feb. 3, 20 03

From: Charles Moch Address: 904 State st. #1203 S.D. 92101

Fifty two dollars & 00/100 Dollars ($ 52.00)

in part Payment of Pre-need lot & trust

Lot 1108 Grave 1 Row Section 1 Division Block 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 1040.73

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2572

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

FEB 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55975

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 4, 20 03

From: C. Moch Address: 904 State st Ap 1203 SD 92101

Fifty Two & 00/100 Dollars ($ 52.00)

in part Payment of pre need lot & trust

Lot 168 Grave 1 Row Section 1 Division Block 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 988.73

Pre-Need Lot X | At Need | | On Acct | |

Pre-need Trust X | Cash | | Check X

2560

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

PAID

MAR 11 2003

MT. HOPE CEMETAR
CITY OF SAN DIE

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56101

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 4, 20 03

From: Charles Moch Address: 904 State St #1203 SD 92101

Fifty Two dollars & 00/100 Dollars ($ 52.00)

in Part Payment of Pre need lot & trust

Lot 168 Grave 1 Row Section 1 Division Block 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 936.73

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

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

PAID

APR 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pan Hetzel

CREDIT	67007	12	—
20% Sales Care	77184		
80% Sales	100	40	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	—

AC-212 (Rev. 10-02) 2002

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56188

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 2, 20 03

From: Charles Moch Address: 904 State St. #1203 SD 92101

Fyte Two dollars 100/100 Dollars ($ 52 00)

in part Payment of pre need Lot & trust

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 884.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

2417

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

PAID

MAY 0 2 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007	52	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56317

Date: June 4, 20 03

From: Charles Moch Address: 904 State St #1203 SD 92101

Fifty Two dollars & 00/100 Dollars ($ 52.00)

in cash Payment of pre need lot + trust

Lot 168 Grave / Row Section 1 Division ~~Block~~ 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 832.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2036

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

JUN 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007	52	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56480

Date: July 11, 20 03

From Charles Moch Address: on record.

Fifty two Dollars ($ 52.00)

in Payment of Pre-need lot + trust account.

Lot 168 Grave 1 Row Section 1 ~~Block~~ Division 11

Invoice No.

Acct. No.

W.O. E-17353

BALANCE DUE $

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X]

2655

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

JUL 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	52.00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	52.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56550

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug 5, 20 03

From: Charles Moch Address: 904 State St #1203 SD 92101

Fifty Two & 00/100 Dollars ($ 52.00)

In part Payment of pre need lot + trust

Lot 168 Grave 1 Row Section 1 Division Block 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 728.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

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

PAID

AUG 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007	52	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56641

Date: Sept. 4, 20 03

From: Charles Mash Address: on record

Fifty Dollars ($ 52.00)

in part Payment of Pre-need lot + trust.

Lot 168 Grave / Row Section / Division Block 11

Invoice No. E-17353

Acct. No.

W.O.

BALANCE DUE $676.73

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2682

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

PAID

SEP 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	52.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	52.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56772

Date: Oct 8 .20 03

From: Charles Moch Address: 904 State St #1203 SD 92101

Fifty Two Dollars ($ 52.00)

in Paid Payment of pre need

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 624.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2097

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

OCT 08 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56871

Date: Nov. 7, 20 03

From Charles Moch Address: 904 State St #1203 SD 92101

Fifty Two Dollars ($ 52.00)

in Part Payment of pre-need

Lot 168 Grave 1 Row Section 1 ~~Block~~ Division 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 572.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 2717

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

PAID

NOV 07 2003

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

56989

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec-9, 20 03

From: Charles Moch Address: 904 States St # 1203 SD 92101

Dollars ($ 52.00)

in part Payment of pre need

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No. ~~Hof~~ E17353

Acct. No.

W.O.

BALANCE DUE 520.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2783

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

PAID

DEC 0 9 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hotzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57070

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan 8, 20 04

From: Charles Moch Address: 904 States St #1203 SD 92101

Dollars ($ 52.00)

in part Payment of pre-need

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 468.73

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

PAID

JAN 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2725

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

57193

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb 9, 20 04

From: Charles Moch Address: 904 State St. #1203 SD 92101

Dollars ($ 52.00)

in part Payment of pre need

Lot 168 Grave 1 Row Section 1 ~~Block~~ Division 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 416.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 2737

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

PAID

FEB 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57415

MOUNT HOPE CEMETERY
(619) 527-3400

Date: april 7, 20 04

From: Charles Moch Address: 904 State st. #1303 SD 92101

Dollars ($ 52.00)

in part Payment of pre-need

Lot 168 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 312.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2842

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

PAID

APR 07 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	52 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	52 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57295

Date: March 8, 20 04

From: Charles Moch Address: 904 State St. #1203 SD 92101

Dollars ($ 52.00)

in Part Payment of pre need

Lot 1168 Grave Row Section 1 Division Block 11

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE 364.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

2752

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FACE.

PAID

MAR 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57516

Date: May 5, 20 04

From: Charles Moch Address: 904 State St. #1203 SD 92101

Dollars ($ 52.00)

in part Payment of pre-need

Div 11 Sec 1 Blk/Row Lot 168 Grave 1

Invoice No. E17353

Acct. No.

W.O.

BALANCE DUE 260.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

MAY 0 5 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	52	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57609

Date: June 1, 20 04

From: Charles Moch Address: 904 State st #203 SD 92101

Dollars ($ 200.73)

in fuel Payment of pre need

Div 11 Sec 1 Blk/Row Lot 168 Grave 1

Invoice No. E 17353

Acct. No.

W.O.

BALANCE DUE —0—

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2821

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

JUN 01 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	200	73
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	200	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

584-7000

Date 10-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BASILE Benjamin W. ZUKA

in a LINER (Type of Burial Container) Funeral, date, time FRIDAY OCT. 4th 1:00

Church, Chapel, Graveside _____ : Preferred 584-7000 Mortuary. MARK

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

will be applied and billed to undersigned. _____

Lot 63 Grave 12 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fee	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55462	1000.00
R-55471	664.73
Balance due	0

PAID

OCT 03 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MARTUARY to pay by check

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

VALENTINE KIFUMBI

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

Signature of recorded holder of deed

Signature 339 MARCOS ST. #238

Address SAN MARCOS CA 92069

City Zip Code

Telephone

Invoice # _____

Work Order # E 17354

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17354

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

9 Savela	10	11 Davis	12 X			

Interment space for: BASILE BENJAMIN W. ZUKA

Interment Date: OCTOBER 4th Time: 11:00 CHURCH

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

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flag on the Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEY Date: 10-4-02

E-17354

17

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Basile- Benjamin	W.	Zuka	03/10/1985	09/28/2002	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Valentine Kifumbi - Brother (507) 339 Marcos St. #238 San MArcos, CA 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
FunerariA Aztlan 7856 La Mesa Blvd., La Mesa, CA 91941	FD-1658

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Nancy Lopez	10/02/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 7.00	Nancy Lopez 10/02/2002	2216024 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED: 10-4-2	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-1-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1803 Grave — Row — Section — Division/Block 10

Grave space & Care Fund C-8924	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55459	769.73
Balance due	Ø

PAID
OCT 01 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

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

(- OVER - SEE LETTER)

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

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17355

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17355

September 30, 2002

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

RE: Alice Coffin, Lot 1803, Division 10

TO THOM IT MAY CONCERN:

Please find enclosed a check in the amount of $769.73. This is to pre-pay for the above-mentioned plot and liner.

A receipt for this amount would be appreciated. A stamped envelope in also enclosed for your convenience.

If you have any questions, I can be reached at 619-692-5584 (work) or 619-444-3796 (home).

Thank you.

Linda Suarez

Linda Suarez, niece

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot/Trust

Date 10-1-02

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	[illegible]
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17356

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E- 17357 is not included in this spindle

E- 17301 to E- 17399

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-2-02

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

in a LINER (Type of Burial Container) Funeral, date, time TUE 10-8 11:00

Church/ Chapel/ Graveside _____ ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 86 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... PRE-NEED E-11593	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number _____	769.73
Balance due	Ø

PAID

OCT 04 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17358

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17358

GRAVE BLIND CHECK FORM

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

		McCABE 1	JOHN 2	MULKEY 3	4	BOWLEN 5
		McCOY 7	86 X 8	R ALLIANCE 9	JIMENEZ 10	11

Interment space for: CATHERINE ALLINICE

Interment Date: TUE 10-8 Time: 11:00

Lot: 86 Grave: 8 Row: ____ Sect: 3 Div: 12

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/8/02

E-17358

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CATHERINE	-	ALLINICE	10/16/1916	10/01/2002	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY HOWELL-DUNEGHY-DAUGHTER 2102 E. BROADWAY RD. #30 MESA, AZ 85204

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA 92115	F-1357	▶ [signature]	10/03/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/03/2002 J.BENYARD	▶ 2216097

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92115	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER E 17359

City of San Diego

Pre-Need
Lot + TRUST

Date 10-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Justo Hernandez OR Family (488)

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 122 Grave 5 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number 25% Down M/C	416.00
Balance due	1248.73

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

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

Signature _____

Address 873 Raven ST.

City San Diego, CA 92102 Zip Code

Telephone _____

Signature of recorded holder of deed _____

PAID

SEP 14 2004

Invoice # _____

Work Order # E 17359 MOUNT HOPE CEMETERY Date _____

REF-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55817

Date: Jan 9, 20 03

From: Gusto Hernandez Address: 873 Raven st. SD 92102

fifty two & 00/100 Dollars ($ 52.00)

in Part Payment of Pre mud lot & trust

Lot 122 Grave 5 Row Section 1 ~~Division~~ Block 12

Invoice No. E 17359

Acct. No.

W.O.

BALANCE DUE 1092.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 224

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

PAID

JAN [illegible]

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184	52	—
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56687

Date: Sept. 17, 20 03

From Gusto Hernandez Address: 873 Raven st. SD 92102
One Hundred Four Dollars ($ 104.00)
in part Payment of pre need

Lot 122 Grave 5 Row Section 1 Division ~~Block~~ 12

Invoice No. E 17359

Acct. No.

W.O.

BALANCE DUE 624.73

Pre-Need Lot / At Need On Acct
Pre-need Trust / Cash Check /

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

PAID

SEP 17 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Tan Hetel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

267

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

55670

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-2-02, 20

From: Justo Hernandez Address: On Record

Fifty Two Dollars ($ 52.00)

in Payment of

Lot 122 Grave 5 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-17359

BALANCE DUE 1144.73

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 216

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

ISSUED BY D Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-17359

488

Hernandez, Justo 873 Raven ST., S.D. CA 92102

		DEBIT	CREDIT	BALANCE
10-2-02	Open Pre-need Lot & Trust Account. 25% down payment. Trust includes: opening/closing, burial container, handling fees, recording/filing fee and sales tax on the liner. Paid by master card. Lot 122, Gr. 5, Sec. 1 Divn 12	895.00 769.73	416.00	895.00 1,664.73 1,248.73
11-1-02	R-55568 Coupon #1		52.00	1196.73
12-2-02	R-55670 #2		52.00	1144.73
1-9-03	R 55817 3 17		52.00	1092.73
3-25-03	Paid by mc #4		52.00	1040.73
3-25-03	" #5		52.00	988.73
4-7-03	R 56208 6 & 7		104.00	884.73
7-10-03	R-56472 8 & 9		104.00	780.73
8-13-03	Credit Card 10		52.00	728.73
9-17-03	56687 11 & 12		104.00	624.73
11/10/03	56875 13 & 14		104.00	520.73
1-27-04	57137 15 & 16		104.—	416.73
3-[illegible]-04	57363 17 & 18		104.—	312.73
5-[illegible]-04	57548 NO Coupon 19 & 20		104.00	208.73
7/20/04	R-57814		104.—	104.73
9/14/04	R-58006 Last payment		104.73	0

remaining add to trust

PAID

SEP 14 2004

MOUNT HOPE CEMETERY

PAID IN FULL

E-17359 HERNANDEZ, JUSTO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (510) DANIEL LIZARRAGA

in a LINER (Type of Burial Container) Funeral, date, time MON 10-7 2:30

Church, Chapel, Graveside ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 188 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container PAID	190.00
Handling Fees	145.00
Flower vases – Marker setting fee OCT 03 2002	—
Recording and filing fees MT. HOPE CEMETARY	45.00
Sales taxes CITY OF SAN DIEGO	14.73
Total Due	1664.73
(509) Paid receipt number R-55474	1664.73
Balance due	-0-

Liliana Lizarraga

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

Sister

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

_____
Signature of recorded holder of deed

X _____
Signature

X 5666 Naples st. #104
Address

X Chula Vista Ca. 91911
City Zip Code

X (619) 934-0086
Telephone

5

Work Order # E 17360

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17360

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DANIEL	–	LIZARRAGA	08/20/1959	09/24/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	LAURA E. RUIZ-WIFE 1336 S. GREENWOOD AVE., #E MONTEBELLO, CA 90640

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689	▶ [signature]	10/05/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/05/2002	▶ Thomas W. Whitaker

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, RM L-1 313 N. FIGUEROA ST. LOS ANGELES, CA90012	VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1ST BURIAL

Date 10-4-02

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

in a DOUBLE DEPTH (Type of Casket Container) Funeral, date, time WED 10-9 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 255 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-need E-11532	Ø
Additional spaces and care fund	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee ..... interfund fund transfer 1st funeral 10-10-02	
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number _____	
Balance due	

(SON) X Alan Muckelroy

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

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

_____
Signature of recorded holder of deed

X MARVIN MUCKELROY
Signature
X 436 SAN ALBERTO WAY
Address
X SAN DIEGO CA. 92114
City Zip Code
X 619 262-4991
Telephone

Invoice # _____

Work Order # E 17361

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17361

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

1	2 RYAN	3 ODOM	4 PARHAM	5 RICHARDSON	6	
7	8 EDWARDS	9 WATERMAN	255 X 10	11 Reese	12	

Interment space for: RUBY MUCKELROY

Interment Date: WED 10-19 Time: 11:00

Lot: 255 Grave: 10 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHuck

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/8/02

E 17361

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUBY	-	MUCKELROY	03/05/1917	10/03/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARVIN MUCKELROY, SON 436 SAN ALBERTO WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	10/04/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/04/2002 B. CAMPBELL	221689 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

C34
3272

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-8-02

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

in a LINER (Type of Burial Container) Funeral, date, time THUR 10-10 12:00

Church, Chapel, Graveside ; CA BURIAL EC Mortuary.

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

will be applied and billed to undersigned. _____

Lot 151 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number	
Balance due	

VOID

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

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

_____
Signature of recorded holder of deed

X Willie Carter
Signature
X 239 Tyler St
Address
X Spring Valley 91977
City Zip Code
X 619-741-8947
Telephone

Invoice # _____

Work Order # E 17362

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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[redacted] 1-02 11562 11AM

JEANETTE STATED THAT THE SERVICE WILL NOT BE TAKING PLACE ON THUR.

K

E- 17362

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

2	3 CARRON	4 TICFIG	151 X 5	6		
8	9	10	11	12 VALDEZ		

Interment space for: CARRISE JONES

Interment Date: THUR 10-10 Time: 12:00

Lot: 151 Grave: 5 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dwayne Stamps (312) 1:00 pm

in a LINER (Type of Burial Container) Funeral, date, time FRI. OCT. 11 2002

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 63 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-55495	1664.73
Balance due	Ø

PAID
OCT 09 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

Dr. Edward 464-6419

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

Signature of recorded holder of deed

Signature (511)

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17363

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17363

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			3	4	5	6 Riggs
			9 X	10 Forms		

Interment space for: Dwayne Stamps

Interment Date: 10-11-02 Time: 11:00 CHAPEL

Lot: 63 Grave: 9 Row: — Sect: 2 Div: 12

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-10-02

E-17363

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DWAYNE	L.	STAMPS	01/24/1955	09/24/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHERON M. STAMPS, SON 421 HUTCHINSON STREET BARSTOW, CA 92311

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	09/30/2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/30/2002 B. CAMPBELL	2215801 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In THE Casket OF Dwayne Stamps

Date 10-9-02

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

in a ASHES (Type of Burial Container) Funeral, date, time Fri Oct 11th 1:00pm

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 63 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund	E-17363	Ø
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	—
Burial Container		—
Handling Fees	OCT 09 2002	—
Flower vases – Marker setting fee	MT. HOPE CEMETARY	—
Recording and filing fee	CITY OF SAN DIEGO, C.	45.00
Sales taxes		—
	Total Due	45.00
	Paid receipt number R-55496	45.00
	Balance due	Ø

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

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

_____
Signature of recorded holder of deed

Signature [signature]

Address 3603 [illegible]

City [illegible] Zip Code

Telephone (619) [illegible] 337-0710

Invoice # _____

Work Order # E 17364

Acct. # _____

REA-104 (7-96)

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E 17364

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 08/18/1935

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ann	-	Reid	08/18/1935	10/09/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Bernardino	San Bernardino	Arthur Reid, Husband 15149 Miami Road, Apple Valley, CA 92307

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083

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

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 10/10/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	10/10/2002 K. Zaretzka	2216446 ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Bernardino County Health Department 351 Mt. View Ave., San Bernardino CA 92415	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10 11 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 chairs
Ashes TOP CENTER

Date 10-10-02

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

in a ash vault (Type of Burial Container) Funeral, date, time 10-19 1:00 SAT

Church, Chapel, Graveside ; NEPTUNE SOCIETY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 45 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre need	0
Additional spaces and care fund ..... Saturday overtime	210.00
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	4.26
Total Due	479.26
Paid receipt number VISA	479 26
Balance due	0

PAID
OCT 11 2002

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

LAURA HEILIG

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

_____
Signature of recorded holder of deed

X Laura J Heilig
Signature
X 25305 Kloti Lane
Address
X RAMONA 92065
City Zip Code
X 760-789-4040
Telephone

Invoice # _____

Work Order # E 17365

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17365

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		1 JANSSEN	45 X 2 DRAPER	3 SIEHL	46 1 SIEHL	3 TERZIAN

Interment space for: LUCILLE JANSSEN

Interment Date: SAT 10-19 Time: 1:00

Lot: 45 Grave: 2 Row: ____ Sect: 11 Div: 7

Grave Laid out by: NF CHUCK

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/16/02

E-17365

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

94

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS (1908)

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCILLE	E	JANSSEN	05/14/1908	10/10/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	ESME L. BALCOM/DAUGHTER 2620 LaBREA STREET RAMONA, CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY 1406 HWY 8 BUS EL CAJON,CA 92021	FD-1352	▶	10-17-2002

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	ALAN PRYOR 10/14/2002	▶ 2216639

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO,92102	11B. DATE BURIED 10-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kathy E. Young	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED 10/14/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA McCormick (515)

in a LINER (Type of Burial Container) Funeral, date, time TUES. OCT. 15th 11:00

Church, Chapel, Graveside : S.D Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 54 Grave 11 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-55506	1,664.73
Balance due	Ø

PAID

OCT 11 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17366

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA McCormick

in a LINER (Type of Burial Container) Funeral, date, time TUES. OCT 15th 11:00

Church, Chapel, Graveside _____ ; S.D Memorial Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 54 Grave 11 Row — Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number	
Balance due	

I hereby certify I am the Rosa A. Nava of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Rosa A. Nava
Signature of interested entity of deed

Rosa A. Nava
Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17366

This information is available in alternative formats upon request.

RSA-104 (7-98)

© Printed on recycled paper

MT HOPE CEMETERY E 17366

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	TREE					
8	9 HAYES	10 HAYES	11 X	12 Perkoff		
						Jones

Interment space for: BARBARA McCormicks

Interment Date: Tuesday 10-15-02 Time: 11:00AM

Lot: 54 Grave: 11 Row: — Sect: 1 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E 17366

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BARBARA	MAE	McCORMICK	03/31/1915	10/09/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINDA McCORMICK-DAUGHTER (514) 2960 ANAWOOD WAY SPRING VALLEY CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	10/14/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/14/2002 ROSA NAVA	2216633 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: NT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED: 10-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

CENTER RIGHT

Date 10-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Lowe

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUE 10-15 AYD

Church, Chapel, Graveside _____ ; AYD Mortuary. GOOD BOY

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1176 Grave — Row — Section — Division/Block 10

Grave space & Care Fund E-17124	0
Additional spaces and care fund	—
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	—
Balance due	—

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Kenneth Lowe

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

6175 CAPRI DRIVE

Address

SAN DIEGO 92120

City Zip Code

619-583-6161

Telephone

Invoice # _____

Work Order # E 17367

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-17367.

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1173 BRAUN	1174 BRAUN	1175	1176 X			

Interment space for: Violet Lowe

Interment Date: AYD Time:

Lot: 1176 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No ~~Ashes~~ Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-14-02

E 17367

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIOLET	MYRTLE	LOWE	08/03/1930	10/02/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KENNETH LOWE - HUSBAND 6175 CAPRI DRIVE SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
GOODBODY MORTUARY: 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115	FD 790

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Victoria Azzaro	10/04/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 10/07/2002	2216204 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 10/08/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LULA TURNER

in a LINER (Type of Burial Container) Funeral, date, time THUR 10-17 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 41 Grave 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-need E-6227	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker [illegible]	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number VISA	769.73
Balance due	~~0~~

PAID
OCT 14 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 24314 MEYLER AVE
Address

X HARBOR 90710
City Zip Code

X 310 326-0435
Telephone

Invoice # _____

Work Order # E 17368

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17368

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			41 X 1	2	3 HUDSON	4
			7	8 CROSBY	9 WILSON	10 JACKSON

Interment space for: LULA TURNER

Interment Date: THUR 10-17 Time: 1:00

Lot: 41 Grave: 2 Row: ____ Sect: 2 Div: 11

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No *Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEY Date 10-14-05

E-17368

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LULA	-	TURNER	10/04/1920	10/10/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAY TURNER, SON 6903 WISH AVENUE LAKE BALBOA, CA 91406

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	10/14/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/14/2002 B. CAMPBELL	2216646 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92106	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-17-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHANNA LUCKIE

In a LINER (Type of Burial Container) Funeral, date, time 9:30 THUR 10-17

Church, Chapel, Graveside Delivery ONLY ; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 47 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-need E-16668	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17369

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17369

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2 WALKER	3	4	47 X 5	6 HAGER		
8 HERNANDEZ	9	10 EARNHART	11 EARNHART	12		

Interment space for: JOHANNA LUCKIE

Interment Date: _____ Time: _____

Lot: 47 Grave: 5 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CNUCK

Agrees with Legal Card: ☐ Yes ☐ No Stay on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/15/02

E 17369

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Johanna	M.	Luckie	05/05/1924	10/12/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Jim Fetsch, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	Barbara J. Mayer	10/15/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	10/16/2002 B.E. Mayer	2216783

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10-17-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 - 14 - 02

518

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATALINA ESTRADA

in a T.S. Vault (Type of Burial Container) Funeral, date, time WED'S OCT. 16th 10:00

Church, Chapel, Graveside ; Guadalupa Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 40 Grave 6 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55507	1769.38
Balance due	Ø

PAID

OCT 14 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

Mortuary to bring Check · Jose

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17370

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17370

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Middleton	4	5	6 X	Elmore		
		11 Cowan	12			

Interment space for: CATALINA Estrada

Interment Date: 10-16-02 Time: 10:00 ~~ARRIVAL~~

Lot: 40 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NORMAN & CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARREYL Date: 10-14-02

E-17370

58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CATALINA	-	ESTRADA	01/24/1944	10/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SELENE ESTRADA-DAUGHTER. 517 4253 49th ST APT#12,T SAN DIEGO,CA,92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Joe Chavez	10/15/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 10/15/2002	2216737 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92138-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 10-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E- 17370

Mt Hope Cemetery
Contract Entry Verification
10/17/2002

Contract Number: E-17370-A

Contract Date: 10/16/2002
Purchaser: Estrada, Selene
4253 49th St. Ap 12T
San Diego ,CA 92115
Beneficiary: Estrada, Catalina

Purchaser Number: 517 /
Phone:
Child Prot:N

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		40	6	A

E-17370

Mt Hope Cemetery
Contract Entry Verification
10/17/2002

Contract Number: E-17370-A

Contract Date: 10/16/2002
Purchaser: Estrada, Selene
4253 49th St. Ap 12T
San Diego ,CA 92115
Beneficiary: Estrada, Catalina

Purchaser Number: 517 /
Phone:
Child Prot: N

Counselors: 4 PAULETTE CRAWFORD

BASE PRICE	1,750.00	NUMBER OF INSTALLMENTS	1
SALES TAX	19.38	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,769.38	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,769.38 -	DATE FIRST PAYMENT DUE	11/17/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	1,769.38		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	179.00	
R S Equity	1,459.00	
A Interest	0.00	
R S Tax Recovery	19.38	
R S Cost of Goods	112.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E- 17370

Mt Hope Cemetery
Agreement Confirmation
10/17/2002

Agreement Number: E-17370-A
Agreement Date: 10/16/2002
Purchaser: Estrada, Selene
4253 49th St. Ap 12T
San Diego ,CA 92115
Beneficiary: Estrada, Catalina

Purchaser Number: 517 /
Phone:
Child Protection: N

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		40	6	A

BASE PRICE	1,750.00
SALES TAX	19.38
TOTAL CASH PRICE	1,769.38
TOTAL DOWNPAYMENT	1,769.38-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,769.38
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	11/17/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOP CENTER

Date 10-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WAVA GARNER 11:30

In a ASH VAULT (Type of Burial Container) Funeral, date, time SAT 11-16

Church, Chapel, Graveside ; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 52 Grave 10 Row _____ Section 3 Division/Block 5

Grave space & Care Fund	Pre-need B-173	0
Additional spaces and care fund	SATURDAY OVERTIME	210.00
Opening/Closing & Setup	PAID	105.00
Burial Container		55.00
Handling Fees	NOV 01 2002	60.00
Flower vases – Marker setting fee		
Recording and filing fees	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		4.26
Total Due		479.26
Paid receipt number	M/C	479.26
Balance due		0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Pamela L Stuart
Signature

X 6188 Indigo Ave
Address

X Alta Loma CA 91701
City Zip Code

X 909-869-4653 (work)
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17371

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17371

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.

TOP CENTER

			Schaeffer			
7 GARNER	8	9 GARNER	52 X 10	11 STELLING	12 WING	

Interment space for: WAVA GARNER

Interment Date: SAT 11-16 Time: 2:00

Lot: 52 Grave: 10 Row: ____ Sect: 3 Div: 5

Grave Laid out by: ROBERT - B.

Agrees with Legal Card: ☐ Yes ☐ No *Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

E - 17371

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wava	Lorraine	Garner	06/23/1919	08/25/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Upland	San Bernardino	Patricia Byalick,Daughter 16668 Lake Knoll Pkwy Riverside,CA 92503

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Cucamonga Mortuary,9033 Baseline Rd.Ste.I Rancho Cucamonga,CA 91730	FD 1676	▶ [signature]	08/26/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	08/28/2002 D. Lada	▶ 1117263

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
351 Mountain View Ave. San Bernardino,CA 92415-0001	San Diego County Health Dept.,P.O Box 85222,San Diego,CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery,3751 Market St. San Diego,CA 92102-4527	11B. DATE BURIED 11-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Evergreen Crematorium 4414 14th St.,Riverside,CA 92501	12B. DATE CREMATED 8-28-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 CHAIRS
ashes on left

Date 10-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 651 ENRIQUE BANOGON

in a _____ Funeral, date, time MON 11-25 1:00
Type of Burial Container

Church, Chapel, Graveside ; FLORIDA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 461 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number R-55509	450.00
Balance due	-0-

PAID
OCT 14 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

PAID MARKER SETTING fees R-55564

I hereby certify I am the X sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. 650

X [signature]
Signature

X 2112 Judith Ave
Address

X SD CA 92154
City Zip Code

X 619 4245437
Telephone

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17372

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 17372

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. ashes on left

				JOHNSON		
Buehler	459	460	461 X			

Interment space for: ENRIQUE BANDGON

Interment Date: MON 11-25 Time: 1:00

Lot: 461 Grave: ____ Row: ____ Sect: 4 Div: 8

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-20-02

E-17372

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ENRIQUE	-	BANOGON	10/15/1954	09/28/2002	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MIAMI BEACH	MIAMI DADE FLORIDA	FILIPINAS LIONS-SISTER 2112 JUDITH AVE. SAN DIEGO,CA.,92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 7856 LA MESA BLVD.,LA MESA,CA.,91941	FD-1658	▶ DEWH. GA	10/23/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	10/23/2002	Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	VITAL RECORDS P.O. BOX 85222 SAN DIEGO,CA.,92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO,CA.,92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 10-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Kilbourne 552 OCT.

in a Liner (Type of Burial Container) Funeral, date, time Mon 21st 12:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 165 Grave 9 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	23.78
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,688.51
Paid receipt number R-55510	1,688.51
Balance due	Ø

PAID PC OCT 15 2002 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Preston Kilbourne 551
Signature

3142 Manos Dr.
Address

San Diego Calif. 92139
City Zip Code

(619) 475-2489
Telephone

S

Invoice # _____

Work Order # E 17373

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17373

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 Chavez	2	3 Salazar	4	5	6
	Chavez 7	8	9 X	10	11	12

Interment space for: Willie Kilburne

Interment Date: MON-OCT 21 Time: 12:00 CHURCH

Lot: 165 Grave: 9 Row: — Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flagon Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-17-02

E-17373

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WILLIE	JAMES	KILBOURNE	08/18/1923	10/13/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HILDA MAE KILBOURNE-WIFE 3142 MANOS DRIVE 553 SAN DIEGO, CALIFORNIA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Jean H. Benard	10/16/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	10/16/2002 J. BENYARD	▶ 2216834

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 10-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kum F. Kang	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Hilda Kilbourne

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 165 Grave 10 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55511 25% down	416.00
Balance due	1248.73

PAID
OCT 06 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paid in full

x Hilda M. Kilbourne $10
Signature

3142 Manos Dr.
Address

San Diego CA 92129
City Zip Code

Telephone

Invoice # _____

Work Order # E 17374

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E-17374

516

Kilbourne, Hilda M. 3142 Manos Dr. San Diego CA 92139 (619) 475-2489

		DEBIT	CREDIT	BALANCE
10-15-02	Opened Pre-need Lot & Trust Account with 25% down R-55511. LOT 165 GR 10 SEC 2 DIV 12	1664.73		1,664.73
			416.00	1,248.73
	Trust includes; O/C, B/C, Handling Fee, R/F Fee, and Sales Tax on the LINER.		52.00	1,196.73
11-6-02	R-55586 Coupon #1	20% 179		
12-3-02	R-55679 2	~~20% 74~~	52.00	1144.73
1-8-03	R-55784 3+4		104.00	1040.73
3-4-03	R55969 5+6		104.00	936.73
5-5-03	R56200 7+8	63.- Sept to 20%	104.00	832.73
7-8-03	56463 9+10		104.00	728.73
9-5-03	56642 11+12	rem. to trust	104.00	624.73
10-6-03	56865 13+14		104.00	520.73
1-5-04	57058 15+16		104.00	416.73
3-4-04	57278 17+18		104.00	312.73
5-06-04	57526 19+20		104.00	208.73
7-8-04	57766 21+22		104.00	104.73
10-6-04	R-58102 23+24		104.73	Ø

E-17374 KILBOURNE, HILDA M.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55679

Date: 12-3-02, 20 ____

From: Hilda Kilbourne Address: On Record

Fifty Two Dollars ($ 52.00)

in part Payment of Pre-need Lot & Trust

Lot 165 Grave 10 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E- 17374

BALANCE DUE 1144.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3724

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	52	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	52	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55969

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 4, 20 03

From: H. Kilbourne Address: 3142 Manos dr. SD 92139

One hundred four dollars 00/100 Dollars ($ 104.00)

in full Payment of pre need lot & trust

Lot 165 Grave 10 Row Section 2 Division Block D

Invoice No. E 17374

Acct. No.

W.O.

BALANCE DUE 936.73

Pre-Need Lot X | At Need | On Acct |

Pre-need Trust X | Cash | Check X 3759

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 04 2003

MT. HOPE CEMETAR
CITY OF SAN DIEGO

ISSUED BY Pam Hekel

CREDIT	67007	12	—
20% Sales Care	77184	92	—
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56200

Date: May 5, 20 03

From: Hilda Kilbourne Address: 3142 Marcy dr. SD 92139

One hundred four dollars & 00/100 — Dollars ($ 104.00)

in part Payment of pre need lot + trust

Lot 165 Grave 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E17374

Acct. No.

W.O.

BALANCE DUE 832.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

37189

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007	104 00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	104 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56463

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 8, 20 03

From: Hilda Kilbourne Address: 3142 Manoa Dr SD 92139

One Hundred Four & 00/100 Dollars ($ 104.00)

in part Payment of pre need lot & trust

Lot 165 Grave 10 Row Section 2 Division Block 12

Invoice No. E17374

Acct. No.

W.O.

BALANCE DUE 728.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

3815

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO CA

ISSUED BY Pam Hetzel

CREDIT	67007	63	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	41	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56642

Date: Sept 5, 20 03

From: H. Kilbourne Address: 3142 Manos dr. SD 92139

One Hundred four Dollars ($ 104.00)

in part Payment of pl mud

Lot 165 Grave 10 Row Section 2 Division Block 12

Invoice No. E 17374

Acct. No.

W.O.

BALANCE DUE 624.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

3836

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56865

Date: Nov 6, 20 03

From: A. Kilbourne Address: 3142 Manos dr. SD 92139

One Hundred Four Dollars ($ 104.00)

in part Payment of pre-need

Lot 165 Grave 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17374

Acct. No.

W.O.

BALANCE DUE 520.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3859

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 06 2003

MOUNT HOPE CEMETERY

ISSUED BY Tim Hebel

CREDIT	67007		
20% Sales Care	*77184*		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57058

Date: January 5, 20 04

From: Hilda Kilbourne Address: On record

One Hundred and Four 00/ Dollars ($ 104.00)

in Part Payment of Pre-need lot & trust

Lot 165 Grave 10 Row Section 2 Division Block 12

Invoice No. E-17374

Acct. No.

W.O.

BALANCE DUE $ 416.73

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X 3885

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 05 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104.	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57278

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 4, 20 04

From: Hilda Kilpourne Address: 3142 Manos Dr. SD 92139

Dollars ($ 104.00

in ~~part~~ Payment of Pre-need

Lot 165 Grave 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17374

Acct. No.

W.O.

BALANCE DUE 312.73

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 0 4 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	104 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	104 00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3923

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57526

Date: MAY 6, 20 04

From: HILDA M. KILBOURNE Address: on Record

One Hundred Four dollars and 00 Dollars ($ 104.00)

in Part Payment of Pre-need Lot & Trust

Div 12 Sec 2 Blk/Row Lot 165 Grave 10

Invoice No. E-17374

Acct. No.

W.O.

BALANCE DUE $208.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 3939

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 06 2004

MOUNT HOPE CEMETERY

Issued by

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	~~104.00~~
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	104 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	104.00

1c

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57766

MOUNT HOPE CEMETERY
(619) 527-3400

Date: July 8, 20 04

From: Hilda Kilbourne Address: 3142 Marol Dr SD 92139

Dollars ($ 104.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 165 Grave 10

Invoice No. E17374

Acct. No.

W.O.

BALANCE DUE 104.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3965

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebb

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58102

Date: Oct 6, 2004

From: H. Kilbourne Address: On record

One Hundred Four and 73/00 — Dollars ($ 104.73)

in Full Payment of Pre-need lot + trust paid

Div 12 Sec 2 Blk/Row Lot 165 Grave 10

Invoice No. E-17374

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4008

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 06 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	104	73
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	104	73

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 10-15-02

You are hereby authorized 519 and instructed, subject to your rules and regulations, to inter the remains of GLORIA DAVIS

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 32 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container PAID IN FULL 10-23-02	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number R-55512	300.00
Balance due	495.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Gloria M. Davis
Signature

X 4921 Deaton Dr.
Address

X San Diego, 92102
City Zip Code

X 619-2645349
Telephone

Invoice # _____

Work Order # E 17375

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Mt Hope Cemetery
Contract Entry Verification

E- 17375

10/22/2002

Contract Number: E-17375-L

Contract Date: 10/15/2002
Purchaser: Davis, Gloria
4921 Deaton Drive

San Diego ,CA 92102

Purchaser Number: 519 /
Phone: 619-264-5349
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-3	795.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	3		32	10	A

BASE PRICE	795.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0[redacted]
TOTAL CASH PRICE	795.00	ODD PAYMENT OF	49[redacted]
TOTAL DOWNPAYMENT	300.00 -	DATE FIRST PAYMENT DUE	11/22/20[redacted]
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	495.00		
DEFERRED PAYMENT PRICE	795.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	159.00	
R S Equity	636.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E-17375

Mt Hope Cemetery
Agreement Confirmation
10/22/2002

Agreement Number: E-17375-L

Agreement Date: 10/15/2002

Purchaser: Davis, Gloria

4921 Deaton Drive

San Diego ,CA 92102

Purchaser Number: 519 /

Phone: 619-264-5349

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-3	795.00	0.00	
	Property				

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	3		32	10	A

BASE PRICE	795.00
SALES TAX	0.00
TOTAL CASH PRICE	795.00
TOTAL DOWNPAYMENT	300.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	495.00
DEFERRED PAYMENT PRICE	795.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	495.00
DATE FIRST PAYMENT DUE	11/22/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

519

E-17375

DAVIS, GLORIA 4921 Deaton Dr. San Diego, 92102, 264-5349

		DEBIT	CREDIT	BALANCE
10-15-02	Opened Pre-need Lot, Lot 32, Grave 10, Sec. 3, Div 12 159 20%	795.00		795.00
10-15-02	R-55512 636 80%		300.00	495.00
10-23-02	R-55540		495.00	0

DAVIS, GLORIA E-17375

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jiu Lau (549)

in a Liner (Type of Burial Container) Funeral, date, time OCT. 17th 2:00 Thurs.

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary

FAX 98 2674 Jeannette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 182 Grave 110 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R55515	166473
Balance due	Ø

PAID

OCT 16 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

mortuary to bring Check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Jeanette Benyard 550

Address

City Zip Code

Telephone

Signature of recorded holder of deed

S

Work Order # E 17376

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17376

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 X	3 McDaniel	4 mc Daniel	5 X	6 X		
8 X	9 X	10 X	11 X	12 crain		
				O'Rear		

Interment space for: Jim Lau

Interment Date: 10/17/02 Time: 2:00 Thurs

Lot: 182 Grave: 11 Row: — Sect: 2 Div: 12

Grave Laid out by: NF CHuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: DARREN Date: 10-16-02

E-17376

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIU	T.	LAU	08/15/1913	10/15/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STANLEY FU-SON 4461 DAWSON AVE. 548 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Bernard	10/16/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/16/2002 J. BENYARD	▶ 2216809

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10/17/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

on the grave of Carl McCallum
Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joy Ruth McCallum

in a ASH VAULT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1158 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	E-6794	Ø
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	105.00
Burial Container		55.00
Handling Fees	OCT 16 2002	60.00
Flower vases – Marker	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, CA	45.00
Sales taxes		4.26
Total Due		269.26
Paid receipt number	R-55513	269.26
Balance due		Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Olivia D. Bailey
Address
City Zip Code
Telephone

Invoice # _____

Work Order # E 17377 Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

24x11
7 deep

Date 10-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALAYNA SAMS 527

in a _____ Funeral, date, time TUES 10-22 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : S D MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 889 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	80.00
Recording and filing fee	45.00
Sales taxes	
Total Due	350.00
Paid receipt number R-55517	350.00
Balance due	0

PAID
OCT 17 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

MORTUARY to BRING check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address See attached

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 17378

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to enter the remains of ALAYNA SAMS

in a _____ Funeral, date, time TUES 10-22 11:00
Type of Burial Container

Church, Chapel, Graveside _____ ; SD MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Lot 889 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00

MORTUARY TO BRING CHECK

Paid receipt number _____

Balance due _____

I hereby certify I am the X Rosa A. Nava of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Rosa A. Nava
Signature

X 2441 University Ave
Address

X San Diego CA 92104
City Zip Code

X (619) 692-3090
Telephone

Invoice # _____

Work Order # E 17378

Acct # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

E-17378

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.

			889 X	890	891 HARRIS	
				RIVER-RAMIREZ	JHAN	

Interment space for: ALAYNA SAMS

Interment Date: Tue 10-22 Time: 11:00

Lot: 889 Grave: ____ Row: ____ Sect: 1 Div: 9

Grave Laid out by: MT Chuck

Agrees with Legal Card: ☐ Yes ☐ No *Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-18-02

C-17378

4 month old

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALAYNA	MONIQUE	SAMS	05/31/2002	10/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ALEN E SAMS II-FATHER 6224 BROOKLYN AVE SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	

521

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Rose Nava

8B. DATE SIGNED: 10/18/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/18/2002 ROSA NAVA	▶ 2216975

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10 22 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

546

Open Back Gate

Date 10-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAHIN HEMATIAN

in a _____ Funeral, date, time THUR 10-17 11:00
Type of Burial Container

Church, Chapel, Graveside _____ ; GREENWOOD GABRIEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 134 Grave _____ Row _____ Section _____ Division/Block MUSLIM

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	450.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	6.20
Total Due	501.20
Paid receipt number VISA -	501.20
Balance due	0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

545

SAID MAHDAVS

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X 7224 MARGERUM AV
Address

X SAN DIEGO CA 92120
City Zip Code

X (619) 980-6708
Telephone

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17379

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E- 17319

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAHIN	--	HEMATIAN	10/08/1940	10/16/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	MOHAMMAD NAHDARI - HUSBAND 4227 52ND STREET, #308 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Victor Arzaga	10/17/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 2216857 10/17/2002 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 17 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Hamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

when top center

Date 10/17/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Green (X)

in a Ash cont (Type of Burial Container) Funeral, date, time 10/21/02

Church, Chapel, Graveside 11:00 : CA burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 117 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... preneed	0
Additional spaces and care fund	
Opening/Closing & Setup	105 –
Burial Container ..... Ash Vault	55 –
Handling Fees	60 –
Flower vases – Marker setting fee	
Recording and filing fee	45 –
Sales taxes	4.26
Total Due	269.26
Paid receipt number R 55514	269.26
Balance due	0

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed

X Signature

X 7733 PALM ST 91945 Address

X LEMON GROVE CA City Zip Code

X 619-527-1047 Telephone

Invoice # _____

Work Order # E 17380

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17380

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. ashes top center

		grave of		alphonse	lucious	
3 RIVERA	4	5 STANDARD	117 X 6 LUCIOUS			
9 OGLETREE	10 GRAY	11	12 LUCIOUS			

Interment space for: George Green

Interment Date: MON 10-31 Time: 11:00

Lot: 117 Grave: 6 Row: ____ Sect: 3 Div: 12

Grave Laid out by: M.F. CHUCK

Agrees with Legal Card: ☐ Yes ☐ No flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/18/02

E-17380

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	EDWARD	GREEN	08/05/1948	10/05/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
IONE	AMADOR	AUSTIN LUCIOUS - STEP FATHER 7733 PALM ST #212 LEMON GROVE CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
NAUTILUS SOCIETY 5500 LEMON HILL AVENUE, SACRAMENTO CA 95824	FD 1459

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is, one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Claire Delmas	10/16/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	10/16/2002	▶ Shanah S. Tarabit, M.D. HB

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
500 ARGONAUT LANE JACKSON CA 95642	PO BOX 85222 SAN DIEGO CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO CA 92113	11B. DATE BURIED 10-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FREDDIE LEE PETE 544

in a _____ Funeral, date, time FRI 10-18 1:00

Type of Burial Container

Church, Chapel, Graveside _____ : S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 673 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55513	270.00
Balance due	

PAID

OCT 17 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

S

Invoice # _____

Work Order # E 17381

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

© Printed on recycled paper

E - 17381

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. 29 " L

		15 " W				
		672 Kelley	673 X	674	675	676

Interment space for: FREDDIE PETE

Interment Date: FRI 10-18 Time: 1:00

Lot: 673 Grave: ____ Row: ____ Sect: 1 Div: 9

Grave Laid out by: NF chuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-18-02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FREDDIE LEE PETE

In a _____ Funeral, date, time FRI 10-18 1:00

Church, Chapel, Graveside _____ S.D. MEMORIAL Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned _____

Lot 673 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fee	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$270.00
Paid receipt number	
Balance due	

I hereby certify I am the X Rose A. Pete of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of owner of lot

X Rose A Pete
Signature
X 2441 University Ave
Address
X San Diego, CA 92104
City State Zip Code
(619) 692-3090
Telephone

Work Order # E 17381

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E-17381

544

1 day

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FREDDIE	LEE	PETE	10/13/2002	10/13/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FREDERICK LAMAR PETE-FATHER 2545 BUENA VISTA AVE LEMON GROVE CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	10/17/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/17/2002 ROSA NAVA	2216903 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10 18 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Farmer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/17/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Felix Cruz 542

in a Liner (Type of Burial Container) Funeral, date, time 10/21/02 1:00

Church, Chapel, Graveside _____ ; prefered Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 132 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number VISA VISA	200.00 200.00
Balance due	1164.73

PAID OCT 17 2002 MT. HOPE CEMETARY CITY OF SAN DIEGO

I hereby certify I am the Relative of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

541

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Helen Wright
Signature

X 3835 Superior St
Address

San Diego Ca. 92113
City Zip Code

619-262-0371
Telephone

Invoice # _____

Work Order # E 17382

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

80%

CITY OF SD-MT HOPE CEMETERY #64
9751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

10/18/02 13:01:53 KEYED

INVOICE#

VS XXXXXXXXXXXX38648

AUTH# 289614 REF# 18002002
AVS: NO AVS REQSTED

MAIL/PHONE $ 200.00

TOTAL $ 200.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X Phone Order

THANK YOU JAMES
PLEASE COME AGAIN MAYFIELD

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17382 Interment

80 °/o

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156665644

10/10/02 11:38:55 KEYED

INVOICE#

VS XXXXXXXXXXXX39736

AUTH# 032946 REF# 10002001
AVS: NO AVS REQSTED

MAIL/PHONE $ 200.00

TOTAL $ 200.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X PHONE ORDER

THANK YOU BARBARA
PLEASE COME AGAIN MAYFIELD

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17382 Interment
Felix Cruz

E-17382

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3 MACCOLLOCH	4 RAINWATER	5	6 MIN		
8 JOHNSON	9 TAYLOR	10	11 X	12		

Interment space for: FELIX CRUZ

Interment Date: MON 10-21 Time: 1:00

Lot: 132 Grave: 11 Row: ____ Sect: 2 Div: 11

Grave Laid out by: N.F. CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/21/02

E-17382

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Felix	J.R.	Cruz	09/02/1969	10/12/2002	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Peter Cruz - Brother 446 26th St. #5 San DIego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa, CA 91941	FD-1658	▶ [signature]	10/16/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Nancy Lopez 10/16/2002	▶ 2216788

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSE VARELA (540)

in a T.S. VAULT Funeral, date, time MON 10-21 2:00

Type of Burial Container

Church, Chapel, Graveside GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 243 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and Mailing	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55519	1769.38
Balance due	0

PAID
OCT 18 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17383

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17383

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4 ANDREWS	5	243 X 6			
9	10	11	12			

Interment space for: JOSE VARELA

Interment Date: MON 10-21 Time: 2:00

Lot: 243 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHuck

Agrees with Legal Card: ☐ Yes ☐ No *Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/18/02

12:38

E-17383

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	ISABEL	VARELA	07/08/1942	10/13/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	GUILLERMO VARELA-SON 639 727 63rd ST. SAN DIEGO, CA. 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANE MORTUARY, 2601, IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	Selene Chavez	10/18/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/18/2002	SELENE CHAVEZ 2216936

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 10-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/18/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gracie White 535 11:00

In a T. S. VAULT (Type of Burial Container) Funeral, date, time TUES 10-22

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 90 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number VISA	1769.38
Balance due	0

PAID
OCT 18 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X IVY N. CAREY 534
Signature
X 6246 E. Cocus Drive
Address
X Scottsdale AZ. 85254
City Zip Code
X 480-948-5321
Telephone

5

Work Order # E 17384

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17384

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 WADDELL	4	5	6 TRAMMEL			
9	10	11 Whitefield	90 X 12			

Interment space for: GRACIE White

Interment Date: Tues 10-22 Time: 11:00

Lot: 90 Grave: 12 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No Slip on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/21/02

E-17384

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GRACIE	NEAL	WHITE	12/19/1913	10/17/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SCOTTSDALE	ARIZONA	IVY N. CAREY, DAUGHTER 6246 E. CROCUS DRIVE SCOTTSDALE, ARIZONA 85254

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	10/21/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/22/2002	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10 22 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDRE MORRIS 533 11:00

in a T.S. VAULT (Type of Burial Container) Funeral, date, time WED 10-23

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 200 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees PAID	185.00
Flower vases – Marker setting fee	—
Recording and filing fee OCT 21	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO	19.38
Total Due	1769.38
Paid receipt number R-55529	1769.38
Balance due	0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Linda Morris 532
Signature
X Linda Morris
Address
X 2423 Kathleen Pl
City Zip Code
San Diego Ca. 92105
Telephone

S

Work Order # E 17385

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E- 17385

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	5 VARGAS MORALES	6		
8 RUIZ-HARO	9	10 GONZALEZ	200 X 11	12	MITCHELL	

Interment space for: ANDRE MORRIS

Interment Date: WED 10-23 Time: 11:00

Lot: 200 Grave: 11 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEEN Date: 10-22-02

E-17385

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANDRE	WAYNE	MORRIS	09/13/1947	10/18/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINDA MORRIS, WIFE 2423 KATHLEEN PLACE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	10/22/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/23/2002 B. CAMPBELL	2217162 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DIP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 536 Terentiev, Eugeni

in a T. S. Vault (Type of Burial Container) Funeral, date, time Weds Oct 23rd 12:00

Church, Chapel, Graveside _____ ; Featheringill Mortuary. 583-9511

All Funeral 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. I. P.

Lot 51 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number Master Card	1769.38
Balance due	Ø

PAID
OCT 22 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature] (525)
Signature

8894 Highwood DR #A
Address

S.D CA 92119
City Zip Code

(619) 466-3800
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17386

REA-104 (7-98)

This information is available in alternative formats upon request.

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E 17386.

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.

			Smith			
		Crain	X	Brandy		
			Long			

Interment space for: Terentiev, Evgeni Featheringill

Interment Date: 10-23-02 Time: 12:00 Chapel

D.I.P. T.S. vault

Lot: 51 Grave: 2 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave by Ray

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/23/02

E-17386

69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eugeni	-	Terentiev	03/07/1933	10/21/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Natasha Ryapusov, Wife 8894 Highwood Dr. A, San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 10/22/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	10/22/2002 K. Zaretska	2217119 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market.SS., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 10-21-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA JONES 537

in a LINER (Type of Burial Container) Funeral, date, time TUE 10-22 11:00

Church, Chapel, Graveside _____ : Rugdale Mortuary.

All Funeral cars 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 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55530	1664.73
Balance due	Ø

PAID
OCT 21 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING CHECK

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

5

X Samuel Jones (530)
Signature
X 1672 W. JACKSON ST
Address
X RIALTO 92376
City Zip Code
X 909 428-1949
Telephone

Work Order # E 17387

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17387

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 BLANCHARD	4 MULHALL	5	16 X 6	TREE		
9	10 FARNAM	11 FARNAM	12 HOLBROOK			

Interment space for: PATRICIA JONES

Interment Date: Tue 10-22 Time: 11:00

Lot: 16 Grave: 6 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Sly on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-1738.7

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Patricia	-	Turner-Jones	03/23/1969	10/17/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Loma Linda	San Bernardino	Jimmie Jones, Spouse 1672 W. Jackson Rialto, CA 92376

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD 1329	Josephine DeLaCruz	10/22/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code and not authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	J.DeLaCruz 10/22/2002	J. Prendergast, M.D. 1/3

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Bernardino CO Health Dept, 351 Mt View Ave San Bernardino, CA 92415-0010	San Diego Co Health Dept, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-17387

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Patricia	–	Turner-Jones	03/23/1969	10/17/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Loma Linda	San Bernardino	Jimmie Jones, Spouse 1672 W. Jackson Rialto, CA 92376

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD 1329	Josephine DeLaCruz	10/22/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7100 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

NOTE: THIS PERMIT GIVES NO RIGHT OF ENTRY OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	J.DeLaCruz 10/22/2002	J. Lewendegast, M.D. 1/3

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Bernardino CO Health Dept, 351 Mt View Ave San Bernardino, CA 92415-0010	San Diego Co Health Dept, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
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SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-need
2d + Trust
523

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date October 23, 2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Luis Espinoza

In a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 102 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number 55538	1664.73
Balance due	0

PAID
OCT 23 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

9065 Edgemoor Drive
Address

Santee CA 92071
City Zip Code

(619) 956-2800
Telephone

Invoice # _____

Work Order # E 17388

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17388

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

PAMELA B. SMITH, DIRECTOR
AGING & INDEPENDENCE SERVICES

AGING & INDEPENDENCE SERVICES
EDGEMOOR HOSPITAL
9065 EDGEMOOR DRIVE, SANTEE, CA 92071
(619) 956-2800 FAX (619) 956-2897

KAREN HOGAN, CEO/ADMINISTRATOR
SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL
EDGEMOOR HOSPITAL

October 17, 2002

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102
Attention: SUE

RE: Luis Espinoza SS#: 571-56-5969

Please find the enclosed check for $1664.73, for Irrevocable Pre-Need, Lot & Trust for Mr. Luis Espinoza. Attached is a copy of the estimate provided to us for the burial.

When completed, please send final papers to my attention. If you have any questions or I can be of further assistance, please don't hesitate to call me @ (619) 956-2811.

Kris Hoganson – Cashier
Edgemoor Hospital

04-600232 E- 17388 REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
RT181801	TRANSFER FUNDS TO PAY				1,664.73

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101-2473
(619) 531-5321

NOT NEGOTIABLE

03172

TOTAL 1,664.73

Mt Hope Cemetery
Contract Entry Verification
10/24/2002

E- 17388

Contract Number: E-17388-F

Contract Date: 10/23/2002
Purchaser: Espinoza, Luis
9065 Edgemoor Drive
Santee ,CA 92071
Beneficiary:

Purchaser Number: 523 /
Phone: 619-956-2800
Child Prot: N

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,650.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,664.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,664.73-	DATE FIRST PAYMENT DUE	11/24/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE: Walk-in	
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	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: _____

E- 17388

Mt Hope Cemetery
Contract Entry Verification
10/24/2002

Contract Number: E-17388-F

Contract Date: 10/23/2002
Purchaser: Espinoza, Luis
9065 Edgemoor Drive
Santee ,CA 92071

Purchaser Number: 523 /
Phone: 619-956-2800
Child Prot:N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-1	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		102	6	A

E-17388

Mt Hope Cemetery
Agreement Confirmation
10/24/2002

Agreement Number: E-17388-F

Agreement Date: 10/23/2002

Purchaser: Espinoza, Luis
9065 Edgemoor Drive

Santee ,CA 92071

Purchaser Number: 523 /

Phone: 619-956-2800

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-1	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Bell Liner	190.00	14.73	
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		102	6	A

BASE PRICE	1,650.00
SALES TAX	14.73
TOTAL CASH PRICE	1,664.73
TOTAL DOWNPAYMENT	1,664.73 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,664.73
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	11/24/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-23-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARNULFO TAVAREZ (530).

In a LINER (Type of Burial Container) Funeral, date, time FRI 10-25 1:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 207 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55542	1664.73
Balance due	0

PAID
OCT 23 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Maria L. Hdez (529)
Signature
X 3317 Maplewood
Address
X Sunny Vale TX 75182
City Zip Code
X (972) 263 4492
Telephone

S

Work Order # E 17389

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1	2 SHARP	3	4 WYKES	5
	GILLESPIE	7	207 X 8	9	10	11

Interment space for: ARNULFO TAVAREZ

Interment Date: FRI 10-25 Time: 1:00

Lot: 207 Grave: 8 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NORMAN / ROBERT

Agrees with Legal Card: ☐ Yes ☐ No Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 10-24-02

E-17389

54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARNULFO	–	TAVARES	01/24/1948	10/23/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA HERNANDEZ-SISTER 3317 CHAPELWOOD DR. SUNNYVALE, TX 75182

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689	▶ Claudette Russ	10/24/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/25/2002 C. RUSS	▶ 2217335

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10.25.02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen E. Kenyon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1ST BURIAL

Date 10-28-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROGER L. COTTON

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time MON 11-4 11:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 28 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need E-7704	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R-55545	1149.45
Balance due	~~0~~

PAID
OCT 28 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X John E. Cotton
Signature

X 216-55-5X
Address

X SAN DIEGO CA 92114
City Zip Code

X 619-2669752
Telephone

Invoice # _____

Work Order # E 17390

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17390

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. 1ST BURIAL

625 BONVEMA	626 LOPEZ	627 HASKETT	628 X	629 LOPEZ	630 SEARLE	631 LOPEZ

Interment space for: ROGER COTTON

Interment Date: _____ Time: _____

Lot: 628 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY1 Date: 10-25-02

E- 17390

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROGER	LORIN	COTTON	08/12/1953	10/27/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JOHN COTTON, FATHER 216 55TH STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ Mark Campbell	10/30/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/31/2002 B. CAMPBELL	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED LOT

Date 10-28-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOETTA NATHAN

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 70 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number VISA	224.00
Balance due	671.00

Paid in full 7/12/04 R-57760

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address 436 E. SPRUCE

City LOS ANGELES Zip Code 90301

Telephone 310 671-7663

Invoice # _____

Work Order # E 17391

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

Mt Hope Cemetery
Contract Entry Verification
E-17391

11/01/2002

Contract Number: E-17391-L

Contract Date: 10/28/2002
Purchaser: Nathan, Joetta
436 E.Spruce
Los Angeles ,CA 90301

Purchaser Number: 556 /
Phone: 310-671-7663
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		70	7	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	671.00
TOTAL DOWNPAYMENT	224.00-	DATE FIRST PAYMENT DUE	12/01/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	671.00		
DEFERRED PAYMENT PRICE	895.00		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	179.00	
R S	Equity	716.00	
A	Interest	0.00	
R S	Tax Recovery	0.00	
R S	Cost of Goods	0.00	
R V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation

E-17391

11/01/2002

Agreement Number: E-17391-L

Agreement Date: 10/28/2002

Purchaser: Nathan, Joetta
436 E.Spruce

Los Angeles ,CA 90301

Purchaser Number: 556 /

Phone: 310-671-7663

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
	Property				

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		70	7	A

BASE PRICE	895.00
SALES TAX	0.00
TOTAL CASH PRICE	895.00
TOTAL DOWNPAYMENT	224.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	671.00
DEFERRED PAYMENT PRICE	895.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
OPTIONAL PAYMENT OF	671.00
DATE FIRST PAYMENT DUE	12/01/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55692

Date: December 4, 20 02

From: Joetta Nathan Address: On record

Twenty - Eight Dollars ($ 28 00)

in part Payment of Pre-need Lot

Lot 165 70 Grave 19 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. C-88 E-17391

BALANCE DUE $ 643.00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

8861

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55793

Date: 1-7-03, 20 ___

From: Joetta Nathan Address: On Record

Twenty Eight Dollars ($ 28.00)

in part Payment of Pre-need Lot

Lot 70 Grave 7 Row ___ Section 9 ~~Block~~ Division 12

Invoice No. ___

Acct. No. ___

W.O. E- 17391

BALANCE DUE 615.00

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check ~~#~~ 8824

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	28	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55889

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb. 05, 20 03

From: Joetta Nathan Address: 426 E. Spruce #128 Inglewood 90301

Twenty Eight & 00/100 Dollars ($ 28.00)

in part Payment of Pre need lot & ~~trust~~ PA

Lot 70 Grave 7 Row Section 3 Division Block B

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 587.00

Pre-Need Lot X At Need ☐ On Acct ☐

~~Pre-need Trust~~ NO PA Cash ☐ Check X

AC-212 (Rev. 10-02) 8908

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55985

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 6, 20 03

From: Gaetta Nathan Address: on record

Twenty-Eight and 00 Dollars ($ 28.00)

in part Payment of

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-17391

BALANCE DUE $ 559.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28.00

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

8928

ISSUED BY Paulette C.

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56086

Date: April 2, 2003

From: Joetta Nathan Address: on record

Twenty-Eight and 00 Dollars ($ 28.00)

in part Payment of Pre-need lot + Trust account

Lot 70 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. LE-17391

BALANCE DUE $ 531.00

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

8949

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56187

Date: May 2, 20 03

From: Joetta Nathan Address: 436 E Spruce LA CA 90301

Twenty Eight dollars + 00/100 Dollars ($ 28.00)

in cash Payment of pre need lot

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E17391

Acct. No.

W.O.

BALANCE DUE 503.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

8967

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 02 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hotzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56450

MOUNT HOPE CEMETERY
(619) 527-3400

Date: July 7, 2003

From: Joetta Nathan Address: 436. E Spruce ave Inglewood 90302

Twenty Eight dollars + 00/100 Dollars ($ 28.00)

in part Payment of pre need lot

Lot 70 Grave 7 Row Section 2 Division Block 12

Invoice No. E17391

Acct. No.

W.O.

BALANCE DUE 447.00

Pre-Need Lot ✓ At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ✓ 9007

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Ann Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56356

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 11, 20 03

From Joetta Nathan Address: 436 E. Spruce LA. 90301

Twenty Eight dollars & 00/100 Dollars ($ 28.00)

in paid Payment of pre need lot

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 6

Invoice No. E17391

Acct. No.

W.O.

BALANCE DUE 475.00

Pre-Need Lot ✓ At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check ( )

8983

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

ISSUED BY Pam Hotel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56547

Date: Aug 5, 20 03

From: Joetta Nathan Address: 436 E Spruce #128 LA 90301

Twenty Eight 00/100 Dollars ($ 28.00)

in full Payment of Pre need lot

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 419.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

9027

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56640

Date: September 4, 2003

From: Joetta Nathan Address: on record

Twenty-Eight and 00 Dollars ($ 28.00)

in part Payment of Pre-need lot acct.

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E-17391

Acct. No.

W.O.

BALANCE DUE $ 391.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check # 9045

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56907

Date: Nov. 17, 20 23

From: Joetta Nathan Address: 436 E. Spruce #128 Inglewood 90301

Twenty Eight Dollars ($ 28.00)

in part Payment of pre-need

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E17391

Acct. No.

W.O.

BALANCE DUE 335 00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 17 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 9080

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

56753

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct 3, 20 03

From: Joetta Nathan Address: 436 E Spruce #128 LA 90301

Twenty Eight Dollars ($ 28.00)

in part Payment of pre need

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 363.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

9062

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 03 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57003

Date: Dec. 16, 20 03

From: Jolita Nathan Address: 4356 E. Spruce #128 LA 90301

Dollars ($ 56.00)

in Part Payment of pre need

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 279.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 9097

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 16 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57072

Date: Jan 8, 20 04

From Jodla Nathan Address: 436 E. Spruce #128 Inglewood 90301

Dollars ($ 56.00)

in part Payment of pre need

Lot 70 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 223.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 08 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 9113

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

57413

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 8, 20 04

From: Joetta Nathan Address: 436 E. Spruce #128 LA 90301

Dollars ($ 56.00)

in part Payment of pre need

Lot 70 Grave 7 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E 17391

Acct. No. ____

W.O. ____

BALANCE DUE 167.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

9169

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 0 7 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	12	—
20% Sales Care	77184		
80% Sales	100	44	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57539

Date: May 11, 20 04

From Joetta Nathan Address: 436 E Spruce #28 Inglewood 90301

Dollars ($ 56.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 70 Grave 7

Invoice No. E 17391

Acct. No.

W.O.

BALANCE DUE 111.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 9184

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 11 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	56	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57617

Date: May 7 2004

From: Joetta Nathan Address: 436 E. Spruce #128 Inglewood CA 90301

Fifty-Six and 00/ Dollars ($ 56.00)

in Part Payment of Pre-need lot account

Div 12 Sec 2 Blk/Row Lot 70 Grave 7

Invoice No. E-17391

Acct. No.

W.O.

BALANCE DUE $

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 9199

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 03 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	56 00
80% Sales	100	
of Lots	77184	~~56 00~~ PC
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57760

Date: July 7 = , 20 04

From: Joetta Nathan Address: on record

Fifty-Six and 00 Dollars ($ 56.00)

in full Payment of Paid in full for lot account

Div 12 Sec 2 Blk/Row ____ Lot ~~88~~ 70 Grave ~~10~~ 7

Invoice No. E-17391

Acct. No. ____

W.O. ____

BALANCE DUE over $1.00 will add on notes

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

9219

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 0 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

CREDIT	67007	56.00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

#128

E-17391

NATHAN, JOETTA 436 E. Spruce, Los Angeles 90301 310 671-7663

		DEBIT	CREDIT	BALANCE
10-28-02	Opened pre-need lot. 179 ~~716~~			
	Lot 70, Grave 7, Sec 2, Div 12	895.00		895.00
	Visa		224.00	671.00
12-1-02	R-55692 Coupon #1		28.00	643.00
1-7-03	R-55793 " 2		28.00	615.00
2-05-03	R55889 " 3		28.00	587.00
3-6-03	R-55985 " 4		28.00	559.00
4-2-03	R-56086 " 5		28.00	531.00
5-2-03	R56187 6		28.00	503.00
6-11-03	R56356 7		28.00	475.00
7-7-03	56450 no coupon		28.00	447.00
8-5-03	56547 9		28.00	419.00
9-4-03	R-56640 Coupon 10		28.00	391.00
10-3-03	56753 11		28.00	363.00
11-17-03	56907 12		28.00	335.00
12-5-03	57003 13 + 14		56.00	279.00
1-[illegible]-04	57072 15 + 16		56.00	223.00
4-8-04	57413 17 + 18		56.00	167.00
5-11-04	57539 19 + 20		56.00	111.00
6-4-04	57617 21 + 22		56.00	55.00
			56.00	[illegible]

NATHAN, JOETTA E-17391

				Debit	Credit	Bal.
			Over			55.00
7-2-04	R-57160	23+24			56- over	1-

Paid in full

Pre need lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/02

547

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Swetoslaw Gerhardt (owner)

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time ✓

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 140 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund GALV FLOWER VASE	23.78
Opening/Closing & Setup for 1st burial	375 —
Burial Container Dble	350 —
Handling Fees	320.00
Flower vases - Marker setting fee	125.00
Recording and filing fee	45 —
Sales taxes	29.45
Total Due	2193.23
Paid receipt number VISA	2193.23
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. SW GERHAROT

X _____ Signature

184 HORIZON LN Address

OCEANSIDE CA 92056 City Zip Code

760-941-6693 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E 17392

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Mt Hope Cemetery
Contract Entry Verification
10/31/2002

E-17392

Contract Number: E-17392-F

Contract Date: 10/29/2002
Purchaser: Gerhardt, Swetoslaw
184 Horizon Lane
Oceanside ,CA 92056

Purchaser Number: 547 /
Phone: 760-941-6693
Child Prot:N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
1	Opening/Closing	1st Burial Dbl Depth	375.00	0.00		
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45		
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00		
1	Handling Fee	F/V - Galv Handling Fee	13.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		
1	Misc Fees	Granite Marker Setting Fe	125.00	0.00		
1	Flower Vases	Flower Vase, Galv	10.00	0.78		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		140	3	A

E-17392

Mt Hope Cemetery
Contract Entry Verification
10/31/2002

Contract Number: E-17392-F

Contract Date: 10/29/2002
Purchaser: Gerhardt, Swetoslaw
184 Horizon Lane
Oceanside ,CA 92056

Purchaser Number: 547 /
Phone: 760-941-6693
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	2,163.00	NUMBER OF INSTALLMENTS	1
SALES TAX	30.23	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	2,193.23	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	2,193.23 -	DATE FIRST PAYMENT DUE	11/30/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	2,193.23		

ACCOUNT CONTRIBUTIONS			AMOUNT	FRACTION
R	L	Perp. Care	179.00	
I	V	P/N Trust	1,245.00	1.0000
R	S	Equity	509.50	
A		Interest	0.00	
R	S	Tax Recovery	30.23	
R	S	Cost of Goods	229.50	
R	V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E-17392

Mt Hope Cemetery
Agreement Confirmation
10/31/2002

Agreement Number: E-17392-F
Agreement Date: 10/29/2002
Purchaser: Gerhardt, Swetoslaw
184 Horizon Lane
Oceanside ,CA 92056
Beneficiary:

Purchaser Number: 547 /
Phone: 760-941-6693
Child Protection: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
1	Opening/Closing	1st Burial Dbl Depth	375.00	0.00	
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45	
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00	
1	Handling Fee	F/V - Galv Handling Fee	13.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	
1	Misc Fees	Granite Marker Setting Fe	125.00	0.00	
1	Flower Vases	Flower Vase, Galv	10.00	0.78	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		140	3	A

BASE PRICE	2,163.00
SALES TAX	30.23
TOTAL CASH PRICE	2,193.23
TOTAL DOWNPAYMENT	2,193.23 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	2,193.23
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	11/30/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Naomi Groff

in a Liner (Type of Burial Container) Funeral, date, time FRI. NOV. 1ST 1:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

Lot 68 Grave 8 Row — Section 17 Division/Block 7

Grave space & Care Fund D-9036 —0—

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-55559 769.73

Balance due 0

PAID
OCT 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Grace Fowler

Address: 2022 Whinchat St

City: SD Zip Code: 92123

Telephone: 858-5609825

Invoice #

Work Order # E 17393

Acct. #

REA-1G4 (7-96)

This information is available in alternative formats upon request.

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E-17393.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1 X	2 NULL	3 Hughes	4 Hughes	
			8 X	9 KIDD	10 TORMOEN	11 TORMOEN

Interment space for: GROFF, NAOMI 1:00

Interment Date: NOV. 1ST Time: FRIDAY NOV 1

Lot: 68 Grave: 8 Row: — Sect: 17 Div: 7

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: DARREYL Date: 10-31-02

E-17393

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR
NAOMI	AGUSTA	GROFF	01/29/1916

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS OF INFORMANT
SAN DIEGO	SAN DIEGO	GRACIE FOWLER, DAU[illegible] 022 WINCHAT STREET SAN DIEGO, CA 92[illegible]

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [illegible]

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR
$7.00	10/31/2002 B.CAMPBELL	▶ Nancy L. [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS TO (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED: 11-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 10-29-02

559

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMUEL FRASER

in a LINER (Type of Burial Container) Funeral, date, time FRI. NOV. 1 10:30

Church, Chapel, Graveside DELIVERY Only! BAYVIEW Mortuary. 858-277-7820

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 83 Grave 8 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund PAID	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55560	1664.73
Balance due	-0-

OCT 30 2002 MT. HOPE CEMETARY CITY OF SAN DIEGO

MORT. TO PAY
Fax 858-277-7840

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

S

Invoice # _____

Work Order # E 17394

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17394

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.

		Pierson	8 X	X	X	
		Davenport	X	Louis	Lawson	

Interment space for: Samuel Fraser

Interment Date: Delivery Only Time: 10:30 Am

Lot: 83 Grave: 8 Row: – Sect: 1 Div: 12

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARREL Date: 10-30-09

E-17394

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

559

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SAMUEL	E.	FRASER	01/19/1921	10/21/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHN EDWARDS - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶ [signature]	10/25/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/25/2002 K.MARTINEZ	2217372 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 11-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

W.B.

Date 10-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ollie Mae Fulcher (63)

in a Liner (Type of Burial Container) Funeral, date, time Fri. Nov. 1 1:00

Church, Chapel, Graveside _____ ; S.D. Memorial Mortuary. 692-3090

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 147 Grave 11 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55556	1,664.73
Balance due	Ø

PAID
OCT 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mort. to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

- over -
Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

S

Work Order # E 17395

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E- 17395

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.

		[illegible]	[illegible]	[illegible]		Tree
		10	11 X	12 [illegible]		

Interment space for: Ollie Mae Fulcher

Interment Date: Fri. Nov. 1st Time: 1:00

Lot: 119 Grave: 11 Row: — Sect: 2 Div: 12

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: Date:

E-17395

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OLLIE	MAE	FULCHER	09/02/1927	10/26/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JEAN FULCHER-DAUGHTER-IN-LAW 761 WOODROW AVE SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1576	▶ Rosa Hava	10/30/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/30/2002 ROSA NAVA	2217633 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-30-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Silver Shields

in a [illegible] Funeral, date, time WED 11-20 2:00

Type of Burial Container

Church, Chapel, Graveside _____ ; S.D. MEMORIAL Mortuary. 692-3090

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 313 Grave — Row — Section 4 Division/~~Block~~ 8

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	450.00
Paid receipt number R-55558	450.00
Balance due	Ø

PAID

OCT 30 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17396

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17396

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			292			
			313 X			
		332 Shrum	333 Herron			

Interment space for: Silver Shields ⊗

Interment Date: WED Time:

Lot: 313 Grave: Row: Sect: 4 Div: 8

Grave Laid out by: Robert B.

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-20-02

E-17396

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

27892-0

(632)

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SILVER	–	SHIELDS	12/30/1924	10/16/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	IDA WRIGHT-DAUGHTER 630 5145 LYLE DR SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	10/24/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/24/2002 ROSA NAVA	2217311 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC 601-D CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 10-29-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

GRAVE of MAUDE PEEBLES CENTER MIDDLE

Date 10-30-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JUNE DAVIS

REG

in a ASH VAULT (Type of Burial Container) Funeral, date, time THUR 11-13 ~~3:00~~ 2:30

Church, Chapel, Graveside _____ ; CLAREMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 20 Grave 6 Row _____ Section 16 Division/Block 7

Grave space & Care Fund ..... Pre-need C-9488	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55561	269.26
Balance due	~~0~~

PAID
OCT 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Peter Likomiscos of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229206

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Peter Likomiscos
Signature

X 2868 murat st
Address

X San Diego, CA 92117
City Zip Code

X (619) 997-7651
Telephone

Work Order # E 17397

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17397

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. GRAVE OF MAUDE PEEBLES CENTER MIDDLE

REG ASH VAULT						
END 3	4	5	20 X 6 PEEBLES	21 BAUDER		
TAPIA 9	10	11 GRAHAM	12 JORDAN			

Interment space for: JONE DAVIS

Interment Date: ~~THUR 11-7~~ weds 11-13 Time: ~~3:00~~ 2:30

Lot: 20 Grave: 6 Row: ____ Sect: 16 Div: 7

Grave Laid out by: NF JR

Agrees with Legal Card: ☐ Yes ☐ No *Key on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 11-5-00

E-17397

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLORIA	JUNE	DAVIS	06/28/1931	10/30/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PETER LIKOMITROS: FRIEND 2868 MURAT STREET SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Diana Lewis	11/04/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DIANA LEWIS 11/04/2002	2217790 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 11-6-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-30-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAMON CALADO 565

In a T.S. VAULT (Type of Burial Container) Funeral, date, time SAT. Nov. 2nd 11:00

Church, Chapel, Graveside (Graveside circled) ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 64 Grave 71 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund (OVERTIME FEE)	600.00
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	2369.38
Paid receipt number R-55562	2369.38
Balance due	Ø

PAID
OCT 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17398

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17398.

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.

		Riggs	5 Jackson X	6 Sherman	0	Tree
		10 X	7 X	8 Moore		

Interment space for: Ramon CALADO

Interment Date: SATURDAY NOV. 2nd Time: 11:00

Lot: 64 Grave: 7 Row: — Sect: 2 Div: 12

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-31-02

E 17398

51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAMON	-	COLADO-MEDINA	10/10/1951	10/29/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	LEONOR COLADO-WIFE 2046 OCEAN VIEW BLVD. SAN DIEGO, CA. 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ Selene Chavez	11/01/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 11/01/2002	2217725 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 11-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

M.E. 2002-46

Date 10-31-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NICOMEDES CARDENAS P.A. #

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time WED 11-6 9:30

Church, Chapel, Graveside _____ ; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 11 Grave TOP 2B Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	9.53
Total Due	726.54
Paid receipt number	
Balance due	

JOHN EDWARDS

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17399

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need lot + trans

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-02

557 558

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lou Louise & Dallas Nailon

in a D.D. Crypt A&B (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 62 Grave 2 Row — Section 1 Division/Block 11

Grave space & Care Fund		895.00
Additional spaces and care fund		—
Opening/Closing & Setup	2@375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording and filing fee	2@45.00	90.00
Sales taxes		29.45
Total Due		2464.45
Paid receipt number R-55565		2464.45
Balance due		0

PAID
OCT 31 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

557 Louise Nailon
Signature

1465 So. 58th St.
Address

San Diego CA, 92114
City Zip Code

619 470-8362
Telephone

Invoice # _____

Work Order # E 17400

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

C-17400

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
NAILON DALLAS	38 392 933	PVT	ORD	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
3078TH ORD MVD CO	13 JUN 46	SEP CEN CP SHELBY MISS

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
RT 1 JENA LASALLE LA	31 MAR 25	STAMPS ARK

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
SEE 9	BROWN	BLACK	5'9"	165 LBS.	1

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	
	X		X			X		AUTOMOBILE SERVICEMAN 7-60.50

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
22 JUL 43		22 JUL 43	SHREVEPORT LA

SELECTIVE SERVICE DATA	25. REGISTERED YES	NO	27. LOCAL S.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	LASALLE LA	SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
DUTY SOLDIER 111 (590)	S R DEC 43

32. BATTLES AND CAMPAIGNS

RHINELAND; CENTRAL EUROPE

33. DECORATIONS AND CITATIONS

ATO MED; EAMETO MED; GOOD COND MED; WORLD WAR 11 VIC MED

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (specify)
JUL 44	JUL 45	JUL 44	TYP DEC 44

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
7 SEP 44	EAMETO	16 SEP 44
?	US	8 JUN 46

37. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE			FOREIGN SERVICE			38. HIGHEST GRADE HELD
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
1	1	20	1	9	2	PVT

39. PRIOR SERVICE

NONE

40. REASON AND AUTHORITY FOR SEPARATION

AR 615-365 CONVN OF GOVT AND TWX WARX 83226 (SERVICE)

41. SERVICE SCHOOLS ATTENDED

NONE

42. EDUCATION (Years)

Grammar	High School	College
7	2	0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. TOTAL DUE	45. THIS PAYMENT	46. OTHER DEBITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS					
2	10	22	$ 300	$ 100	NONE	$ 9.30	$ 120.83 [illegible]

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTION SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE			49. HOW PAID			50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V.A.					Continue	Continue Only	Discontinue
X			X			31 MAY 46	30 JUN 46	$6.40	X		

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

NO TIME LOST UNDER AW 107
LAPEL BUTTON ISSUED
ASR (2 SEP 45) 48

Loa. Jena
8-5-46

56. SIGNATURE OF PERSON BEING SEPARATED

[signature]

PERSONNEL OFFICER (Type name, grade and organization - signature)

N H SENN
CAPT AGD

[signature]

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision

E 17400

Army of the United States

Honorable Discharge

This is to certify that

DALLAS NAILON 38 392 933 PRIVATE
3078TH ORDNANCE MOTOR VEHICLE DISTRIBUTION COMPANY

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at SEPARATION CENTER
CAMP SHELBY MISSISSIPPI

Date

13 JUNE 1946

ARCHIE SORENSON
MAJOR AUS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 30, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Sarver FRI

in a T.S VAULT (Type of Burial Container) Funeral, date, time 10/4 12:00 pm

Church, Chapel, Graveside ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 111 Grave _____ Row _____ Section _____ Division/Block IOOF 27

Grave space & Care Fund ..... Pre-need	—
Additional spaces and care fund	—
Opening/Closing Deta	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-55451	874.38
Balance due	—

PAID
SEP 30 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the X Son. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Donald a Sarver
Signature
X 17861 Hwy 94
Address
X Dulzura CA 91917
City Zip Code
619 468-9224
Telephone

Invoice # _____

Work Order # E 17401

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

37363

E-17401

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MILDRED	NEOMA	SARVER	01/23/1910	09/27/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DONALD A. SARVER (SON) 17861 HWY 94, DU DULZURA, CA 91917

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ [signature]	09/03/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	10/03/2002 ARACELY FLORES	2216062 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10.4.02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

on grave of Stanley A. Vermeulen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIE C. Vermeulen

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI. Nov. 8th 11:00

Church, Chapel, Graveside _____ ; Humphrey's Mortuary.

All MASS Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00

will be applied and billed to undersigned. _____

Lot 4486 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund D-881E-3316	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55587	269.26
Balance due	0

PAID
NOV 06 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mary Beth
593-8767

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Marilyn Ness
Address: 7730 SARANAC PL #10
City: LA MESA, CA 91941
Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17402

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17402

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.

	O TREE			ECKLES		
		Lightner 4486	X	Jones		

Interment space for: Marie C. Vermeulen

Interment Date: Friday Nov 8 Time: 11:00 mass

Lot: E 4486 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NOKM & KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARREYL Date: 11/8/02

E-17402

91-13-4

13613

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIE	CATHERINE	VERMEULEN	01/31/1911	10/30/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	MARIBETH HESS (DAUGHTER) 7730 SARANA CPL., #10 LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD-964	▶ Michelene J. Gil	11/01/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11/01/2002 M.T. GIL	2217737 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Howard Fanker	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED NOV 06 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Anderson

in a D.D. Crypt (A) Funeral, date, time FRI 11-8 11:00

Type of Burial Container

Church, Chapel, Graveside _____ ; FEATHERGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 125 Grave 8 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund E-13613 1997	0
Additional spaces and care fund	—
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	—
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	

Inter fund Transfer 11/14/02

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17403

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

C-17403

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.

		? Burnett	8X	? Arcenaux	McCullaughton	Williams
		Green				

Interment space for: Willie Anderson

Interment Date: FRI 11-8 Time: 11:00

Lot: 125 Grave: 8 Row: — Sect: 2 Div: 11

Grave Laid out by: Norm & J.K.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: DARLEY C Date: 11-05-02

E-17403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willie	A.	Anderson	03/19/1930	11/02/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Helen Anderson, Wife 136 Deerock Pl., San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	11/05/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/05/2002 K. Zaretzka	2217911 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11 8 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SERGIO GOMEZ-LLANOS 588

in a LINER (Type of Burial Container) Funeral, date, time WED 11-6 10:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day-or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 192 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	15.00
Sales taxes	14.73
Total Due	1664.23
Paid receipt number R-55572	1664.73
Balance due	-0-

PAID
NOV 04 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

BLANCA FIGUEROA

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Blanca Figueroa
Signature

X 328 E 9th St
Address

X National City Ca 91950
City Zip Code

X (619) 474-2438
Telephone

Work Order # E 17404

Invoice # _____

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17404

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4 MEZA	5	6		
8	9 MCCLINTON	10	192 X 11	12		

Interment space for: SERGIO GOMEZ-LLANOS

Interment Date: WED 11-6 Time: 10:0

Lot: 192 Grave: 11 Row: ____ Sect: 3 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEY Date: 11-6-03

E 17404

44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SERGIO	–	GOMEZ-LLAMOS	10/27/1958	11/01/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BLANCA FIGUEROA-FIANCEE 308 E. 9TH ST. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL/CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689	▶ Claudette Russ	11/05/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/06/2002 C.RUSS	2217946 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION:

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 852223 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FAUSTA RAMIREZ (586)

in a T.S. VAULT (Type of Burial Container) Funeral, date, time WED'S NOV. 6th 9.00 MASS

Church, Chapel, Graveside (MASS) ; GUADALUPANA Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 153 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R55573	1769.38
Balance due	Ø

PAID
NOV 04 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING CHECK

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

S

585 Carmen Hernandez Wife
Signature
3943 NEREIS DR.
Address
LA MESA 91941
City Zip Code
(619) 3031476
Telephone

Invoice # _____

Work Order # E 17405

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 17405

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

						Tree
	1	2	3 Doss	4	5 Montes	
	7	8	9 X	10 Nuñez	11	12

Interment space for: Fausta Ramirez

Interment Date: Weds Nov 6 Time: Weds Nov 6th

Lot: 153 Grave: 9 Row: — Sect: 2 Div: 12

Grave Laid out by: NF J.R.

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Date: 11.5.02

E-17405

19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FAUSTA	-	RAMIREZ	08/08/1923	10/31/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CARMEN HERNANDEZ-GRANDDAUGHTER 3943 NEREIS DR. SAN DIEGO, CA. 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	Selene Chavez	11/04/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 11/04/2002	2217794

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92185-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 11-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim E. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

where under marker - of grave

GRAVE of MYRLE RANDEL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE WILSON

in a ASH VAULT (Type of Burial Container) Funeral, date, time THUR 11-14 AYD

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3 Grave 9 Row _____ Section MAS Division/Block P

Grave space & Care Fund ..... Pre-need 1929 A 3253 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Pre-need E-13945 0

Burial Container 0

Handling Fees 0

Flower vases – Marker setting fee ..... _____

Recording and filing fee 0

Sales taxes 0

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

DR DAVID RANDEL
Signature

2457 JUANITA WAY
Address

LAGUNA BEACH 92651
City Zip Code

949 376-2259
Telephone

FAX 376-9953

Invoice # _____

Acct. # _____

Work Order # E 17406

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17406

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK AND MORTUARY #1911015

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: WILSON, MARY JANE

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 13 day of Nov, 2002

Address MT. HOPE CEMETERY

Street City State Zip

Signature: Paulette Crawford

Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature:

Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness:

Representative of Cemetery/Funeral Home

GEN 5024 REV 12/91 White - Cemetery Copy Yellow - Customer Copy © 1991 SCI Management L.P.

E-17406

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Grave of Myrle Randel ashes center top

		Lee	HOBBS			
		NEUMANN	9 X RANDEL	JOHNSON	JOHNSON	

Interment space for: JANE WILSON

Interment Date: _____ Time: _____

Lot: 3 Grave: 9 Row: _____ Sect: MAS Div: P

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No *Very on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-14-02

E-17406

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	JANE	WILSON	05/21/1912	11/03/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DR. DAVID RANDEL - NEPHEW 2457 JUANITA WAY LAGUNA BEACH, CA 92651

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Victoria Azzaro	11/07/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 11/07/2002	2218094 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Sommer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 11-9-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIE PHILLIPS 858

in a _____ Type of Burial Container Funeral, date, time THUR 11-7 11:00

Church Chapel, Graveside Mock-SETUP ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot _____ Grave VETERANS Row _____ Section RIVERSIDE Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... PAID _____

Opening/Closing & Setup ..... _____

Burial Container ..... NOV 07 2002 _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA _____

Recording and filing fee ..... MOCK SET-UP 50.00

Sales taxes ..... _____

Total Due 50.00

Paid receipt number R-56593 50.00

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature RAGSDALE

Address

City 671 Zip Code

Telephone

Invoice # _____

Work Order # E 17407 Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES McALLISTER

In a ASH VAULT (Type of Burial Container) Funeral, date, time 10:00 Nov. 14th Weds

Church, Chapel, Graveside Delivery only CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3632 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need D-282	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55628	269.26
Balance due	Ø

PAID

NOV 18 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E 17408

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES McALLISTER

In a ASH VAULT Funeral, date, time

Church, Chapel, Graveside DELIVERY ONLY, CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned _____

Lot 3632 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need # D-282	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vase – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26

Paid receipt number _____ Balance due _____

I hereby certify I am the X GENE McALLISTER, NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded Owner & Date

X Gene McAllister
Signature
X 9880 TROPICO DRIVE
Address
X LA MESA, CA 91941
City State Zip Code
X 619/589-7837
Telephone

Invoice # _____

Work Order # E 17408 Acct. # _____

REA-104 (7-98) *This information is available in alternative formats upon request.*

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E-17408

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. GRAVE OF NORMA McALLISTER

3629 WILSTER	3630 WILSTER	3631 LARSEN	3632 X	3633	3634	3635
			McALLISTER			

Interment space for: JAMES McALLISTER

Interment Date: 11-20-02 Time: 10:00

Lot: 3632 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N Date: 11-17-02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES McALLISTER

In a ASH VAULT Funeral, date, time

Church, Chapel, Graveside DELIVERY ONLY ; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3632 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need D-282	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number	
Balance due	

I hereby certify I am the X GENE McALLISTER, NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of nearest kin or agent

X Gene McAllister

X 9480 TROPICO DRIVE

X LA MESA, CA 91941

X 619/589-7837

Invoice # _____

Work Order # E 17408

Acct. # _____

REA-194 (7-88)

This information is available in alternative formats upon request.

TRANSMISSION VERIFICATION REPORT

TIME : 11/08/2002 14:51
NAME : CONRAD LG MORTUARY
FAX : 6194608747
TEL :

DATE.TIME	11/08 14:50
FAX NO./NAME	5273403
DURATION	00:00:45
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

E-17408

27328

13617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAMES	LEON	MCALLISTER	01/29/1925	11/01/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GENE H. MCALLISTER - NEPHEW 9450 TROPICO DRIVE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	[signature]	11/04/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 11/05/2002	2217883

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11/20/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE COSTA MESA, CA 92626	12B. DATE CREMATED NOV 07 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-02

603

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOREN DARYL McGee

in a Liner (Type of Burial Container) Funeral, date, time FRI. NOV 8th 1:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 242 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55584	1,664.73
Balance due	0

PAID

NOV 06 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gloria McGee

I hereby authorize the interment in lot I hold under deed.

602

Signature of recorded holder of deed

x Gloria McGee
Signature

x 10280 MESA MADERA DR
Address

x S.D. CA. 92131
City Zip Code

x (858) 689-2357
Telephone

Invoice # _____

Work Order # E 17409

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17409

45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOREN	DARYL	MCGEE	03/23/1957	11/05/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GLORIA MCGEE, MOTHER 10280 MESA MADERA DRIVE SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ Blair Campbell	11/06/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/06/2002 B. CAMPBELL	2218005 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Darrell Fowler
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT LARSON

in a Liner (Type of Burial Container) Funeral, date, time WED'S NOV. 13th 11:00

Church, Chapel, Graveside Delivery Only MAYOR Mortuary. John

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 18 Grave 10 Row — Section 1 Division/Block 12

Grave space & Care Fund	E-16323 2001	0
Additional spaces and care fund		—
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording and filing fee		0
Sales taxes	Interfund Transfer 11/14/02	0
	Total Due	0
	Paid receipt number	
	Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17410

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17410

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.

				Miller		
	8 Satchell	9 Sanchez	10 X	11	12 Scarborough	
			Pleasant			

Interment space for: Robert Larsen

Interment Date: 11-13-02 Wed's Time: 10:00 Delivery Only

Lot: 18 Grave: 10 Row: — Sect: 1 Div: 12

Grave Laid out by: N.F. J.R.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: _____ Date: _____

E-17410

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	-	Larson	11/25/1920	11/06/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gregory Brown, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA 92116	FD 1424	▶ John Mayer	11/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11/12/2002 John Mayer	2218292 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adolphus Rogers

in a _____ Funeral, date, time Tues 11-12

Type of Burial Container

Church, Chapel, Graveside MOCK SET UP ; 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.

VETERANS

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee MOCK set-up	50.00
Sales taxes	
Total Due	50.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17411

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Johnny & Scarlet Henderson

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 107 Grave 2 Row — Section 3 Division/Block 12

Grave space & Care Fund E-12556	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55597	769.73
Balance due	0

PAID

NOV 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Johnny Henderson
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

5156 Cervantes
Address

San Diego CA 92114
City Zip Code

Telephone

2 of 2

Invoice # _____

Work Order # E 17412

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Preneed TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Johnny & Scarlett Henderson

in a D.D. CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 107 Grave 1 Row — Section 3 Division/Block D2

Grave space & Care Fund	E-12556	-0-
Additional spaces and care fund		—
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
Total Due		1569.45
Paid receipt number	R-55596	1569.45
Balance due		Ø

PAID NOV 08 2002 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: J. Johnny Henderson

Address

City Zip Code

Telephone

Signature of recorded holder of deed

1 OF 2

Invoice # _____

Work Order # E 17413

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rec

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/8/02

611

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Allen Jones

in a TS vault (Type of Burial Container) Funeral, date, time 11/12/02 2:00

Church Chapel Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 125 Grave 4 Row _____ Section 2 Division Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55598	
Balance due	1769.38

PAID

NOV 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Gwendolyn L. Jones one of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

610

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Gwendolyn L. Jones
Signature
7050 Arnacost Rd.
Address
San Diego 92114
City Zip Code
619 466-0657
Telephone

Invoice # _____

Work Order # E 17414

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17414

Mt Hope Cemetery
Contract Entry Verification
11/18/2002

Contract Number: E-17414-A

Contract Date: 11/08/2002
Purchaser: Jones, Gwendolyn
1050 Armacost Road
San Diego ,CA 92114
Beneficiary: Jones, Michael Allen

Purchaser Number: 610 /
Phone: 619-466-0657
Child Prot: N

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-2	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		125	4	A

E-17414

Mt Hope Cemetery
Contract Entry Verification
11/18/2002

Contract Number: E-17414-A

Contract Date: 11/08/2002
Purchaser: Jones, Gwendolyn
1050 Armacost Road
San Diego ,CA 92114
Beneficiary: Jones, Michael Allen

Purchaser Number: 610 /
Phone: 619-466-0657
Child Prot:N

Counselors: 4 PAULETTE CRAWFORD

BASE PRICE	1,750.00	NUMBER OF INSTALLMENTS	1
SALES TAX	19.38	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,769.38	ODD PAYMENT OF	1,769.38
TOTAL DOWNPAYMENT	0.00-	DATE FIRST PAYMENT DUE	12/18/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
[illegible]AL OF PAYMENTS	1,769.38		
DEFERRED PAYMENT PRICE	1,769.38		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	179.00	
R S Equity	1,459.00	
A Interest	0.00	
R S Tax Recovery	19.38	
R S Cost of Goods	112.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E 174A

Mt Hope Cemetery
Agreement Confirmation
11/18/2002

Agreement Number: E-17414-A
Agreement Date: 11/08/2002
Purchaser: Jones, Gwendolyn
1050 Armacost Road
San Diego ,CA 92114
Beneficiary: Jones, Michael Allen

Purchaser Number: 610 /
Phone: 619-466-0657
Child Protection: N

Counselors: 4 PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 11-2	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		125	4	A

BASE PRICE	1,750.00
SALES TAX	19.38
TOTAL CASH PRICE	1,769.38
TOTAL DOWNPAYMENT	0.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,769.38
DEFERRED PAYMENT PRICE	1,769.38
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	1,769.38
DATE FIRST PAYMENT DUE	12/18/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E-17414

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.

Morgan	open	CAVNOT	X	tree	tree	

Interment space for: Michael A Jones

Interment Date: 11/12 Time: 2:00

Lot: 125 Grave: 4 Row: ____ Sect: 2 Div: 1

Grave Laid out by: N.F Jr.

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-17414

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	ALLEN	JONES	10/01/1968	11/05/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	GWENDOLYN JONES, MOTHER 1050 ARNACOST ROAD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Elan Campbell	11/08/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	11/08/2002 B. CAMPBELL	2218115

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Marion W. Kelley

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2057 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund D-6237	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	200.00
Handling Fees	158.00
Flower vases - Marker setting fee (1) Bolv. vase	
Recording and filing fee PAID	46.00
Sales taxes	15.51
Total Due	793.51
Paid receipt number R-55599	793.51
Balance due	0

NOV 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Patricia A. Harding
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

1000 Eastside Rd
Address

El Cajon 92020
City Zip Code

(619) 449-7821
Telephone

Invoice # _____

Work Order # E 17415

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

Upper Right City of San Diego

Date NOV 8 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia Lois Pullman ⊗

in a Ash vault (Type of Burial Container) Funeral, date, time Mon Nov. 18 2:50

Church, Chapel, Graveside ; ~~Kirkley Mitchell~~ Mortuary. FAMILY

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 34 Grave _____ Row _____ Section P Division/Block MAS

Grave space & Care Fund	BA 6779	[illegible]
Additional spaces and care fund		
Opening/Closing & Setup	X	105.00
Burial Container	X	55.00
Handling Fees	X	60.00
Flower vases – Marker setting fee		
Recording and filing fee	X	45.00
Sales taxes		4.26
Total Due		269.26
Paid receipt number R-55600		269.26
Balance due		Ø

PAID
NOV 08 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 2769 NIPOMA ST
Address

X SAN DIEGO CA 92106
City Zip Code

X 619 222 7535
Telephone

Invoice # _____

Work Order # E 17416

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17416

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.

			STEFFEN			
	Ferguson	Beatty	34 X		Shelek	

Interment space for: Virginia L. Pullman

Interment Date: Nov. 18 Time: 2:30

Lot: 34 Grave: ____ Row: ____ Sect: P Div: MAS

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☐ Yes ☐ No

Flagpole approve

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-18-02

E-17416

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIRGINIA	LOIS	PULLMAN	05/14/1912	09/27/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
GRANTS PASS	OREGON	ROBERT AMBLER - DPOA 2769 NIPOMA ST., SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NERKLEY-[illegible] MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	SAN DIEGO	▶ [illegible]	11/01/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/04/2002 R.M. ZULLO	2217808 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. *ADDRESS OF REGISTRAR OF DISTRICT OF DEATH*— IF DEATH OCCURRED IN CALIFORNIA: -

9E. *ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION*— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: P.O. BOX 85222, SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11/18/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callaw[illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 8 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rufus White

in a Liner (Type of Burial Container) Funeral, date, time Nov 14, Thurs. 1:00

Church, Chapel, Graveside ; S.D. memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 95 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1664.73
Paid receipt number PAID BY M/C	1664.73
Balance due	0

PAID

NOV 08 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Family NAVOR 233-3015

Invoice # _____

Work Order # E 17417

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17417

Linda & Brooks (white)

179.00 20%
716.00 80%
375.00 O/C
190.00 B/C
145.00 H/F
45.00 R/F
14.73 Sales Tax
1664.73

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

11/08/02 15:11:25 KEYED

MC XXXXXXXXXXXX89274

AUTH# 087558 REF# 19502001
AVS: NO AVS REQSTED

SALE $ 1664.73

TOTAL $ 1664.73

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x phone/card

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17417

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 SNEED	4 X	5 Wilson	6 Wilson	

Interment space for: Rufus White

Interment Date: 11-14-02 THURS. Time: 1:00 CHAPEL

Lot: 95 Grave: 4 Row: — Sect: 1 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-13-02

E-17417

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUFUS	-	WHITE	02/24/1930	11/06/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINDA WHITE-NIECE niece 5307 RADECK AVE BALTIMORE MD 21206

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO CA 92104	FD-1575	▶ Rosa Nava	11/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	ROSA NAVA	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY PEABODY 619

in a LINER (Type of Burial Container) Funeral, date, time FRI 11-15 2:00

Church, Chapel, Graveside ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3589 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1764.73
Paid receipt number VISA	1764.73
Balance due	-0-

PAID
NOV 12 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Betty
443-0184

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Betty M. Scorza 614
Signature

X 10904 Quail Canyon Rd.
Address

X El Cajon, Ca 92021
City Zip Code

X 619 443 0184
Telephone

5

Work Order # E 17418

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17418

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.

ROAD						
	3587	3588	3589 X	3590 ALLEN	3591	3592 Sherwood
			GRAYSON			

Interment space for: MARY PEABODY

Interment Date: FRI 11-15 Time: 2:00

Lot: 3589 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No *Sky on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-14-02

E-17418

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	O.	Peabody	08/16/1905	11/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Betty M. Storrs, Daughter 10904 Quail Canyon Rd., El Cajon CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1003	▶ [signature]	11/13/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/13/2002 K. Zaretzka	▶ 2218392

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12 chairs

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOSEPHINE M. KIAH

in a T. S. VAULT (Type of Burial Container) Funeral, date, time WED 11-13 1:00

Church, Chapel, Graveside _____ : GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 141 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number M/C	1769.38
Balance due	0

PAID
NOV 12 2002
MT. HOPE CEMETERY
CITY OF SAN DIEGO, C.

I hereby certify I am the X HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

600

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] (Signature)
X 20826 N. 110th DR (Address)
X SUN CITY, AZ, 85373 (City, Zip Code)
X 623-566-4504 (Telephone)

Work Order # E 17419

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 17419

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	5	6		
8	9 JENOTT	10	141 X 11	13 CASSARD		

Interment space for: JOSEPHINE KIATH

Interment Date: WED 11-13 Time: 1:00

Lot: 141 Grave: 11 Row: ____ Sect: 1 Div: 11

Grave Laid out by: N.F. Jr.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 11/12/02

E-17419

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEPHINE	M.	KIAH	03/19/1917	11/07/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PEORIA	PHOENIX	MYRON KIAH - HUSBAND 20826 NORTH 11TH DRIVE SUN CITY, CA 85373

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	FD 843	▶ Victoria Azzaro	11/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 11/13/2002	2218326 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	P.O. BOX 85222 SAN DIEGO, CA 92186 5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LO (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ Kim F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Mt Hope Cemetery
Contract Entry Verification
11/14/2002

E- 17419

Contract Number: E-17419-A

Contract Date: 11/12/2002
Purchaser: Kiah, Myron
20826 North 11th Drive
Sun City ,CA 85373
Beneficiary: Kiah, Josephine M

Purchaser Number: 600 /
Phone:
Child Prot: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-1	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		141	11	A

Mt Hope Cemetery
Contract Entry Verification
11/14/2002

E 17419

Contract Number: E-17419-A

Contract Date: 11/12/2002
Purchaser: Kiah, Myron
20826 North 11th Drive
Sun City ,CA 85373
Beneficiary: Kiah, Josephine M

Purchaser Number: 600 /
Phone:
Child Prot: N

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,750.00	NUMBER OF INSTALLMENTS	1
SALES TAX	19.38	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,769.38	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,769.38 -	DATE FIRST PAYMENT DUE	12/14/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE: Walk-in	
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	1,769.38		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	179.00	
R S Equity	*1,459.00*	
A Interest	0.00	
R S Tax Recovery	19.38	
R S Cost of Goods	112.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E- 17419

Mt Hope Cemetery
Agreement Confirmation
11/14/2002

Agreement Number: E-17419-A
Agreement Date: 11/12/2002
Purchaser: Kiah, Myron
20826 North 11th Drive
Sun City ,CA 85373
Beneficiary: Kiah, Josephine M

Purchaser Number: 600 /
Phone:
Child Protection: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 11-1	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		141	11	A

BASE PRICE	1,750.00
SALES TAX	19.38
TOTAL CASH PRICE	1,769.38
TOTAL DOWNPAYMENT	1,769.38-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,769.38
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	12/14/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MYRON RIAH 618

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 141 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number M/C	895.00
Balance due	-0-

PAID
NOV 12 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Myron P. Kiah
Signature
20826 N. 110 DR
Address
SUN CITY AZ 85373
City Zip Code
623 566 4504
Telephone

Invoice # _____

Work Order # E 17420

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Mt Hope Cemetery
Contract Entry Verification
11/19/2002

E 17420

Contract Number: E-17420-L

Contract Date: 11/12/2002
Purchaser: Kiah, Myron
20826 N. 110th Drive
Sun City ,AZ 85373

Purchaser Number: 618 /
Phone: 623-566-4504
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-1	895.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		141	10	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	895.00 -	DATE FIRST PAYMENT DUE	12/19/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	895.00		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	179.00	
R S	Equity	716.00	
A	Interest	0.00	
R S	Tax Recovery	0.00	
R S	Cost of Goods	0.00	
R M	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E- 17420

Mt Hope Cemetery
Agreement Confirmation
11/19/2002

Agreement Number: E-17420-L
Agreement Date: 11/12/2002
Purchaser: Kiah, Myron
20826 N. 110th Drive
Sun City ,AZ 85373
Purchaser Number: 618 /
Phone: 623-566-4504
Child Protection: N
Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves Property	*Division 11-1*	*895.00*	*0.00*	

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	1		141	10	A

BASE PRICE	895.00
SALES TAX	0.00
TOTAL CASH PRICE	895.00
TOTAL DOWNPAYMENT	895.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	895.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	12/19/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

on the Grave of Sherwin Coulthurst ON THE RIGHT (UPPER)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joan Bender Coulthurst &

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED'S NOV 13 10:00

Church, Chapel, Graveside _____ ; AYD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 7 Row — Section MAS Division ~~Block~~ 0

Grave space & Care Fund ..... C-5964 ..... ⊖

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... PAID ..... ⊖

Burial Container 55.00

Handling Fees ..... NOV 12 2002 ..... 60.00

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY ..... —

Recording and filing fee ..... CITY OF SAN DIEGO CA 45.00

Sales taxes 4.26

COL 0508905 3-25-03

Total Due 164.26

Paid receipt number Credit Card 164.26

Balance due ⊘

I hereby certify I am the NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Robert S. Hargrave

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17421

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jean	Bender	Coulthurst	09/03/1905	02/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Albuquerque	New Mexico	Kevin Coulthurst, Grandson 4114 LaMerced Court, Rio Rancho, New Mexico, 87124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ K. Z[illegible]

8B. DATE SIGNED: 11/06/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/07/2002 K. Zaretzka	2218058 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: –

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ C[illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

on grave of SALERWIN Coulthurst ON THE LEFT (UPPER)

City of San Diego

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Joseph Coulthurst Sr.

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED. - NOV. 13, 10:00

Church, Chapel, Graveside _____ : AYD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 7 Row — Section MAS Division/Block 0

Grave space & Care Fund C - 5964	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number Credit card	269.26
Balance due	0

PAID

NOV 12 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

COL 60508905
3-25-03

I hereby certify I am the NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Robert S. Hargrave

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17422

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

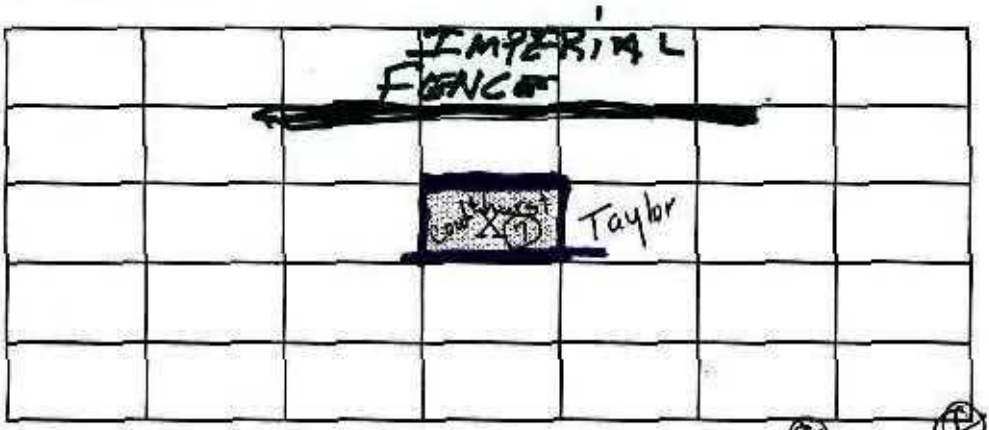
on grave of Sherman Coulthurst

E 17422

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.



Interment space for: Coulthurst, Lawrence & Jean

Interment Date: 11-13-02 Time: AYD

Lot: 6 Grave: 7 Row: ____ Sect: MA S Div: 0

Grave Laid out by: Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: D ARREY Date: 11-13-02

E- 17422

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

100

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lawrence	Joseph	Coulthurst	07/16/1901	06/22/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Albuquerque	New Mexico	Kevin Coulthurst, Grandson 4114 LaMerced Court, Rio Rancho, New Mexico, 87124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	11/07/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	11/07/2002 K. Zaretzka	2218057 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 11.13.02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-02

609

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRENE SAYERS

in a LINER (Type of Burial Container) Funeral, date, time WED 11-13 1:30

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 213 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number VISA	1664.73
Balance due	0

PAID
NOV 12 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

607

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] THOMAS B. BELL
Signature

X 11379 ACRUX DR.
Address

X San Diego, CA. 92126
City Zip Code

X (858) 689-0051
Telephone

Invoice # _____

Work Order # E 17423

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 17423

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.

	Bishop no marker	Nielson marker only	213 X 3	Edmonds	open 5	open 6
	Hoper 7 no marker	Thompson no marker	Anderson	open 10	Open 11	open 12

Interment space for: Irene Sayers

Interment Date: WED 11-13 Time: 1:30

Lot: 213 Grave: 3 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No Stay on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 11-13-02

E-17423

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 103

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IRENE	ODEALIA	SAYERS	11/13/1898	11/06/2002	F

5A. CITY OF DEATH: LA JOLLA

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: THOMAS BELL, GRANDSON, 11379 ACRUX DRIVE, SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD, SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1329

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Dia. Campbell

8B. DATE SIGNED: 11/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 11/12/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2218264 B. CAMPBELL ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS, P.O. BOX 85222, SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 11-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-17423

Mt Hope Cemetery
Contract Entry Verification
11/15/2002

Contract Number: E-17423-A

Contract Date: 11/12/2002
Purchaser: Bell, Thomas B
11379 Acrux Drive
San Diego ,CA 92126
Purchaser Number: 607 /
Phone: 858-689-0051
Child Prot: N
Beneficiary: Sayers, Irene Odealia

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,650.00	NUMBER OF INSTALLMENTS	1
SALES TAX	14.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,664.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,664.73 -	DATE FIRST PAYMENT DUE	12/15/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE: Walk-in	
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	1,664.73		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	179.00	
R S Equity	1,399.00	
A Interest	0.00	
R S Tax Recovery	14.73	
R S Cost of Goods	72.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation
11/15/2002

E-17423

Agreement Number: E-17423-A

Agreement Date: 11/12/2002

Purchaser: Bell, Thomas B
11379 Acrux Drive
San Diego ,CA 92126

Purchaser Number: 607 /
Phone: 858-689-0051
Child Protection: N

Beneficiary: Sayers, Irene Odealia

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Bell Liner	190.00	14.73	
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		213	3	A

BASE PRICE	1,650.00
SALES TAX	14.73
TOTAL CASH PRICE	1,664.73
TOTAL DOWNPAYMENT	1,664.73 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	1,664.73
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	12/15/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E-17423

Mt Hope Cemetery
Contract Entry Verification
11/15/2002

Contract Number: E-17423-A

Contract Date: 11/12/2002
Purchaser: Bell, Thomas B
11379 Acrux Drive
San Diego ,CA 92126
Beneficiary: Sayers, Irene Odealia

Purchaser Number: 607 /
Phone: 858-689-0051
Child Prot: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		213	3	A

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOP CEN 708

Date 11/12/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bruce Quon

In a Ash vault (Type of Burial Container) Funeral, date, time MON 11-18 9:30

Church, Chapel, Graveside _____ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot _____ Grave 15 Row 8 Section 1 Division/Block Chinese

Grave space & Care Fund E 2514	—
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Ash vault Oversize	55.00
Handling Fees	40.00
Flower vases – Marker setting PAID	
Recording and filing fee	45.00
Sales taxes NOV 12 2002	4.26
Total Due	269.26
MT. HOPE CEMETARY CITY OF SAN DIEGO Receipt number R55604	269.26
Balance due	—

I hereby certify I am the X COUSIN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

William Kuan

X _____ Signature

X 5462 EVENING SKY DR Address

X SIMI VALLEY, CA 93063 City Zip Code

X 1-805-527-1713 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E 17424

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17424

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.

Overseye

			ROW 8 X 15	14 EVON	13 EVON	

Interment space for: BRUCE EVON

Interment Date: MON 11-18 Time: 9:30

Lot: ____ Grave: 15 Row: 8 Sect: 1 Div: CHIN

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-18-02

E-17424

56

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BRUCE	GARY	QUON	09/02/1946	11/11/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIAM KWAN: COUSIN 5462 EVENING SKY DRIVE SIMI VALLEY, CA 93063

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Diana Lewis	11/13/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DIANA LEWIS 11/13/2002	2218344 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Howard Fowler	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 11/18/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion W. Kelley

in a Liner (Type of Burial Container) Funeral, date, time FRI. Nov. 15th 10:00

Church, Chapel, Graveside _____ ; Erickson - Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2057 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund D-6237	0
Additional spaces and care fund	—
Opening/Closing & Setup	370
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number R-55599	0
Balance due	0

Paid by Patricia Harding 695-3051 449-7821

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17425

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-17425

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	2055 Thomas	X	2057 X	X	2059 Profeta	2061 Wright

Interment space for: Marion W. Kelley

Interment Date: 11-15-02 Time: 10:00 CHAPEL

Lot: 2057 Grave: — Row: — Sect: 3 Div: 8

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flagon grave

Blind Check & Verified By: DAVID N. Date: 11-14-02

E-17425

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

a9

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARION	WILLIAM	KELLEY	01/27/1903	11/11/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	PATRICIA A. HARDING - DAUGHTER 1000 EASTSIDE RD EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE, LA MESA, CA 91941	FD-296	▶ Paulette Valentine	11/13/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/13/2002 P VALENTINE	2218347 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA ▶ Kim Lamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 63 William Lafayette Hayes

in a T.S. VAULT (Type of Burial Container) Funeral, date, time NOV. 18, MON. 11:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

Mt. Zion

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 483 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,869.38
Paid receipt number R-55610	1,869.38
Balance due	Ø

PAID

NOV 13 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

63 Eloise K Daniels
Signature
748 Santa Isabel Dr
Address
San Diego Calif 92114
City Zip Code

Telephone

Invoice # _____

Work Order # E 17426

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 17426

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.

					BENNETT	
			483 X	484 X	BUSH	ALONZO
			GRACE	NORTON		

Interment space for: William L. Hayes

Interment Date: 11-18-02 Time: 11:00 Mt. Zion Church

Lot: 483 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: N F KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date:

Flag on Grave

E 17426

60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	LaFAYETTE	HAYES	10/02/1942	11/09/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELOISE K. DANIELS, MOTHER SANTA ISABEL DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [illegible]	11/14/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/18/2002 B. CAMPBELL	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Bdl~~ MARY H. BBARD PA 20030563

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time FRI 11-15 10:30

Church, Chapel, Graveside DELIVERY ONLY ; PARIS FREDERICK Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 11 Grave 3A Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number 44181	726.54
Balance due	0

PAID

MT. HOPE CEMETARY CITY OF SAN DIEGO 11-25-09

MARCO DE LATOBA

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

PA
Signature

Address

City Zip Code

Telephone

Invoice # 371219

Work Order # E 17427

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17427

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	LOUISE	HIBBARD	02/09/1909	11/05/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	MARCO DE LA TOBA PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS FREDERICK MORTUARY 374 N. MAGNOLIA AVE. EL CAJON, CA. 92020	FD 795	▶ Leonard Belville	11/13/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7,00	11/13/2002 L. BELVILLE	2218405 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sil PABLO MENDOZA P.A. #20030378

in a D.D. Crypt (First Burial) Funeral, date, time Fri. Nov. 15th 12:30

Type of Burial Container

Church, Chapel, Graveside _____ : Humphrey Mortuary. 425-9111

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ CHAD

will be applied and billed to undersigned. _____

Fax 425-6055

Lot 11 Grave 3 B Row _____ Section _____ Division/~~Block~~ 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number 64178	726-54
Balance due	-0-

PAID

Entered in mainframe 11-22-02

MT. HOPE CEMETARY
CITY OF SAN DIEGO

P.A. MARCO Delatoba

paid 1/2/03

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.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature PA

Address #2

City _____ Zip Code

Telephone

Invoice # 371128

Acct. # 000952

Work Order # E 17428

11-22-02

REA-104 (7-96)

This information is available in alternative formats upon request.

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37451

E- 17428

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PABLO	HIGUERA	MENDOZA	01/15/1950	09/21/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	MARCO DeLaTOBA, PUBLIC ADMINIST. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ [signature]	11/15/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11/15/2002 ARACELY FLORES	2218532 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED: 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust 620

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward A. Hamed & Ayad

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. 619

Lot 129 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund ..... Pre-need	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup ..... PAID	450.00
Burial Container	
Handling Fees ..... NOV 14 2002	
Flower vases – Marker setting fee ..... MT. HOPE CEMETAR	
Recording and filing ..... CITY OF SAN DIEGO	45.00
Sales taxes	6.20
Total Due	501.20
Paid receipt number R-55611	501.20
Balance due	~~0~~

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X [signature] (Hamed)
Signature

X 240 [illegible] PL
Address

X SAN DIEGO CA 92116
City Zip Code

619 472 0689
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17429

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
Agreement Confirmation
11/19/2002

E-17429

Agreement Number: R55613-A

Agreement Date: 11/14/2002

Purchaser: Izard, Edward A
290 Parkbrook Pl
San Diego ,CA 62114

Purchaser Number: 620 /
Phone: 619-472-0689
Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Misc Fees	Granite Marker Setting Fe	125.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum			129	1	

BASE PRICE	125.00
SALES TAX	0.00
TOTAL CASH PRICE	125.00
TOTAL DOWNPAYMENT	125.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	125.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
OTHER PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	12/19/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

C-17429

Mt Hope Cemetery
Contract Entry Verification
11/19/2002

Contract Number: R55613-A

Contract Date: 11/14/2002
Purchaser: Izard, Edward A
290 Parkbrook Pl
San Diego ,CA 62114

Purchaser Number:620 /
Phone: 619-472-0689
Child Prot:N

Beneficiary:

Counselors; 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Misc Fees	Granite Marker Setting Fe	125.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum			129	1	

BASE PRICE	125.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	125.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	125.00 -	DATE FIRST PAYMENT DUE	12/19/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	125.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R S Equity	125.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYDIA TODD (613)

in a LINER (Type of Burial Container) Funeral, date, time FRI 11-15 12:00

Church, Chapel, Graveside ; S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 98 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55614	1,664.73
Balance due	Ø

PAID

NOV 14 2002

MT. HOPE CEMETAR
CITY OF SAN DIEGO

X

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Signature SEE ATTACHED

X Address FAX

City Zip Code

X Telephone

Invoice # _____

Acct. # _____

Work Order # E 17430

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYDIA TODD

in a LINER (Type of Burial Container) Funeral, date, time FRI 11-15 12:00

Church, Chapel, Grevesite _____ S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 98 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73

Paid receipt number _____

Balance due _____

I hereby certify I am the X Mortuary of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Jeffrey B Johnson
Signature

X 2441 University
Address

X Ave SD 92104
City

X _____
Telephone

Invoice # _____

Work Order # E 17430

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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1

E- 17430

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3 KIRKPATRICK	4 white	5	6		
8	9 JEFFERSON	10	98 X 11	12		

Interment space for: LYDIA TODD

Interment Date: FRI 11-15 Time: 12:00

Lot: 98 Grave: 11 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-14-02

E-17430

82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(613)

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LYDIA	CLARK	TODD	09/20/1920	11/12/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ROBIN TODD - DAUGHTER 410 S. MEADOWBROOK DR.#B SAN DIEGO, CA 92114 (612)

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	11/14/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/15/2002 J. JOHNSON	▶ 2218509

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

631

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quron B. Izard

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 130 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund ..... Pre-need	0
Additional spaces and care fund	
Opening/Closing & Setup	450.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.20
Total Due	501.20
Paid receipt number R-55611	501.20
Balance due	0

PAID
NOV 14 2002
MT HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

620 X Ed Izard (INTERMED)
Signature

X 240 PARKERNOLL Cpr
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 472 0889
Telephone

Invoice # _____

Work Order # E 17431

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
Contract Entry Verification
11/20/2002

E - 17431

Contract Number: E-16141-L

Contract Date: 01/18/2001
Purchaser: Muslim, Organization And/Or Izard, Quron B
11080 Caminata Douro
San Diego ,CA 92129
Purchaser Number: 630 / 631
Phone: 858-672-2646
Child Prot: N
Beneficiary: Izard, Quron B

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Muslim	550.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum			130	1	A

BASE PRICE	550.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	550.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	550.00 -	DATE FIRST PAYMENT DUE	12/20/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @ 0.000% AMORTIZE		
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	550.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	110.00	
R S Equity	440.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation

E- 17431

11/20/2002

Agreement Number: E-16141-L

Agreement Date: 01/18/2001

Purchaser: Muslim, Organization And/Or Izard, Quron B
11080 Caminata Douro
San Diego ,CA 92129

Purchaser Number: 630 / 631
Phone: 858-672-2646
Child Protection: N

Beneficiary: Izard, Quron B

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves Property	Muslim	550.00	0.00	

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum			130	1	A

BASE PRICE	550.00
SALES TAX	0.00
TOTAL CASH PRICE	550.00
TOTAL DOWNPAYMENT	550.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	550.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
[illegible] PAYMENT OF	0.00
[illegible]E FIRST PAYMENT DUE	12/20/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

Mt Hope Cemetery
Contract Entry Verification
11/20/2002

E-17431

Contract Number: E-17431-T

Contract Date: 11/14/2002
Purchaser: Izard, Edward A
290 Parkbrook Pl
San Diego ,CA 62114
Beneficiary: Izard, Quron B

Purchaser Number: 620 /
Phone: 619-472-0689
Child Prot: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Opening/Closing	Muslim Grave - Adult	375.00	0.00		
1	Burial Vaults	Muslin Adult Slab	80.00	6.20		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum	MUSL		130	1	

[illegible]E PRICE	500.00	NUMBER OF INSTALLMENTS	1
SALES TAX	6.20	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	506.20	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	501.20-	DATE FIRST PAYMENT DUE	12/20/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	5.00-		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	506.20		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
I V	P/N Trust	420.00	1.0000
R S	Equity	0.00	
A	Interest	0.00	
R S	Tax Recovery	6.20	
R S	Cost of Goods	80.00	
[illegible]	Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation

E-17431

11/20/2002

Agreement Number: E-17431-T

Agreement Date: 11/14/2002

Purchaser: Izard, Edward A
290 Parkbrook Pl
San Diego ,CA 62114

Purchaser Number: 620 /
Phone: 619-472-0689
Child Protection: N

Beneficiary: Izard, Quron B

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Opening/Closing	Muslim Grave - Adult	375.00	0.00	
1	Burial Vaults	Muslin Adult Slab	80.00	6.20	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Muslum	MUSL		130	1	

BASE PRICE	500.00
SALES TAX	6.20
TOTAL CASH PRICE	506.20
TOTAL DOWNPAYMENT	501.20 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	5.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	506.20
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	12/20/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHUNG FU GU

in a LINER (Type of Burial Container) Funeral, date, time Mon. NOV. 18th 2:30

Church, Chapel, Graveside Witness ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 182 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R – 55619	1664.73
Balance due	0

PAID

NOV 15 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Mortuary Rep. Chantal Bradford of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X See attachment Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 17432

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHUNG FU

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 182 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73

Paid receipt number _____

Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 4461 Dawson Ave.
Address

X San Diego CA 92115
City Zip Code

X 619-582-0151
Telephone

Invoice # _____

Work Order # E 17432

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Witness Burial

2:30 Monday One Person at Burial Site.

11/18/02.

AID

NO. CA Shurs Clk

11/14/02

E-17432

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2 Fletcher	3 McDaniel	4 McDaniel	5	6	
7	8	9	182 X 10	11	12	

Interment space for: Chung Fu

Interment Date: 11/18/02 Time: 2:30

Lot: 182 Grave: 10 Row: ____ Sect: 2 Div: 12

Grave Laid out by: NF cHuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No ALREADY opened

Blind Check & Verified By: ____ Date: ____

E-17432

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1912

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHUNG	LOON	FU	12/20/[redacted]	11/14/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STANLEY FU-SON 616 4461 DAWSON AVE. SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	11/15/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/15/2002 J. BENYARD	▶ 2218591

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/15/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 629 Neoma Anderson

in a Liner (Type of Burial Container) Funeral, date, time Mon. Nov. 18th 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 112 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R55620	1,664.73
Balance due	0

PAID
NOV 15 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Monica Martinez
Address: 3052 Franklin Ave
City: San Diego Zip Code: CA 92113
Telephone: (619) 233-6256

Invoice # _____

Work Order # E 17433

Acct. # _____

REA-10-1 (7-98)

This information is available in alternative formats upon request.

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E- 17433

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.

	Lt 111			Lt 112		
4 Thornton	5 open	6 open	1 Moore-	2 Moore	3 Jordan	4 Hayden
10 Hughes	11 open	open	7 X	8 west	9 open	10 Villegas
Lt 122	5 Martin	6 open	1 Morrow	2 open	3 unknown burial	Lt 123

Interment space for: Neoma Anderson

Interment Date: 11/18/02 Time: 11:00

Lot: 112 Grave: 7 Row: ____ Sect: 2 Div: 12

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-17433

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

629

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NEOMA	-	ANDERSON	11/11/1914	11/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NORMA MARTINEZ, DAUGHTER 3052 FRANKLIN AVENUE SAN DIEGO, CA 92113

628

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	11/15/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/15/2002 S. CAMPBELL	2218565 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 6391 JAMES WICKWARE

in a LINER (Type of Sealed Container) Funeral, date, time THUR 11-21 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 144 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	140.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R - 55631	1564.73
Balance due	0

PAID

NOV 19 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, C.

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Vernell Floyd

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Vernell Floyd 638

Signature

X 5529 Fredonia St.

Address

X San Diego 92105

City Zip Code

X 266-9229.

Telephone

Invoice # _____

Work Order # E 17434

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17434

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.

			SHAW			
1	2	3 MADDOX	144 X 4	5	6 DELGADO ARROYO	

Interment space for: JAMES WICKWARE

Interment Date: THUR 11-21 Time: 11:00

Lot: 144 Grave: 4 Row: ____ Sect: 3 Div: 12

Grave Laid out by: NF Chuck

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-19-02

E-17434

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

44

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAMES	JEROME	WICKWARE	05/12/1958	11/14/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	VONNELL FLOYD-SARTER 5539 FREDONIA ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Vonnell Sarter	11/19/2002

638

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/20/2002 J.BENYARD	▶ 2218805

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/15/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 621 Berhane, Solomon CHERIE

in a _____ Funeral, date, time Tues 11-19 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : SD Crematorium 297-8839 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 680 Grave 1 Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	~~100.00~~
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55621	270.00
Balance due	0

PAID

NOV 15 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Behane Cherie
Signature

X 3078 Murray Ridge Rd
Address

X S.D. CA. 92123
City Zip Code

X 858 544-4709
Telephone

Invoice # _____

Work Order # E 17435

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E 17435

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.

		679 LALIBERTE	680 X			
		COX	HADEL			

Interment space for: SOLOMON BERHANE

Interment Date: TUES 11-19 Time: 11:00

Lot: 680 Grave: 1 Row: ____ Sect: 1 Div: 9

Grave Laid out by: NF CHUCH

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYI Date: 11-18-02

E-17435

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3½ week

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SOLOMON	BERHANE	CHERIE	10/23/2002	11/11/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BERHANE FENTE CHERIE, FATHER 3078 MURRAY RIDGE ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO CREMATION SERVICE 4133-9 TAYLOR STREET, SAN DIEGO, CA 92110	FD1481	▶ [signature]	11/18/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	11/18/2002 M. GARCIA	2218667 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

4 Pre-need Lots

Date 11-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 1619 MUSLIM ORGANIZATION

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

161 162 163 164 MUSLIM

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... 4 at 550 ea 2200.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
NOV 18 - 2002
MT. HOPE CEMETAR
CITY OF SAN DIEGO

Total Due 2200.00

Paid receipt number R-55622 2200.00

Balance due —0—

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17436

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

20 chairs

Date 11-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lunette Haselwood

in a LINER (Type of Burial Container) Funeral, date, time SAT 11-23 1:00

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 697 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund	Pre-need B-5521	0
Additional spaces and care fund	SATURDAY	600.00
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	NOV 18 2002	145.00
Flower vases – Marker setting fee	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO	45.00
Sales taxes		14.73
	Total Due	1369.73
	Paid receipt number R-55626	1369.73
	Balance due	0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Judith L. Nagel
Signature

X 7430 Caminito Carlotta
Address

X San Diego CA 92120
City Zip Code

X (619) 286-8440
Telephone

Invoice # _____

Work Order # E 17437

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17A37

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.

		Wilfred	X	O. HASELWOOD	BRECI	

Interment space for: Lunette Haselwood

Interment Date: SAT 11-23 Time: 1:00

Lot: 697 Grave: – Row: – Sect: 5 Div: 8

Grave Laid out by: NF CHUCK

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-19-02

E 17437

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUNETTE	L.	HASELWOOD	07/20/1909	11/16/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JUDITH NAGEL – DAUGHTER 7430 CAMINITO CARLOTTA SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Victor Azzaro	11/21/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 11/21/2002	2218906 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need at

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Linda Morris 634

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 200 Grave 12 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-55634	224.00
Balance due	671.00

PAID
MAR 2 3 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent, and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

LINDA MORRIS

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Linda Morris
Address: 2423 Kathleen Pl.
City: SD. CA 92105 Zip Code
Telephone: 619 262-7910

Invoice # _____

Work Order # E 17438

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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Mt Hope Cemetery
Contract Entry Verification
11/21/2002

E-17438

Contract Number: E-17438-L

Contract Date: 11/18/2002
Purchaser: Morris, Linda
2423 Kathleen Place
San Diego ,CA 92105

Purchaser Number: 634 /
Phone: 619-262-7910
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		200	12	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	671.00
TOTAL DOWNPAYMENT	224.00 -	DATE FIRST PAYMENT DUE	12/21/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	671.00		
DEFERRED PAYMENT PRICE	895.00		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	179.00	
R S	Equity	716.00	
A	Interest	0.00	
R S	Tax Recovery	0.00	
R S	Cost of Goods	0.00	
R V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E -17438

Mt Hope Cemetery
Agreement Confirmation
11/21/2002

Agreement Number: E-17438-L
Agreement Date: 11/18/2002
Purchaser: Morris, Linda
2423 Kathleen Place
San Diego ,CA 92105
Purchaser Number: 634 /
Phone: 619-262-7910
Child Protection: N
Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
Property					

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		200	12	A

BASE PRICE	895.00
SALES TAX	0.00
TOTAL CASH PRICE	895.00
TOTAL DOWNPAYMENT	224.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	671.00
DEFERRED PAYMENT PRICE	895.00
NUMBER OF INSTALLMENTS	*1*
REGULAR PAYMENT OF	0.00
FINAL PAYMENT OF	671.00
DATE FIRST PAYMENT DUE	12/21/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57359

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 23, 20 04

From: Linda Morris Address: 2423 Kathleen pl. SD 92105

Dollars ($ 515.00)

in full Payment of pre-need

Lot 200 Grave 12 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17438

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 2 3 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	179	—
20% Sales Care	77184		
80% Sales	100	336	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	515	00

AC-212 (Rev. 10-02) 2224

This information is available in alternative formats upon request.

E-17438

MORRIS, LINDA 2423 Kathleen Pl., San Diego 92105

		DEBIT	CREDIT	BALANCE
11-18-02	Opened Pre-need Lot.			
	Lot 200, Grave 12, Section 2, Division 12	895.00		895.00
11-18-02	Receipt 179 716		224.00	671.00
2-11-03	R-55916 for Dec 02, Jan 03		56.00	615.00
6-10 03	VISA		100.00	515.00
3-11 04	delinquent notice mailed			
3-23 04	R 57359 no coupon		515.00	-0-

PAID

MAR 23 2004

MOUNT HOPE CEME

MORRIS, LINDA E-17438

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-02

Pin# 230056

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leona Wilson

in a Liner (Type of Burial Container) Funeral, date, time Mon. Nov. 25th 11:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 52 Grave 5 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund E-12457, E-12505	~~0~~ 1945
Additional spaces and care fund	—
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

Interfund transfer 11/20/02

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17439

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17439

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 Rice	3	4	5 X	6		
8	9 Patterson	10	11 HART	12		

Interment space for: Leona Wilson

Interment Date: 11-25-02 Time: 11:00

Lot: 52 Grave: 5 Row: ____ Sect: 2 Div: 11

Grave Laid out by: N F Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-20-02

E-17439

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEONA	LOIA MAE	WILSON	07/25/1914	11/18/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	L.H. WILSON, HUSBAND 1538 BURTON STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	11/20/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/22/2002 B. CAMPBELL	2218947 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Approved
center MIDDLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ADD 7 CHAIRS

Date 11/19/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Henry

in a Ash vault (Type of Burial Container) Funeral, date, time Tues 3/03/02 11:00

Church, Chapel, Graveside ; Ca Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 110 Grave ~~10~~ 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-15413	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container Ash Vault	55 —
Handling Fees	60 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55665	269.26
Balance due	~~0~~

PAID
NOV 20 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Fax 229-2750

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Renesha Chambers
Signature
X 6072 Nancita CT
Address
X San Diego, CA 92114
City Zip Code
X 619-263-3848
Telephone

Invoice # _____

Work Order # E 17440

Acct. # _____

REA-104 (7-98)

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E-17440

11-19-02

I Almeto Estere
In gave permission to Ranesh
to Used 1 lot. Dine 12 sec 2
lot 110 Grove 10 + 11.

Almeto Esters

E-17440

MESSAGE CONFIRMATION

11/22/2002 12:35
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
11/22	00'24"	CALIF BURIAL	CALLING	01	OK	0000

11/22/2002 12:34 SD MT. HOPE CEMENTERY → CALIF BURIAL NO.361 P01

Approved

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/19/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Henry

in a Ash Vault (Type of Burial Container) Funeral, date, time 11/22/02

Church, Chapel or Graveside _____ : Ca Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 110 Grave ~~10~~ 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-15413	0
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container Ash Vault	55 —
Handling Fees	60 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	4.20
Total Due	269.20
Paid receipt number _____	

E-17440 38

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

28026

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOIS	D.	HENRY	07/10/1964	11/17/2002	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RANESHA CHAMBERS-DAUGHTER 6072 NANCITA CT. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	11/21/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/21/2002 J. BENYARD	▶ 2218897

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 11/22/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC 601-D CRANE ST. LAKE ELSINORE, CALIFORNIA 92530	12B. DATE CREMATED 11-23-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-Need
Lot & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lor Lillian Cunningham

in a DD D. Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

✓ Lot 113 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup (2) @ 3	750.00
Burial Container D.D. Crypt	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number 25% down	616.00
R-55633 Balance due	1848.45

PAID
DEC 28 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

623 Lillian Cunningham
Signature
9704 Red pony Ln
Address
El Cajon 92021
City Zip Code
619 561-4182
Telephone

Invoice # _____

Work Order # E 17441

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17441 .

Rcd

Cunningham, Lillian 9704 Pony Ln, El Cajon CA 92021 (619) 561-4182

		DEBIT	CREDIT	BALANCE
11-19-02	Opened Pre-need Lot & Trust Account. Trust includes: (2)Opening/Closing,D.D. Crypt container, Handling Fees, (2) recording & filing fee, sales tax on Crypt. R-55633. ~~25% down payment of $616.00.~~ R 60002	2,464.45		2,464.45
	LOT 113 Grave 2 Section 2 Division 12		616.00	1,848.45
	12/24/02 Coupon 1&2		✓ 154.00	1694.45
	3-07-03 " 3&4		✓ 154.00	1540.45
	R 56096		✓ 77.00	1463.45
5-21-03	R 56272 #6&7		✓ 154.00	1309.45
7-28-03	56518 8,9,10 & 11		✓ 308.00	1001.45
10-7-03	56765 no coupons		✓ 144.00	857.45
12-9-03	56990 12 + 13		✓ 154.00	703.45
1-28-04	57140 14 + 15		✓ 154.00	549.45
4/12/04	57433 16 + 17		✓ 154.00	395.45
7-14-04	57788 no coupon		154.00	241.45
11/24/04	58259 no coupon		✓ 154.—	87.45
12/27/04	58354 no coupon		87.45	0

E-17441 CUNNINGHAM, LILLIAN

E 17441.

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021
(619) 561-4182
E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	1
Payment Due Date	January-03
Payment Amount Due	77.00
Balance Due	1,848.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	2
Payment Due Date	February-03
Payment Amount Due	77.00
Balance Due	1,771.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17441.

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	3
Payment Due Date	March-03
Payment Amount Due	77.00
Balance Due	1,694.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	4
Payment Due Date	April-03
Payment Amount Due	77.00
Balance Due	1,617.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	5
Payment Due Date	May-03
Payment Amount Due	77.00
Balance Due	1,540.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	6
Payment Due Date	June-03
Payment Amount Due	77.00
Balance Due	1,463.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	7
Payment Due Date	July-03
Payment Amount Due	77.00
Balance Due	1,386.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	8
Payment Due Date	August-03
Payment Amount Due	77.00
Balance Due	1,309.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441.

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	9
Payment Due Date	September-03
Payment Amount Due	77.00
Balance Due	1,232.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	10
Payment Due Date	October-03
Payment Amount Due	77.00
Balance Due	1,155.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	11
Payment Due Date	November-03
Payment Amount Due	77.00
Balance Due	1,078.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	12
Payment Due Date	December-03
Payment Amount Due	77.00
Balance Due	1,001.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	13
Payment Due Date	January-04
Payment Amount Due	77.00
Balance Due	924.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E 17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	14
Payment Due Date	February-04
Payment Amount Due	77.00
Balance Due	847.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

E - 17441

Mt. Hope Cemetery
Prepayment Plan Record

Lillian Cunningham
9704 Red Pony Ln
El Cajon, CA 92021

E-17441

Lot 113, Grave 2, Section 2, Div 12

Payment NO.	15
Payment Due Date	March-04
Payment Amount Due	77.00
Balance Due	770.45

Mail Payment to:
Mt. Hope Cemetery
3751 Market St.
San Diego CA 92102

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per year from 8:00 - 4:00
For Information Please call
(619) 527-3400

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55740

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec. 24th, 20 02

From: Lillian Cunningham Address: on record

one hundred Fifty Four and 00c Dollars ($ 154.00)

in Part Payment of Pre-need Lot + Trust

Lot 113 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-17441

BALANCE DUE $ 1,694.45

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 9499

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	154.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	154.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58259

Date: 11/24, 2004

From: L. Cunningham Address: On record

One Hundred fifty-Four Dollars ($ 154—)

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 2 Blk/Row Lot 113 Grave 2

Invoice No. E-17441

Acct. No.

W.O.

BALANCE DUE $87.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 11219

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 24 2004

MOUNT HOPE CEMETERY

ISSUED BY Pamfong

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	154—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	154—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57140

Date: Jan. 28, 20 04

From: Lillian Cunningham Address: 9704 Red Pony Ln. EC 92021

Dollars ($ 154.00)

in part Payment of pre need

Lot 113 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E17441

Acct. No.

W.O.

BALANCE DUE 549.45

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

11067

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FACE.

PAID

JAN 28 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	154	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	154	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

56990

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec 9, 20 03

From: Lillian Cunningham Address: 9704 Rio Pony Ln El C 92021

Dollars ($ 154.00)

in part Payment of pre need

Lot 113 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17441

Acct. No.

W.O.

BALANCE DUE 703.45

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 11051

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 0 9 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	154 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	154 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56518

Date: July 28, 20 03

From: Gillian Cunningham Address: 9704 Rio Poly Dr. EC 92021

Three Hundred and Eight & 00/100 Dollars ($ 308.00)

in full Payment of pre need lot & trust

Lot 113 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E 7441

Acct. No.

W.O.

BALANCE DUE 1001-45

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 1017

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 28 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	308	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	308	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56272

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 21, 20 03

From: A. Cunningham Address: 9704 Red Pony Ln El C. 92021

One hundred fifty-four & 00/100 Dollars ($ 154.00)

in part Payment of Premeed lot & trust

Lot 113 Grave 2 Row Section 2 Division Block 12

Invoice No. E 17441

Acct. No.

W.O.

BALANCE DUE 1309.45

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

9590

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 21 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pan Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	154	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	154	—

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

56096

MOUNT HOPE CEMETERY
(619) 527-3400

Date: april 3, 20 03

From: L. Cunningham Address: 9704 Red Pony Ln EC CA 92021

Seventy Seven dollars 00/100 Dollars ($ 77 00)

in part Payment of pre need lot + trust

Lot 113 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E17441

Acct. No.

W.O.

BALANCE DUE 1463.45

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

9568

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hegel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	77	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56002

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 7, 20 03

From: L. Cunningham Address: 4704 Red Pony Ln El Cajon 92021

One Hundred Fifty Four dollars 1 00/100 Dollars ($ 154.00)

in Part Payment of pre need lot + Trust

Lot 113 Grave 2 Row Section 2 Division Block 12

Invoice No. E17441

Acct. No.

W.O.

BALANCE DUE 1540.45

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

9554

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Pam Hugo

CREDIT	67007	~~189.00~~ 29	— PH
20% Sales Care	77184		
80% Sales	100	~~125~~	— PH
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	25	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	154	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 11-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Gloria Davis & Eddie Davis

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 174 Grave 8 Row — Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	795.00
Paid receipt number R-55635 25% down	199.00
Balance due	596.00

PAID

JUL 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr

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

Gloria M. Davis (Eddie Davis)
Signature
4921 Deaton DR.
Address
San Diego 92102
City Zip Code
619 264-5349
Telephone

Invoice # _____

Work Order # E 17442

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17442

Davis, Eddie & Gloria 4921 Deaton Dr., San Diego CA 92102 (619) 264-5349

		DEBIT	CREDIT	BALANCE
11/19/02	Opened Pre-need Lot account. 25% down payment	795.00		795.00
	Receipt #55635.		199.00	
	Lot 74 Grave 8 Section 3 Division 12			596.00
12-2-02	R- 55672 Coupon 1 to 4		100.00	496.00
1-31-03	R 55869 " 5-8		100.00	396.00
4-3-03	R-56095 " 9-16		200.00	196.00
7-9-03	56462 17-24		196.00	0

PAID

JUL 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

E-17442 DAVIS, EDDIE & GLORIA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-20-02

644

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph M. Delane

In a D.D. Crypt (A) Funeral, date, time FRIDAY November 22; 1:00

Type of Burial Container

Church, Chapel, Graveside ; RAGSDALE Mortuary.

Greater Paul Church & God in Christ

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 26 Grave 7 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup (2) O/C	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee (2) R/F	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-55639	2464.45
Balance due	0

PAID

NOV 20 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mahalkita Scales

I hereby authorize the interment in lot I hold under deed.

643

Signature

Address 744 MALTU CT

City CHULA VISTA Zip Code CA 91911

Telephone 100 934 3883

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17443

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17443

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
DELANE, JOSEPH MARSHALL	M	415 56 8196		41	01	02

5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	6a. GRADE, RATE OR RANK	b. PAY GRADE	7. DATE OF RANK	YEAR	MONTH	DAY
NAVY - USN	AT1	E6		69	04	16

8. SELECTIVE SERVICE NUMBER: ----------

b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE: ----------

c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code): 1391 KNEY ST., MEMPHIS, SHELBY, TN 38107

9a. TYPE OF SEPARATION: TRANSFERRED TO FLEET RESERVE

b. STATION OR INSTALLATION AT WHICH EFFECTED: FLECOMPRON THREE NASNI SAN DIEGO CA

c. AUTHORITY AND REASON: ----------

d. EFFECTIVE DATE: YEAR 79 MONTH 09 DAY 12

e. CHARACTER OF SERVICE: HONORABLE

f. TYPE OF CERTIFICATE ISSUED: NAVPERS 1830/3

10. REENLISTMENT CODE: ----------

11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: FLEET COMPOSITE SQUADRON THREE

12. COMMAND TO WHICH TRANSFERRED: NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149

13. TERMINAL DATE OF RESERVE/MSS OBLIGATION: YEAR N/A MONTH DAY

14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code): CUBI POINT, PHILIPPINES

15. DATE ENTERED ACTIVE DUTY THIS PERIOD: YEAR 73 MONTH 09 DAY 13

16.a. PRIMARY SPECIALTY NUMBER AND TITLE: AT:0000

b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: N/A

17.a. SECONDARY SPECIALTY NUMBER AND TITLE: AT:8265-FLIGHT COMMUNICATIONS OPERATOR

b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: N/A

18. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	06	00	00
(b) PRIOR ACTIVE SERVICE	13	06	17
(c) TOTAL ACTIVE SERVICE (a+b)	19	06	17
(d) PRIOR INACTIVE SERVICE	01	08	11
(e) TOTAL SERVICE FOR PAY (c+d)	21	02	28
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	02	07	00

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964: [x] YES [ ] NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 00 YRS

21. TIME LOST (Preceding Two Yrs.): TL NONE

22. DAYS ACCRUED LEAVE PAID: 37.0 DAS

23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [ ] XXXXX [ ] $5,000 [ ] $10,000 [ ] NONE — $20,000

24. DISABILITY SEVERANCE PAY: [x] NO [ ] YES AMOUNT ____

25. PERSONNEL SECURITY INVESTIGATION: a. TYPE N/A b. DATE COMPLETED N/A

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: VIETNAM CAMPAIGN ISSUED. MERITORIOUS UNIT COMMENDATION, VP-9, TASK GRP 31.5, 01JUN71-20 JUL71, DELIVERED 06FEB74. FOURTH GOOD CONDUCT AWARD FOR PERIOD ENDING 15NOV76. X X X X X X X

27. REMARKS: DIVISION CAREER COUNSELOR TRAINING COURSE, NASNI, SAN DIEGO, CA 01 AUG77-05AUG77. LEADERSHIP & MANAGEMENT TRNG FOR PETTY OFFICERS, AMPHIBASE, CORONADO, CA 08AUG77-19AUG77. AN/APN 59 RADAR MAINTENANCE (INT) NASNI, SAN DIEGO, CA 06SEP77-23SEP77. SCIR-516-3208, NAMTD, NASNI, SAN DIEGO, CA 13MAR79. "INDIVIDUAL REQUESTS COPY OF THE DD FORM 214N."
REASON FOR SEPARATION: TRANSFER TO FLEET RESERVE. X

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code): 6111 CHENANGO PLACE, SAN DIEGO, CA 92139

29. SIGNATURE OF PERSON BEING SEPARATED: JOSEPH MARSHALL DELANE

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: W. C. LONG, YNCS, USN, ADMINSUPVR, BY DIR OF THE COMMANDING OFFICER

31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

E-17443

61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEPH	M.	DELANE	01/02/1941	11/19/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	LETICIA DELANE, WIFE 244 MALITO COURT CHULA VISTAM CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	11/21/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/21/2002 B. CAMPBELL	2218915 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 [redacted] STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov. 22, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oriana Olivera

in a ____ Type of burial Container ____ Funeral, date, time 11/ 102

Church, Chapel, Graveside ____ ; ____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Lot ____ Grave ____ Row ____ Section ____ Division/Block ____

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Double	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45

VOID

NEVER HEARD FROM FAMILY OR MORTUARY

Grace Ehm

Paid receipt number ____

Balance due ____

I hereby certify I am the X Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____ Signature of recorded holder of deed

X ____ Signature

X ____ Address

X ____ City ____ Zip Code

X ____ Telephone

Invoice # ____

Work Order # E 17444

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need
Lot + TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Audrey Louise Cotton 641

in a liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 114 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	23.78
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	15.00
Sales taxes	14.73
Total Due	1813.51
Paid receipt number R-55644	1813.51
Balance due	Ø

Flower vases

PAID

NOV 22 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jocelyn Y. Cotton

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

J Y Cotton 640.10
Signature

3516 Strawberry Roan Rd
Address

No Las Vegas, NV 89032
City Zip Code

702-256-6616
Telephone

Invoice # _____

Work Order # E 17445

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIOLET GIEKAS

in a LINER (Type of Burial Container) Funeral, date, time WED 11-27 2:30

Church, Chapel, Graveside Delivery ONLY ; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 45 Grave 2 Row _____ Section 2 Division ~~Block~~ 1

Grave space & Care Fund ..... Pre-need NO interfund	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 17446

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17446

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		BROOKS	45 X 2			

Interment space for: VIOLET GIEKAS

Interment Date: WED 11-27 Time: 2:30

Lot: 45 Grave: 2 Row: ____ Sect: 2 Div: 1

Grave Laid out by: NF CHack

Agrees with Legal Card: ☐ Yes ☐ No Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 11-25-02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIOLET GIEKAS

in a LINER (Type of Burial Container) Funeral, date, time WED 11-27 2:30

Church, Chapel, Graveside Delivery ONLY : CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 45 Grave 2 Row _____ Section 2 Division/Block 1

Grave space & Care Fund Pre-need	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the X FUNERAL DIRECTOR/ PRENEED CONTRACT of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature]
Signature

X CONRAD LEMON GROVE MORTUARY
7387 BROADWAY - LEMON GROVE, CA 91945
Address

X _____
City Zip Code

X 619-460-4601
Telephone

Invoice # _____

Work Order # E 17446

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E-17446 97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VIOLET	MAY	GIEKAS	01/25/1905	11/24/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIJANE B. LANWEHR - DAUGHTER 3229 DEBBIE DRIVE HENDERSONVILLE, NC 28791

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ [signature]	11/25/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 11/26/2002	2219087 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

on grave of Charles Isom

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SUSAN GLOEGE

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI. Nov 29. 2:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 8 Grave 18 Row _____ Section IOOF Division/Block 28

Grave space & Care Fund ..... Pre need	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55648	269.26
Balance due	0

PAID
NOV 25 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 685 Garfield Ave
Address

X El Cajon 92010
City Zip Code

X 460-1648
Telephone

Invoice # _____

Work Order # E 17447

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17447

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.

		YOUNG	8 X 18	PETERS		

Interment space for: SUSAN GLOEGE

Interment Date: _____ Time: _____

Lot: 8 Grave: 18 Row: ____ Sect: IOOF Div: BLK 28

Grave Laid out by: N F DARRELL

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 11/26/02

E-17447

61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

28045-21

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SUSAN	WANDA	GLOERGE	12/13/1940	11/23/2002	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	RUSSELL L. GLOERGE-HUSBAND 685 GARFIELD AVENUE EL CAJON, CALIFORNIA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [illegible]	11/26/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2002 J. BENYARD	▶ 2219177

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 11-29-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC 601-D CRANE ST. LAKE ELSINORE, CALIFORNIA 92530	12B. DATE CREMATED 11 26 02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA GONGALEZ

In a D.D. Crypt (A) (Type of Burial Container) Funeral, date, time WED 11-27 9:00

Church, Chapel, Graveside _____ ; GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 144 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45

PAID

NOV 25 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

Paid receipt number #55649

from Guadalupa 769.38/Gonzalez 275.07

Balance due 0

I hereby certify I am the X ESPOSO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Bernardino Gonzalez
Signature

X 3206 Highland AVE
Address

X San Diego CA 92105
City Zip Code

X 619 2841558
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17448

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17448

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.

	temple	B Hill	open	open		
	ortega	open	X	open	open	Hervay
		R Hill	Blank	Greene		

Interment space for: Maria Gonzales

Interment Date: 11-27-02 Time: 9:00

Lot: 144 Grave: 2 Row: ____ Sect: 2 Div: 12

Grave Laid out by: [redacted] N. F. Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-21-02

E-17448

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	DE JESUS	GONZALEZ	02/05/1974	11/22/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BERNARDINO GONZALEZ-HUSBAND 3206 HIGHLAND AVE. SAN DIEGO,CA. 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ Selene Chavez	11/25/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 11/25/2002	2219025 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO,CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.SAN DIEGO,CA. 92102	11B. DATE BURIED 11-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jung	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need 22 & Trust

656

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATHERINE HEARN

in a T.S. VAULT Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 40 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55647	442.00
Balance due	1327.38

PAID

SEP 27 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Catherine Hearn
Signature

X 934 Kelton Rd
Address

X San Diego Cal. 92114
City Zip Code

X 263-1257
Telephone

Invoice # _____

Work Order # E 17449

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
Contract Entry Verification
11/27/2002

E- 17449

Contract Number: E-17449-F

Contract Date: 11/25/2002
Purchaser: Hearn, Catherine
934 Kelton Road
,CA 92114
Beneficiary:

Purchaser Number: 656 /
Phone: 619-263-1257
Child Prot: N

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-1	895.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		40	10	A

E-17449

Mt Hope Cemetery
Contract Entry Verification
11/27/2002

Contract Number: E-17449-F

Contract Date: 11/25/2002
Purchaser: Hearn, Catherine
934 Kelton Road
,CA 92114
Beneficiary:

Purchaser Number: 656 /
Phone: 619-263-1257
Child Prot: N

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,750.00	NUMBER OF INSTALLMENTS	1
SALES TAX	19.38	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,769.38	ODD PAYMENT OF	1,327.38
TOTAL DOWNPAYMENT	442.00-	DATE FIRST PAYMENT DUE	12/27/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	1,327.38		
DEFERRED PAYMENT PRICE	1,769.38		

ACCOUNT CONTRIBUTIONS			AMOUNT	FRACTION
R	L	Perp. Care	179.00	
I	V	P/N Trust	855.00	1.0000
R	S	Equity	604.00	
A		Interest	0.00	
R	S	Tax Recovery	19.38	
R	S	Cost of Goods	112.00	
R	V	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E- 17449

Mt Hope Cemetery
Agreement Confirmation
11/27/2002

Agreement Number: E-17449-F

Agreement Date: 11/25/2002

Purchaser: *Hearn, Catherine*
934 Kelton Road
,CA 92114

Purchaser Number: 656 /
Phone: 619-263-1257
Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-1	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		40	10	A

BASE PRICE	1,750.00
SALES TAX	19.38
TOTAL CASH PRICE	1,769.38
TOTAL DOWNPAYMENT	442.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,327.38
DEFERRED PAYMENT PRICE	1,769.38
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	1,327.38
DATE FIRST PAYMENT DUE	12/27/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E-17449

HEARN, CATHERINE 934 Kelton Rd., San Diego 92114 263-1257

		DEBIT	CREDIT	BALANCE
11-25-02	Opened pre-need lot and trust. ~~80 179~~			
	Lot 40, Gr 10, Sec 1, Div 12 ~~80 716~~	895.00		895.00
	Pre-need trust includes opening/closing, T.S.Vault, handling fee, recording fee and tax on vault.	874.38		1769.38
11-25-02	Receipt 55647		442.00	1327.38
1-7-03	R- 55790 Coupon #1		55.00	1272.38
2-04 03	R 55885 2		55.00	1217.38
3-06 03	R 55997 3		55.00	1162.38
4-4 03	R56107 4		55.00	1107.38
5-12 03	56289 5		55.00	1052.38
6-12 03	56359 6		55.00	997.38
7-11-03	R-56481 7		55.00	942.38
8-7 03	56563 8		55.00	887.38
9-6 03	56683 9		55.00	832.38
10-14 03	56796 10		55.00	777.38
	R- 56876 11		55.00	722.38
12-12 03	56996 12		55.00	667.38
1-14 04	57091 13		55.00	612.38
2-11 04	57204 14		55.00	557.38

PAID

SEP ? 7 2004

~~13 = [illegible]~~

HEARN, CATHERINE E-17449

over →

					557.38
3-15	04	R57323	Coupon 15	55 —	502 38
4-16	04	57452C	16	55 —	447 [illegible]
5-19	04	57564	# 17	55 -	392 [illegible]
6-15	04	57659	18	55 —	337 38
7-12	04	57776	19	55 —	282 38
8-17	04	57909	20	55 —	227 38
9-21	04	58036	NO coupon	172 38	55 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56876

Date: Nov. 10, 2003

From: Catherine Hearn Address: on record

Fifty-Five 00 Dollars ($ 55.00)

in part Payment of Pre-need Lot/Trust

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E-17449

Acct. No.

W.O.

BALANCE DUE $722.38

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

1119

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 10 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56796

Date: Oct 14, 20 03

From: C. Hearn Address: 934 Kelton rd SD 92114

Fifty five Dollars ($ 55.00)

in part Payment of pre need

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E17449

Acct. No.

W.O.

BALANCE DUE 777.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 1113

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 14 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	55	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56683

Date: Sept. 16, 20 03

From: Catherine Hearn Address: 934 Kelton rd SD 92114

Fifty Five Dollars ($ 55.00)

in part Payment of pre need

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ D

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 832.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

1103

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Tam Hoza

CREDIT	67007	13	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	42	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56563

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug 7 20 03

From: Catherine Hearn Address: 934 Kilton Rd ~~SD~~ 92114

Fifty Five & 00/100 Dollars ($ 55.00)

in Part Payment of pre need lot and trust

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E17449

Acct. No.

W.O.

BALANCE DUE 887.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1084

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007	55	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56481

Date: July 11, 20 03

From: Catherine Hearn Address: on record

Fifty five Dollars ($ 55.00)

in full Payment of Pre-need lot + trust account #7

Lot 140 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-17449

BALANCE DUE $ 942.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

1079

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	13 00
80% Sales	100	42 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56359

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 12, 20 03

From: Catherine Hearn Address: 934 Belton rd SD 92114

Fifty Five dollars & 00/100 Dollars ($ 55.00)

in part Payment of pre need lot & trust

Lot 200 Grave 12 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E 17449

Acct. No. ____

W.O. ____

BALANCE DUE 997.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

1868

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 12 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007	55	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	—

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

56229

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 12, 20 03

From: Catherine Hearn Address: 734 Felton st SD 92114

Fifty five dollars 00/100 Dollars ($ 55.00)

in part Payment of pre need lot + trust

Lot 40 Grave 10 Row Section 1 Division Block 12

Invoice No. E17449

Acct. No.

W.O.

BALANCE DUE 1052.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

1052

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 12 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetze

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	55 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55 —

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

56107

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 4, 20 03

From: Catherine Hearn Address: 934 Kelton rd SD 92114

Fifty dollars 50.00/100 Dollars ($ 55.00)

in part Payment of pre need lot + trust

Lot 40 Grave 0 Row Section 1 Division Block 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 1107.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

1037

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 0 4 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55997

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 6, 20 03

From: C. Hearn Address: 934 Kelton rd SD 92114

Fifty Five dollars & 00/100 Dollars ($ 55.00)

in part Payment of pre need lot & trust

Lot 40 Grave 10 Row Section 1 Division Block 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 1162.50

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02) 1027

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55885

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb 3 20 03

From: Catherine Hearn Address: 934 Kelton rd SD 92114

Fifty Five & 00/100 Dollars ($ 55.00)

in part Payment of Preneed lot & trust

Lot 40 Grave D Row Section 1 ~~Division~~ Block 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 1217.38

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1009

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55790

Date: 1-7-03, 20

From: Catherine Hearn Address: On Record

Fifty five Dollars ($ 55.00)

in part Payment of Pre-need Lot & Trust

Lot 40 Grave 10 Row Section 1 ~~Block~~ Division 12

Invoice No.

Acct. No.

W.O. E-17449

BALANCE DUE 1272.38

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1002

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58036

Date: Sept 21, 20 04

From Catherine Hearn Address: 934 Kelton rd SD 92114

Dollars ($ 172.38)

in part Payment of pre need

Div 12 Sec 1 Blk/Row Lot 40 Grave 10

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 55.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 1140

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 2 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	172	38
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	172	38

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57909

Date: Aug 17, 20 04

From: Catherine Hearn Address: 934 Kelton rd. SD 92114

Dollars ($ 55.00)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 40 Grave 10

Invoice No. E17449

Acct. No.

W.O.

BALANCE DUE 227.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1184

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 17 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57659

Date: June 15 20 04

From: Catherine Hearn Address: 934 Kelton St. SD 92114

Dollars ($ 55.00)

in part Payment of pu-mud

Div 12 Sec 1 Blk/Row Lot 40 Grave 10

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 337.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1175

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 15 2004

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57564

Date: May 19, 2004

From: Catherine Hearn Address: On Record

Fifty - Five and 00 Dollars ($ 55.00)

in part Payment of Pre-need lot/trust.

Div 12 Sec 1 Blk/Row ____ Lot 40 Grave 10

Invoice No. E-17449

Acct. No. ____

W.O. ____

BALANCE DUE $ 392.38

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1167

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 19 2004

MOUNT HOPE CEMETERY

ISSUED BY ____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Contsiners	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55 00
Trust	77186	
Sales Tax	60101	
	7B390	
TOTAL PAID	$	55, 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57452 C

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 16, 20 04

From: Catherine Hearn Address: 934 Kelton rd. SD 92114

Dollars ($ 55.00)

in part Payment of pre-need

Lot 40 Grave 10 Row Section 1 Division 12 ~~Block~~

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 447.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1156

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

APR 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	55	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57323

Date: March 15, 2004

From: Catherine Hearn Address: 934 Belton rd. 80921

Dollars ($ 55.00)

in part Payment of pre need

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 502.38

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 1150

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55

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

57204

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb 11, 20 04

From: Catherine Hearn Address: 934 Kelton Rd 80 92114

Dollars ($ 55.00)

in part Payment of pre need

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 557.38

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

1146

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 11 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	55	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57091

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan. 14, 20 04

From: Catherine Hearn Address: 934 Kelton Rd 80 92114

Dollars ($ 55.00)

in part Payment of pre-need

Lot 10 Grave 10 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E17449

Acct. No. ____

W.O. ____

BALANCE DUE 612.38

Pre-Need Lot ✓ At Need ✓ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1134

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 14 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	55	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56996

Date: Dec. 12, 20 03

From: Catherine Hearn Address: 934 Kelton Rd. SD 92114

Dollars ($ 55.00)

in part Payment of pre-need

Lot 40 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No. E 17449

Acct. No.

W.O.

BALANCE DUE 607.38

Pre-Need Lot ✓ At Need [ ] On Acct [ ]

Pre-need Trust ✓ Cash [ ] Check ✓

1126

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 12 2003

MOUNT HOPE CEMETERY

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57776

Date: July 13, 20 04

From: Catherine Hearn Address: 934 Kelton Rd., SD CA 92114

Fifty-Five and 00/100 Dollars ($ 55.00)

in part Payment of Pre-need lot + trust.

Div 12 Sec 1 Blk/Row Lot 40 Grave 10

Invoice No. E-17449

Acct. No.

W.O.

BALANCE DUE $ 282.38

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1179

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	55.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	55.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 663 RODNEY C. LACEY

in a LINER (Type of Burial Container) Funeral, date, time WED 11-27 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 188 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number M/C	1664.73
Balance due	0

PAID
NOV 25 2002
MT HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature] 652
Signature
X 1551 "K" Street
Address
X San Diego, CA. 92102
City Zip Code
X [illegible]
Telephone

Invoice # _____

Work Order # E 17450

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17450

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1	2	3	4
			X 7	8	9	10
					Grave 12 is	
					Goodman.	

Interment space for: RODNEY LACEY

Interment Date: WED 11-27 Time: 11:00

Lot: 188 Grave: 7 Row: ____ Sect: 3 Div: 13

Grave Laid out by: NF · DARREYL

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: KEN COLLINS Date: 11/26/07

E 17450

30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RODNEY	CLIFFORD	LACEY	07/05/1952	11/20/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIE MAE LACEY, MOTHER 2551 K STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 11/26/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/26/2002 B. CAMPBELL	2219111 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-27-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 658 MARY E. PORTER

in a LINER (Type of Burial Container) Funeral, date, time Mon 12-2 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 135 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Se	375.00
Burial Container	190.00
Handling Fee	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55653	1464.76
VISA Balance due	199.97

PAID
NOV 27 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

I hereby certify I am the Granny Ward daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Granny Ward (657)
Signature

[illegible]
Address

San Diego CA 92124
City Zip Code

[illegible]
Telephone

Invoice # _____

Work Order # E 17451

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17451

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4 X	5	6	
7 Meyer	8	9	10 HORTON	11	12	

Interment space for: MARY PORTER

Interment Date: MON 12-2 Time: 11:00

Lot: 135 Grave: 4 Row: ____ Sect: 2 Div: 12

Grave Laid out by: N F. KEM

Agrees with Legal Card: ☐ Yes ☐ No Dug on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 11-27-02

E-17451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	EVELYN	PORTER	03/11/1946	11/2[illegible]/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TAMIKA PORTER, DAUGHTER 10025 BORDELON STREET SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [illegible]	11/26/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2002 B. CAMPBELL	2219215 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/25/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine Hatch (646)

in a ASH BURIAL Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 245 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number R55652	450.00
Balance due	0

PAID
NOV 25 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

2/6/08 DP 4210956 Refund of Lot Sec E-20610

I hereby certify I am the (self) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Katherine M. Hatch (646)
Signature

6916-1 PARK MESA WAY
Address

SAN DIEGO, CA 92111
City Zip Code

858-349-2707
Telephone

Invoice # _____

Work Order # E 17452

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

DIV

2 2 27 R
1

Pre-need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Arturo B Rodriguez 648

in a D.D. Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 217 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup (2) O/C 375.00 each	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker [illegible] fee	
Recording and filing fee (2) R+F 45.00 ea.	90.00
Sales taxes	29.45
25% down Total Due	2464.45
Paid receipt number Paid by Visa	616.00
Balance due	1848.45

PAID NOV 23 2004 MOUNT HOPE CEMETERY

11-23-04 Paid in full

I hereby certify I am the (self) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

648

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Arturo Rodriguez
Address: 4134 Eta Street
City: San Diego Zip Code: CA 92113
Telephone _____

Invoice # _____

Work Order # E 17453

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17453

RODRIGUEZ, ARTURO B. 4034 Eta St., San Diego CA 92113 (619) 264-2518

12,12,11,21,7,9

		DEBIT	CREDIT	BALANCE
11-26-02	Opened Pre-need lot/trust account. Trust includes: (2) opening/closings, D.D.Crypt burial container, Handling fee, (2) r/f fee, sales tax. Paid by Visa Credit card. 25% down.	895.00		895.00
		1,569.45		2,464.45
			616.00	1,848.45
1-29-03	-no coupon 1 of 2 2 payments of 77 each		154.00	1694.45
10-30-03	mailed delinquent notice			
12-5-03	Visa card (10 coupon)		500.00	1194.45
3/3/04	Jan - Feb, March no coupon - Visa card		231.00	963.45
9-13-04	up to July 04 " " Visa card		500.00	463.45
11-23-04	Paid in full by Visa		463.45	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 69 JIMMY JONES

In a LINER #6 (Type of Burial Container) Funeral, date, time TUE 12-3 11:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 86 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container #6 Liner	220.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1697.05
Paid receipt number R 55660	1697.05
Balance due	-0-

PAID
NOV 27 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

69 X Levi Jones Jr.
Signature
X 96 PRINTED VIEW
Address
X HENDERSON, NV. 89012
City Zip Code
X 702-568-7670
Telephone
619-268-7780

Invoice # _____

Work Order # E 17454

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Ca Burial C 17454

83 1/2" long

29" wide

23 1/2 deep

Changed to Lot 86 grave 2

OVERSIZE

MT HOPE CEMETERY E 17454

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. #6 Liner 83 ½ L

29 W

23 ½ D

			86 X 2			

Interment space for: JIMMY JONES

Interment Date: TUE 12-3 Time: 11:00

Lot: 86 Grave: 2 Row: ____ Sect: 1 Div: 12

Grave Laid out by: NF DARREY

Agrees with Legal Card: ☐ Yes ☐ No *Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/1/02

E-17454

37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIMMY	-	JONES	12/20/1964	11/25/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MICHELLE JONES-WIFE 6026 EGRET STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD, SANDIEGO, CA 92115	F-1357	▶ [signature]	11/27/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/27/2002 J.BENYARD	▶ 2219210

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12 3 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

GRAVE of JUANITA BELL and BURIAL

Date 11-27-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILL S. BELL

In a Double Depth (Type of Burial Container) Funeral, date, time SAT. 11-30 11:00

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

✓ Lot 2861 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need	0
Additional spaces and care fund ..... SATURDAY OVERTIME	600.00
Opening/Closing & Setup	375.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	1020.00
Paid receipt number R-55662	1100.00
Balance due	0

Duran Bell
714 305-2589

80.00 Refund 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.

Duran Bell Jr.
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

22 8908
Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17455

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-17455

Date 8-7-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita C. Bell

in a Double Depth Crypt (Vault/Liner) Funeral, date, time Friday 8/10, 11 AM

Church, Chapel, Graveside Church - Graveside - Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2861 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (E-4982)($495.00)	
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1028.93

Pd-IN-full 9-15-90 Sent to Treas.

30 day note

Paid receipt number ____

Balance due ____

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Will S. [illegible]
Signature

850 Lopez Ct.
Address

San Diego, Ca. 92114
State Zip Code

(619) 527-1584
Telephone

[illegible]: 589-5522

Invoice # 120913

Acct. # 057926

Work Order # E 8899

-593 (REV. 9-86)

E 17455

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ie burial space. Grave of Juanita Bell

			2 nd Burial			
		BELL	2861 X BELL	DURNIL		

iterment space for: WILL BELL

iterment Date: SAT 11-30 Time: 11:00

ot: 2861 Grave: ____ Row: ____ Sect: ____ Div: 10

rave Laid out by: NF-KEN

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 11-27-02

E 17455

64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILL	[illegible]	BELL	10/05/1938	11/20/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PARIS	TEXAS	DURAN BELL, JR., BROTHER 32025 POINT PLACE LAGUNA BEACH, CA 92651

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ Blair Campbell	11/26/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/26/2002 B. CAMPBELL	2219152 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
[illegible], P.O. BOX [illegible]	VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

E 17455 THE CITY OF SAN DIEGO

DP 3822451

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund for overpayment of burial costs to Duram Bell for Interment of Will S. Bell E-17455.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 12-16-02 / FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A			Refund		4		80.00		
	B		Duran Bell, Jr.							
	C		32025 Point Place							
	D		Laguna Beach, CA 92651							

PAID 12-19-02
8215493

TOTAL AMOUNT $ 80.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		63033	100		9022					80.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Ray Snider

Ray Snider
DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Sue Shackelton PHONE 527-3400 DATE 12-12-02 DEPT./DIV. NAME Park & Rec / Mt. Hope Cemetery M.S. 72

AC-488 (REV. 5-86) 593525

DP

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55662

Date: 11-27-02, 20 ___

From: Susan Bell Address: University of Ca - Irvine

One Thousand One hundred Dollars ($ 1100.00),

in full Payment of Interment of Will S. Bell / Saturday overtime

Lot 2861 Grave ___ Row ___ Section ___ Division ~~Block~~ 10

Invoice No. ___

Acct. No. ___

W.O. E-17455

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 3545

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	69033	725	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	1100	00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 11-27-02

GRAVE of JUANITA BELL and BURIAL WILL S. BELL

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Double Depth Funeral, date, time SAT. 11-30 11:00

In a Type of Burial Container Church, Chapel, Graveside ; Bradale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ___

will be applied and billed to undersigned. ___

Lot 2861 Grave ___ Row Pre-need Section ___ Division/Block 10

Grave space & Care Fund ~~0~~

Additional spaces and care fund SATURDAY OVERTIME 600.00

Opening/Closing & Setup 375.00

Burial Container —

Handling Fees —

Flower vases – Marker setting fee —

Recording and filing fee 45.00

Sales taxes —

Total Due 1020.00

Paid receipt number R-55662 1100.00

Balance due ~~0~~

Susan Bell 714 305-2589

80.00 Refund

I hereby certify I am the ___ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed ___

Signature ___ Address ___ City ___ Zip Code ___ Telephone ___

Work Order # 17455 Invoice # ___ Acct. # ___

REA-104 (7-96) *This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55662

Date: 11-27-02, 20 ____

From: Duran Bell Address: University of Ca - Irvine

One thousand One hundred Dollars ($ 1100.00,

in full Payment of Interment of Will S. Bell / Saturday overtime

Lot 2861 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E-17455

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 3545

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

NOV 27 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	725	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	1100	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Nov 29, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary L. Johnson ~~[illegible]~~ Tues

in a LINER (Type of Burial Container) Funeral, date, time Dec. 3 11:00

Church Chapel, Graveside _____ : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 359 Grave 1 Row 3 Section 2 Division/Block Chin

Grave space & Care Fund E 11191	—
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container LINER	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.20
Total Due	769.20
Paid receipt number R-55647	769.20
Balance due	—

PAID

NOV 26 2002

MT. HOPE CEMETAR
CITY OF SAN DIEGO

I hereby certify I am the X Grand Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature
X 3554 Clove St.
Address
X SD. Ca 92106
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 17456

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17456

Chad, 425 9115

w/ Humphrey

Mary L. Johnson

Mass

Dec 4, 02 11:00

St Charles

Chm 2 359

E-17 456

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

356	357	358	359 X	360		

ıterment space for: Mary Johnson

ıterment Date: Tue 12-3 Time: 11:00

ot: 359 Grave: ____ Row: ____ Sect: 2 Div: Chinese

rave Laid out by: NF · ONYC/R

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: Kenneth Collins Date: 12/1/03

E-17456

37513

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	LOUISE	JOHNSON	06/21/1915	11/26/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIE A. BOONE (GRANDDAUGHTER) 2485 CLOVE STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ [signature]	12/02/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/02/2002 ARACELY FLORES	2219383 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY 22 OUT

INTERMENT ORDER

City of San Diego

Date Nov 29 02

12:22

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Debora Coney 56

in a Liner (Type of Burial Container) Funeral, date, time Dec 6 Fri 11:00

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 149 Grave 6 Row ___ Section 1 Division/Block 12

Grave space & Care Fund	895 00
Additional spaces and care fund	
Opening/Closing & Setup	375 00
Burial Container	190 00
Handling Fees	145 00
Flower vases – Marker setting fee	
Recording and filing fee	45 00
Sales taxes	14 73
Total Due	1664.73
Paid receipt number R 55702	1664.73
Balance due	0

PAID

DEC 05 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the Husband Joseph Coney Sr. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature of recorded holder of deed

X Joseph Coney SR 72
Signature
X 646-41st St
Address
X San Diego Ca 92102
City Zip Code
X (619) 266-9797
Telephone

Invoice # _____

Work Order # E 17457

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17457

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

	142			143		
	10 Francisco Mulder	11 De Guzman	12 Hanzy	7 Taylor	8 Gomez	9 Rivers
3 Doe, John	4 Francisco Manuel	5 Doe, John	6 X	1 [illegible], Stephen	2 Ganus, Irving	3 Morgan, Florence
	8 David Ganus	9 Open	10 unkown	7 Gomez (x2)	8 Grayson	9 Johnson
	149			150		

ıterment space for: Debora Coney

ıterment Date: 12/6/02 Time: 11:00

ot: 149 Grave: 6 Row: ____ Sect: 1 Div: 12

rave Laid out by: NF · PARRY

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

Flag on Grave

lind Check & Verified By: Kenneth Collins Date: 12/5/02

E 17457

673

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DEBORA	LOUISE	CONEY	07/25/1955	11/28/2002	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
JOSEPH CONEY, HUSBAND
646 41ST STREET
SAN DIEGO, CA 92102

673

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD
SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-1329

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Blair Campbell

8B. DATE SIGNED: 12/02/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 11/02/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2219372 B. CAMPBELL ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12/6/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bo3 MONSERRAT RODRIGUEZ

In a _____ Funeral, date, time WED 12-4 10:00

Type of Burial Container

Church, Chapel, Graveside _____ : HUMPHREY 425-9111 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 496 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55673	270.00
Balance due	-0-

PAID

DEC 02 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, C

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Bo3

Julio Rodriguez

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

6008 San Felipe St

Address

San Diego CA 92114

City Zip Code

(619) 964-6328

Telephone

Invoice # _____

Work Order # E 17458

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17458

48 " L

San Diego Trust & Savings Bank (124)

TRANSMITTAL SLIP

20 1/2 W

TO: _____ Phone No. _____ Br./Dept. _____

FROM: _____ Phone No. _____ Br./Dept. _____

With HARDWARE

DATE: Derrick

- ☐ FOR YOUR INFORMATION
- ☐ FOR YOUR FILES
- ☐ FOR APPROPRIATE ACTION
- ☐ FOR YOUR APPROVAL
- ☐ RE OUR DISCUSSION
- ☐ PLEASE PREPARE REPLY FOR MY SIGNATURE
- ☐ PLEASE ANSWER DIRECT
- ☐ PLEASE SEND COPY OF REPLY
- ☐ PLEASE ADVISE ME
- ☐ PLEASE RETURN
- ☐ PLEASE CALL
- ☐ PLEASE SIGN AND RETURN
- ☐ PLEASE SIGN AND MAIL

495
496

REMARKS:

Monserrat & Nicolas
Rodriguez

Julio - Father
Claudia - mother
Fernando Cruz

Humphey

MIS 86 (REV. 4/81)

37520

E-17458

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MONSERRAT	ABIGAIL	RODRIGUEZ	04/29/2000	11/29/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIO RODRIGUEZ (FATHER) 8008 SAN FELIPE STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ [signature]	12/03/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/03/2002 ARACELY FLORES	2219443 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

20 chairs

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NICOLAS RODRIGUEZ

in a _____ Funeral, date, time WED 12-4 10:00
Type of Burial Container

Church, Chapel, Graveside _____ ; Humphrey Mortuary.
425-9111

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 495 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker/setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55673	270.00
Balance due	0

PAID
DEC 07 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Julio Rodriguez
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Julio Rodriguez
Signature

6008 San Felipe St
Address

San Diego CA 92114
City Zip Code

(619) 464-6328
Telephone

Invoice # _____

Work Order # E 17459

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

37521

C-17459

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NICOLAS	DIEGO	RODRIGUEZ	06/07/2001	11/29/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIO RODRIGUEZ (FATHER) 8008 SAN FELIPE STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶	12/03/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/03/2002 ARACELY FLORES	2219475 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Venus G. Brewer

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Dec. 5th 12:00

Church, Chapel (Graveside) ; Feathergill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot Vet Grave 12 Row — Section 1 Division/Block 11

Grave space & Care Fund E-14251 / E-1228	—
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Comainer	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	—
Paid receipt number	—
Balance due	—

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 17460

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17460

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

		MATONSAK		KENNEDY		
		" BREWER	X	VANN		

ıterment space for: Venus G. Brewer

ıterment Date: 12-5-02 Time: 12:00 Graveside

ɔt: 66 Grave: 12 Row: ____ Sect: 1 Div: 11

rave Laid out by: NF DARRYL

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

Flag on grave

lind Check & Verified By: Kenneth Collins Date: 12/4/02

E 17460

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Venus	G.	Brewer	02/22/1919	11/29/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Jerry Pugmire, Nephew 306 Calico Ct., Brea, CA 92821

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [illegible]	11/29/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/03/2002 K. Zaretzka	2219402 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 12-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT WALLACE 666

in a LINER Funeral, date, time WED 12-4 10:30

Type of Burial Container

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 66 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container LINER	190.00
Handling Fees PAID	145.00
Flower vases – Marker setting fee Trion flower vase	46.93
Recording and filing fee DEC 02 2002	45.00
Sales tax MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	14.73
Total Due	1611.66
Paid receipt number VISA	1611.66
Balance due	-0-

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 667 hold under deed.

X Lena D. Wallace
Signature

X 15758 Shaw St
Address

X San Diego 92139
City Zip Code

X 475-9579
Telephone

475-3126

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17461

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

C 17461

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1	2	3	4 WAFER
			X 7	8	9	10

Interment space for: ROBERT WALLACE

Interment Date: WED 12-4 Time: 10:30

Lot: 63 Grave: 7 Row: ____ Sect: 2 Div: 11

Grave Laid out by: MT DARRYL

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/3/02

E-17461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROBERT	C.	WALLACE	07/30/1931	11/26/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	LEKA D. WALLACE-DAUGHTER 5758 SHAW ST. SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY, CA 91950	FD-1689	Claudette Russ	12/02/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/03/2002 C.RUSS	2219403

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751[redacted]KET ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 12-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

in the grave with Harry Nakashima ⊗
AH NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

12-04-02 P12:22 OUT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yoshi Nakashima ⊗

in a ASH VAULT (Type of Burial Container) Funeral, date, time Dec 14 Sat 11:00

Church, Chapel, Graveside Lewis Colonial Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4475 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E-8607/E-13322	0
Additional spaces and care fund	Obligation of space	210.00
Opening/Closing & Setup		—
Burial Container	PAID	—
Handling Fees		—
Flower vases – Marker setting fee	DEC 13 2002	—
Recording and filing fee		—
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	—
Total Due		210.00
Paid receipt number	R-55723	210.00
Balance due		0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Alan Nakashima
Signature

X 8484 Abilene Terrace
Address

X La Mesa, Ca. 91942
City Zip Code

X 619-462-1846
Telephone

Invoice # _____

Work Order # E 17462

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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grave of Harry Nakashima

E-17462

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.

		Tsuchd	4475 X	Sr Nakashima	~~Dyer~~	Dyer

Interment space for: Yoshie Nakashima

Interment Date: 12-14-02 Time: 11:00

Lot: 4475 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: NF KEN

Agrees with Legal Card: ☐ Yes ☐ No

Flag on space

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-12-02

82633 E 17462 KH 953

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOSHIE	-	NAKASHIMA	09/06/1918	11/30/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ALAN NAKASHIMA - SON 8484 ABILENE TERRACE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BERBOUCHECHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶	12/03/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/03/2002 P VALENTINE	2219492 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 12/5/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IVAN ULLOA (10yrsOLD)

in a Liner #1 (Type of Burial Container) Funeral, date, time Weds. Dec 4th 12:00

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 51 Grave — Row — Section 3 Division/Block 9

Grave space & Care Fund	195.00
Additional spaces and care fund	—
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number R-55674	587.36
Balance due	Ø

PAID
DEC 02 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Patricia Ulloa

Signature of recorded holder of deed _____

Address: 8396 Golden Av 91945 (Zip Code)

City: Lemon Grove

Telephone: 619 303-3307

Invoice # _____

Work Order # E 17463

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17463

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.

corsello	corsello	clark	51 X			
	Lee		Littleton			

Interment space for: Ivan ULLOA (10 yr. old)

Interment Date: 12-4-02 Time: 12:00

Lot: 51 Grave: — Row: — Sect: 3 Div: 9

Grave Laid out by: NF. DARREYS

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/3/02

E-17463

10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IVAN	ALBERTO	ULLOA-HERNANDEZ	01/16/1992	11/27/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PATRICIA ULLOA-MOTHER 8396 GOLDEN AVENUE LEMON GROVE,CA.91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA. 92102	FD-1425	▶ Selene Chavez	12/03/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 12/03/2002	2219450 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS PO BOX 85222 SAN DIEGO,CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 12-04-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 674 Pearl Faxton P.A. # 20030621 2:30

in a Liner (Type of Burial Container) Funeral, date, time THurs. Dec. 5th

Church, Chapel, Graveside Delivery ; Lewis Colonial Mortuary.

Ricardo Garcia 283-7211

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 31 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number	1664-73
Balance due	—

✓ # 249957

PAID

IN JAN 3 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO

Nancy Hobbs 1-858-694-3

Fax Lewis Colonial 283-3968

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

corrected / Billed 12-12-02

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 371726

Acct. # 000967

Work Order # E 17464

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17464

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				TREE		
1 Fully laid	2	3	4 X			

Interment space for: Pearl Faxton P.A.# 20030621

Interment Date: 12-5-02 Time: 2:30

Lot: 31 Grave: 4 Row: — Sect: 1 Div: 12

Grave Laid out by: N.F DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/14/02

E 17464

674

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PEARL	I.	FAXON	03/28/1908	11/16/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	NANCY HOBBS - PUBLIC ADMINISTRATOR 5201-A RUFFIN RD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104	FD-480	▶ Pauette Vale T	11/25/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	11/25/2002 P VALENTINE	2219038 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vivian Simms

in a #5 Liner (Type of Burial Container) Funeral, date, time Mon. Dec. 9th 11:00

Church, Chapel, Graveside ; Pinkham-Mitchell Mortuary. CATHY 423-4787

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3623 Grave _____ Row _____ Section _____ Division/Block 10

E-9658

Grave space & Care Fund	0
Additional spaces and care fund	—
Opening/Closing & Se	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording an	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-55700	769.73
Balance due	0

PAID

DEC 05 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

619 423-4855

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X William H. Simms Jr
Signature

X 1791 JASON ST.
Address

X SAN DIEGO, CA. 92154
City Zip Code

619-423-4486
Telephone

Sandra 690-3996

Invoice # _____

Work Order # E 17465

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 17465

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.

BARKER	3621 X	3622 X	3623 X	X	Garvin	

Interment space for: Vivian Simms

Interment Date: Mon. Dec 9th Time: 1:30

Lot: 3623 Grave: ____ Row: ____ Sect: ____ Div: 10

Grave Laid out by: NF Dorsey

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/6/02

E 17465

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIVIAN	C.	SIMMS	05/22/1923	12/03/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIAM SIMMS (SON) 1791 JASON STREET SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PINKHAM-MITCHELL MORTUARY 808 13th STREET, IMPERIAL BEACH, CA 91932	FD 1178	▶ [signature]	12/05/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/05/2002 ARACELY FLORES ▶	2219665

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 12-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Snowden 68

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 88 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-55686	224.00
Balance due	671.00

PAID

Paid in full 11/12/05

JAN 12 2005

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Patricia Snowden
Signature

X 6540 College Grove dr #77
Address

X SD 92115
City Zip Code

(619) 287-9344
Telephone

Invoice # _____

Work Order # E 17466

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Mt Hope Cemetery
Contract Entry Verification
12/05/2002

E-17466

Contract Number: E-17466-L

Contract Date: 12/03/2002
Purchaser: Snowden, Veatrice
6540 College Grove Dr.#27
San Diego ,CA 92115

Purchaser Number: 668 /
Phone:
Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	895.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		88	10	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	671.00
TOTAL DOWNPAYMENT	224.00-	DATE FIRST PAYMENT DUE	01/05/2003
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		
		SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	671.00		
DEFERRED PAYMENT PRICE	895.00		

ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION
R L	Perp. Care	179.00	
R S	Equity	716.00	
A	Interest	0.00	
R S	Tax Recovery	0.00	
R S	Cost of Goods	0.00	
[illegible]	Late Charge	0.00	

CONTRACT ENTERED BY: _____

E-17466

Mt Hope Cemetery
Agreement Confirmation
12/05/2002

Agreement Number: E-17466-L
Agreement Date: 12/03/2002
Purchaser: Snowden, Veatrice
6540 College Grove Dr.#27
San Diego ,CA 92115
Purchaser Number: 668 /
Phone:
Child Protection: N
Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
Property					

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		88	10	A

[illegible]E PRICE	895.00
SALES TAX	0.00
TOTAL CASH PRICE	895.00
TOTAL DOWNPAYMENT	224.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	671.00
DEFERRED PAYMENT PRICE	895.00
NUMBER OF INSTALLMENTS	1
R[illegible]LAR PAYMENT OF	0.00
ODD PAYMENT OF	671.00
DATE FIRST PAYMENT DUE	01/05/2003
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58407

Date: Jan 12, 20 05

From: Don Snowden Address: 6540 College Grove Dr.

fifty-five Dollars ($ 55 -)

In part Payment of pre-need lot

Div 12 Sec 2 Blk/Row Lot 88 Grave 8 & 10

Invoice No. E-17626 / E-17466

Acct. No.

W.O.

BALANCE DUE 55 - 0

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

7320

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 12 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	55	-
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E 17466

MOUNT HOPE CEMETERY
(619) 527-3400

58145

Date: October 18, 2004

From: Snowden Veatrice Address: on record

Fifty-six and 00 Dollars ($ 56.00)

In part of Payment of two accounts for pre-need lots.

Div 12 Sec 2 Blk/Row Lot 88 Grave 8+10

Invoice No. E-17466/E-17627

Acct. No.

W.O.

BALANCE DUE $83.00/$139.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 123

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	56	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E-17466

58012

Date: Sept 14, 20 04

From: Don Snowden Address: 6540 College Grove #27 SD 92115

Dollars ($ 56.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 88 Grave 8 + 10

Invoice No. E17466

Acct. No. E17466

W.O.

BALANCE DUE 111 - 167 -

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 7882

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES INDICATED UNLESS STAMPED "PAID" BY THIS OFFICE.

PAID

SEP 14 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184	40	—
80% Sales	100	160	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E-17466 57891

Date: Aug 11, 20 04

From: Don Snowdon Address: 6540 College Grove Dr. #27 SD 92115

Dollars ($ 56 —)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 88 Grave 8/10

Invoice No. E 17466

Acct. No. 176226

W.O.

BALANCE DUE 139 — / 195 —

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 7274

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 11 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184	28	—
80% Sales	100	28	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77165		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E-17466 57658

Date: June 15 2004

From: Don Snowden Address: 6540 College Grove Dr #780

Dollars ($ 50.00 plus

in part Payment of pre-need

Div B Sec 2 Blk/Row Lot 88 Grave 10

Invoice No. E17466

Acct. No. 71626

W.O.

BALANCE DUE 195 + 251

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 7253

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	50.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56682
E 17466

Date: Sept 16, 20 03

From: V. Snowden Address: 6540 College Grove #27 SD 92115

Eighty four & 00/100 Dollars ($ 84 —)

in cash Payment of pre need

Lot 88 Grave 8 + 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E17466/17466

Acct. No.

W.O.

BALANCE DUE 475 — / 419 —

Pre-Need Lot ✓ | At Need | On Acct

Pre-need Trust | Cash | Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	84	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	76390		
TOTAL PAID	$	84	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-17466

57113

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan 20, 20 04

From: DM Snowden Address: 6540 College Grove dr #27 CD 92115

Dollars ($ 56-00)

in Park Payment of pre need

Lot 88 Grave 8 & 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17426 1

Acct. No. 17466

W.O.

BALANCE DUE 391.- 1335.-

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 7192

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 20 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA E-17466 57219

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb 17, 20 04

From: V. Snowden Address: 6540 College Grove dr. #27 SD 92115

Dollars ($ 56.00)

in part Payment of pre need

Lot 88 Grave 8 + 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E17626

Acct. No. E17466

W.O.

BALANCE DUE 363 - 307

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

7213

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	56 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56 —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56799

E-17466

Date: Oct 16, 20 03

From: V. Snowden Address: 6540 College ave #27 SD 92115

fifty six Dollars ($ 56.00)

in part Payment of pre need

Lot 88 Grave 8 & 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17426

Acct. No. E 17466

W.O.

BALANCE DUE 447-1391

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 7166

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 16 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

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

56893

MOUNT HOPE CEMETERY E-17466
(619) 527-3400

Date: November 13, 20 03

From: & Stella/Don Snowden Address: on record

Fifty-Six and 00 Dollars ($ 56.00)

in parts Payment of Pre-need lots from E-17626/E-17466 accounts

Lot 88 Grave 8+10 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE E-17626 $419.00
E-17466 $363.00

Pre-Need Lot $ X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 7178

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 13 2003

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	56.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56.00

AC-212 (Rev 10-02)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56027

Date: March 13, 20 03

From: Estella V. Snowden Address: 654 College Grove Dr SD 92115

Twenty-Eight 00 Dollars ($28.00)

in Part Payment of pre-need lot & trust acct #

Lot 88 Grave 10 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-17466

BALANCE DUE $643.00

Pre-Need Lot X At Need X On Acct

Pre-need Trust X Cash Check X

7079

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28.00

AC-212 (Rev 10-02)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-17466

57462

MOUNT HOPE CEMETERY
(619) 527-3400

Date: april 21, 20 04

From: Don Snowden Address: 10540 College Grove dr #27 92115

Dollars ($ 56.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 88 Grave 10

Invoice No. E 1746641

Acct. No. E-17626

W.O.

BALANCE DUE 251-1307.-

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 7233

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 2 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hazel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E - 17466

57361

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 23, 20 04

From: Don Snowden Address: 4540 College dr #27 SD 92115

Dollars ($ 56.00)

in part Payment of

Lot 88 Grave 8/10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17626 4

Acct. No. 17466

W.O.

BALANCE DUE 335 - 1 279 -

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 7223

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 23 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-17466

(619) 527-3400

57783

Date: 7/15, 20 04

From: Veatrice Snowden Address: on record

Fifty-Six and Dollars ($ 56.00)

in part Payment of Pre-needs

Div 12 Sec 2 Blk/Row Lot 88 Grave 8 & 10

Invoice No. E-17466 $167.00

Acct. No.

W.O.

BALANCE DUE $ E-17626 $223.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

7262

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 14 2004

MOUNT HOPE CEMETERY

ISSUED BY Beauford

CREDIT	67007	12.00
20% Sales Care	77184	
80% Sales	100	28.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	16.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	56.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E-17466

MOUNT HOPE CEMETERY
(619) 527-3400

58240

Date: Nov. 16, 2004

From: Don Snowden Address: 6540 College Grove Dr. 92115

Dollars ($ 56.00)

in part Payment of the mud

Div 12 Sec 2 Blk/Row Lot 88 Grave 8 & 10

Invoice No. E17466

Acct. No. 17627

W.O.

BALANCE DUE 55.- / 111.-

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

7305

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hegel

CREDIT	67007	56	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA E 17466

58342

MOUNT HOPE CEMETERY
(619) 527-3400 12-21-04 13:19 PAID

Date: _____, 20 ____

From: Don E. Snowden Address: 6540 College Grove. Dr. S.D.CA.

fifty-six 00/100 Dollars ($ 56 —)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 88 Grave 8 & 10

Invoice No. E-17626 / E-17466

Acct. No. ____

W.O. ____

BALANCE DUE 83 — / 27 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 7312

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

DEC 2 1 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	56	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA E-17466

57544

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 12, 20 04

From: Don Snowden Address: 6540 College Grove Dr #278 92115

Dollars ($ 56.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 88 Grave 8

Invoice No. E176261

Acct. No. 17466

W.O.

BALANCE DUE 279-1223

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 7243

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS BOX

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55912

Date: Feb. 11, 20 03

From: V. Snowden Address: 6540 College Grove dr #278 92115

Twenty Eight dollars & 00/100 Dollars ($ 28.00)

in part Payment of Pre need lot

Lot 88 Grave 10 Row Section 2 Division Block B

Invoice No. E 174666

Acct. No.

W.O.

BALANCE DUE 615.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 7064

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Ken Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-17466

56132

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 10, 20 03

From: V. Snowden Address: 6540 College Grove dr #27 SD 92115

Fifty Six dollars & 00/100 Dollars ($ 56.00)

in part Payment of preneed lot

Lot 88 Grave 8/10 Row Section 2 Division Block 12

Invoice No. E17626

Acct. No.

W.O.

BALANCE DUE 643.00
559.00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

7087

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 10 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Tom Hetzell

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-17466

56238

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 13, 20 03

From: V. Snowden Address: 6540 College grove Ds #27 SD 92115

Fifty Six & 00/100 Dollars ($ 56.00)

in part Payment of pre need lots

Lot 88 Grave 8 & 10 Row ____ Section 2 Division Block 12

Invoice No. E 17626

Acct. No. E 17466

W.O. ____

BALANCE DUE 531.7615.—

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

7098

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 13 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-17466

(619) 527-3400

56497

Date: July 22, 2003

From: V. Snowden Address: 6540 College Grove #2750 92115

fifty six & 00/100 Dollars ($ 56.00)

in part Payment of pre need lots

Lot 88 Grave 8 & 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E77466

Acct. No. E77626

W.O.

BALANCE DUE ~~559.00~~ 475.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

7131

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 22 2003

MT HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56379
E-17466

Date: June 16, 20 03

From: Veatrice Snowden Address: 6540 College ave #27 SD 92115

Fifty six dollars & 00/100 Dollars ($ 56.00)

in part Payment of pre need lot 9

Lot 88 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No. E 17466

Acct. No. 17626

W.O.

BALANCE DUE 587 & 503

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

7119

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hotzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56578

MOUNT HOPE CEMETERY E-17466
(619) 527-3400

Date: Aug 13, 20 03

From: V. Snowden Address: 4540 College ave #27 SD 92115

Fifty Six & 00/100 Dollars ($ 56.00)

in pdf Payment of pre need lot

Lot 88 Grave 8 & 10 Row Section 2 Division Block 12

Invoice No. E17466

Acct. No. E17626

W.O.

BALANCE DUE 535 & 447 -

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 13 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	56	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	56	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

55823

Date: Jan 14, 20 03

From: Snowden Address: 6540 College Grove dr #27 92115

Twenty Eight dollars + 00/100 Dollars ($ 28.00)

in Part Payment of Pre-need lot

Lot 88 Grave 10 Row Section 2 Division Block D

Invoice No. E 17406

Acct. No.

W.O.

BALANCE DUE 643.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 7055

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 14 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	28	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	28	—

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

E-17466

SNOWDEN, VEATRICE 6540 College Grove Dr. #27, San Diego 92115

			DEBIT	CREDIT	BALANCE
12-03-02	Opened pre-need lot. Lot 88, Gr 10, Sec 2, Div 12		895.00		895.00
12-03-02	Receipt 55686			224.00	671.00
1-14-03	R 55823	Coupon 1		28.00	643.00
2-11-03	55912	" 2		28.00	615.00
3-13-03	56027	" 3		28.00	587.00
4-10-03	56132	4		28.00	559.00
5-13-03	56238	5		28.00	531.00
6-16-03	56379	6		28.00	503.00
7-22-03	56497	7		28.00	475.00
8-13-03	56578	8		28.00	447.00
9-14-03	56682	9		28.00	419.00
10-16-03	56799	10		28.00	391.00
11-13-03	56893	11		28.00	363.00
1-[illegible]-04	57112	12		28.00	335.00
2-[illegible]-04	57219	13		28.00	307.00
3-23-04	57361	14		28.00	279.00
4-21-04	57462	15		28.00	251.00
5-12-04	57544	16		28.00	223.00
6/15-04	57658	17		28.00	195.00

SNOWDEN, VEATRICE E-17466

over

E 17466
Paid in full

E - 17466

SNOWDEN, BEATRICE

					195 00
7-14-04	R-57783	Coupon # 18	28	00	1[illegible] 00
8-11-04	57891	19	28	—	139 —
9-14-04	580[illegible]2	20	28	—	111 —
10/18/04	58145	Coupon 21	28	—	83 —
11-16-04	58240	22	28	—	55 —
12-21-04	58342	23	28	—	27 —
1-12-05	58407	24	27	—	—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of transfer Quit Claim to Ragsdale

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1332 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee — Transfer Fee	45.00
Sales taxes — No CHARGE	—
Discount	45.00
Total Due	
Paid receipt number	
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

H.W. RAGSDALE

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 5050 FEDERAL BLVD
Address

X San Diego CA 92102
City Zip Code

Telephone

Invoice # _____

Work Order # E 17467

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name
Street Address
City & State

E-17467

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIX $_____ I. R. STAMPS IN THIS SPACE

TO 402 C (400)

Quitclaim Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

George F. Hawkins, the Grantor

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Anderson-Ragsdale Mortuary, the Grantee

the following described real property in the **Mt. Hope Cemetery** county of **San Diego** state of California:

Single Grave at Mt. Hope Cemetery

Lot 1332 Division 10

Dated **November 10, 1975**

STATE OF ~~XXXXXXXX~~ Ohio
COUNTY OF Cuyahoga } SS.

On 10th day of November before me, the undersigned, a Notary Public in and for said County and State, personally appeared George F. Hawkins

_____, known to me to be the person___ whose name_____ subscribed to the within instrument and acknowledged that He executed the same.

WITNESS my hand and official seal.

(Seal)

Signature Hardin M. Martin

Hardin M. Martin
Name (Typed or Printed)

George F Hawkins

HARDIN M. MARTIN
Notary Public For Cuyahoga County, O.
My Commission Expires Jan. 22, 1978

Title Order No._____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 CHAIRS

Date 12-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NANCY MORTA

In a LINER (Type of Burial Container) Funeral, date, time FRI 12-6 2:00

Church, Chapel, Graveside ; PREFERRED CREMATION Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 237 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55689	400.00
M/C Balance due	1264.73
	1264.73

PAID
DEC 04 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

John M. Klecker

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X John Klecker MSW
Signature

X 1122 Madera St
Address

X SD CA 92114
City Zip Code

X 619-266-1230
Telephone

Invoice # _____

Work Order # E 17468

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 17468

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

3	4	5	237 X 6			
9	10	11	12 BYRD			

ıterment space for: NANCY MORTA

ıterment Date: FRI 12-6 Time: 2:00

ot: 237 Grave: 6 Row: ____ Sect: 2 Div: 12

rave Laid out by: N.F. Darrey L

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: Kenneth Collins Date: 12/5/02

E 17468

22

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

670

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Nancy	Patricia	Gonzalez - Morta	08/31/1980	11/24/2002	F.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maria Morta Mother 4369 Illinois Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Preferred Cremation & Burial 3094 El Cajon Blvd., Ste. A, S.D., CA 92104	FD-7658

671

ACKNOWLEDGMENT OF APPLICANT	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 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ Maria Morta	12/05/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 7.00	12 / 05 / 2002	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102-5222	11B. DATE BURIED 12-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

recieved

At rud top left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 4, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence D. Morgan

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs 12 11:00

Church, Chapel, Graveside Rolando Methodist; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 271 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ... in grave of Zona Morgan	-0-
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ... Ash vault	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 4 55699	269.26
Balance due	-0-

PAID

DEC 05 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Linda Marshall
Signature

X 8142 ROYAL PARK LANE
Address

X EL CAJON 92021
City Zip Code

X 619 334-1035
Telephone

Invoice # _____

Work Order # E 17469

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17469

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

		259				
7 Tubares	8 folsom	9 woodward	10 McKinney	11 Latimer	12 Pou	[illegible]
1 Morgan x2	2 Harvey	3 Coyle 271	[illegible]	5 White	6 Dyonsor	1
7 Warn x2	8 open	9 open	10 Lopez	No gr	No gr	No gra
		Street				

ıterment space for: Lawrence Morgan

ıterment Date: THURS 12 Time: 11:00 AM

ot: 271 Grave: 4 Row: ____ Sect: 2 Div: 12

rave Laid out by: NF JR

grees with Legal Card: ☐ Yes ☐ No flag on grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID M. Date: 12-11-02

E 17469

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAWRENCE	DALE	MORGAN	10/03/1922	12/04/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	LINDA MARSHALL - DAUGHTER 8142 ROYAL PARK LANE EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY - 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115	FD 790	▶ Victoria Azzaro	12/09/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 12/09/2002	2219805 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY- 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 12-10-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

12-04-02A11:56 RCVD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Randy Phillips 69 P.A. 20030658

in a D.O. CRYPT (B) (Type of Burial Container) Funeral, date, time Tues, Dec 10th, 10:00

Church, Chapel, Graveside Delivery only : Mayer John Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 11 Grave 28 Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	423.00
Burial Container	123.01
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number	
Balance due	0

PAID

JAN 02 2003

MT HOPE CEMETERY
CITY OF SAN DIEGO, CA

Billed County 12-13-02

paid 1/2/03

P.A. Marco DeLaTorre

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 371940

Acct. # 000952

Work Order # E 17470

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

ATTN: MARCO DeLATORRE

12-04-02;12:55 RCVD
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Randy Phillips P.A. 20030658 in a D.O. CRYPT (8) Funeral, date, time Tues, Dec 18th 10:00 Church, Chapel, Graveside Delivery only Mortuary Meyer John

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 11 Grave 26 Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional space and care fund	
Opening/Closing & Setup	425.00
Burial Container	183.01
Handling Fees	—
Meyer Vault – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	9.53
Total Due	788.54
Paid receipt number	
Balance due	

P.A. MARCO DeLATORRE

I hereby certify I am the Public Administrator/Guardian of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

I hereby authorize the interment in lot I held under deed.

Signature of registered owner of deed

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

Work Order # E 17470

Invoice # _____

ACCL # _____

This information is available in alternative formats upon request.

E 17470

48

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Randy	-	Phillips	04/28/1954	11/24/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marco DeLaToba, PA 5201-A Ruffin Rd. (2) San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	FD1424	▶ [signature]	12/05/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/06/2002 John Mayer	2219695 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MS ERMA BINKLEY

in a #5 LINER (Type of Burial Container) Funeral, date, time FRI 12-6 10:30

Church, Chapel, Graveside Delivery ONLY : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 150 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55698	1664.73
Balance due	-0-

PAID

DEC 05 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X John Mayer
Signature
X 2859 Adams
Address
X San Diego 92116
City Zip Code
X (619) 281-7055
Telephone

Invoice # _____

Work Order # E 17471

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17471

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

1 CLARK	2	3 MORGAN	150-4 X	5	6	
7	8 GRAYSON	9 JOHNSON	10 BRYANT	11 BLEDSOE	12	

ıterment space for: ERMA BINKLEY

ıterment Date: FRI 12-6 Time: 10:30

ot: 150 Grave: 4 Row: ____ Sect: 1 Div: 12

rave Laid out by: NF DARREYL

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: Kenneth Collier Date: 12/5/02

E 17471

675

75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Erma	L.	Binkley	01/01/1927	11/26/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Darnell Price, PA 2 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA 92116	FD 1424	▶ John Mayer	12/05/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/05/2002 John Mayer	2219621 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 9218605222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELVIRA ALVARADO

In a #5 LINER (Type of Burial Container) Funeral, date, time TUES 12-10 10:00

Church, Chapel, Graveside ; BERGE ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 181 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-need E-12875 1996 -0-

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... -0-

Burial Container ..... -0-

Handling Fees ..... -0-

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... -0-

Sales taxes ..... -0-

Interfund transfer per mail 12-11-02

Total Due ..... -0-

Paid receipt number _____

Balance due -0-

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

GEORGE A. PASTRANA X [signature]
Signature

I hereby authorize the interment in lot I hold under deed.

X 10368 FAIRHILL DR
Address

X SPRING VALLEY, CA 91977
City Zip Code

X 619-670-0577
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17472

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17472

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

	1 CEASAR	2	3	4 BLEVINS	5 BLEVINS	6 Smith
	7	8 BASRAMA MOSLEY	181 X 9	10	11	12

ıterment space for: ELVIRA ALVARADO

ıterment Date: Tue 12-10 Time: 10:00

ot: 181 Grave: 9 Row: ____ Sect: 2 Div: 12

rave Laid out by: N.F J.R.

grees with Legal Card: ☐ Yes ☐ No Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DARREYL Date: 12-9-02

E-17472 84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELVIRA	-	ALVARADO	10/27/1918	12/04/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN YSIDRO	SAN DIEGO	GEORGE PASTRANA - SON 10368 FAIRHILL DR SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950	FD-284	▶ Patricia Vale	12/06/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/09/2002 P VALENTINE	2219798 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 12·10·02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Lenz	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAMARA OGANESOVA

in a #5 LINER (Type of Burial Container) Funeral, date, time MON 12-16 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 of $ _____

will be applied and billed to undersigned. _____

Lot 44 Grave 12 Row _____ Section 1 Division/~~Block~~ 5

Grave space & Care Fund BAL Pre-need E-17300	996.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1765.73
Paid receipt number M/C	1765.73
Balance due	0

PAID
DEC 05 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

YURIY OGANESYAN

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

7187 Melottest

Address

San Diego CA 92119

City Zip Code

(619) 589-6827

Telephone

Invoice # _____

Work Order # E 17473

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17473

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

see ATTACHED

	WONG					
		KENNY				
	PUNIT	11	44 X 12	13		?

ıterment space for: Tamara Oganesova

ıterment Date: MON 12-16 Time: 11:00

ɔt: 44 Grave: 12 Row: ____ Sect: 1 Div: 5

rave Laid out by: NF PARROYL

grees with Legal Card: ☐ Yes ☐ No Dug on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 12-13-02

E-17473

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

689 96

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tamara	-	Oganesova	05/02/1906	12/03/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Yuriy Oganesyan, Sonn 12-3-2002 688 7187 Melotte St. San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	FD 1424	▶ John May	12/06/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/06/2002 John Mayer	2219710 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rued 1 chair

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HASAN ALI INFANT

in a _____ Funeral, date, time MM12/9/02 1:00
Type of Burial Container

Church, Chapel, Graveside Muslim : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 96A Grave A Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number Visa	270.00
Balance due	Ø

PAID
DEC 06 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

ARTHUR STOKES 619

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Arthur Stokes
Signature

7542 Church street 203
Address

Lemon Grove 91945
City Zip Code

619 698-5786
Telephone

Invoice # _____

Work Order # E 17474

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17474

1-DAY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HASAN	–	ALI	12/05/2002	12/05/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	LAKISHA N. McZEAL – MOTHER 7542 CHURCH STREET, #203 LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA92102	FD 843	▶ Victoria Azzaro	12/06/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	VICTORIA AZZARO 12/06/2002	2219736 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-9-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 6 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred D. Mason

In a Liner (Type of Burial Container) Funeral, date, time Mon 16th Dec, 11:00

Church, Chapel, Graveside Hopewell Baptist ; CA burial Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 490 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container #6 Liner	190.00
Handling Fees	145.00
Flower vases – Marker setting	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55705	1664.73
Balance due	0

PAID
DEC 09 2002
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Daughter 1000.+ 664.73

I hereby certify I am the X Gayle A. Langston of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gayle A. Langston

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Gayle A. Langston 684
Signature
X 6683 Radio Dr.
Address
X San Diego Ca 92114
City Zip Code
X (619) 262-0587
Telephone

Invoice # _____

Work Order # E 17475

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17475

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

		7 Johnson	8 X	9	10 Gasper	

ıterment space for: Mildred D. Mason

ıterment Date: 12-16-02 Time: 11:00

ot: 190 Grave: 8 Row: — Sect: 2 Div: 12

rave Laid out by: NF DARREYL

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

Flag on grave

lind Check & Verified By: DAVID Date: 12-13-02

E-17475

13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MILDRED	D. MASON	MASON 6/18/1929	6/18/1929	12/04/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LITTLE ROCK	ARKANSAS	[illegible]-DAUGHTER 6623 RADIO DR. SAN DIEGO, CA 92114 Gayle Langston

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2280 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689	Claudette Ros	12/13/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/13/2002 C. KING	2220177

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5223

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 12-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 682 Julian Medina

in a D.D. Crypt (A) Funeral, date, time FRI-Dec 13 9.00
Type of Burial Container

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 106 Grave 9 Row – Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup (1) O/C	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee (1) R/F	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number R-55704	2044.45
Balance due	Ø

PAID
DEC 09 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: 681 Timotea Medina

Address: 2705 GRAND AVENUE

City: SAN DIEGO, CA 92109 Zip Code

Telephone: N/A.

Invoice # _____

Acct. # _____

9

Work Order # E 17476

REA-104 (7-96)

This information is available in alternative formats upon request.

O Printed on recycled paper

E-17476

12-09-02 A11:44 OUT

MESSAGE CONFIRMATION

12/09/2002 12:21
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
12/09	00'44"	619 544 9334	CALLING	01	OK	0000

12/09/2002 12:20 SD MT. HOPE CEMENTERY → GUADALUPANA NO.403 P01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the ...

of Julian Medina

In a D.D. Crypt (A) Funeral, date, time FRI-Dec 13 9:00

Type of Burial Container

Church, Chapel, Graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Lot 106 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	375.00
Opening/Closing & Setup (1) O/C	380.00
Burial Container	320.00
Handling Fees	—
Flower vases -- Marker setting fee	45.00
Recording and filing fee (1) R/F	29.45
Sales taxes	2044.45
Total Due	2044.45
Paid receipt number R-55704	
Balance due	0

PAID
DEC 09 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

Signature Tirotea Medina

Address 2705 GRAND AVENUE

City SAN DIEGO, CA 92109 Zip Code

N/A.

E 17476

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

	1 Evans	2	3	Tree		
	7	8	9 X	10 Gillard	11	12 Bowe

ıterment space for: Julian Medina

ıterment Date: 12-13-02 Time: 9:00

ot: 106 Grave: 9 Row: — Sect: 2 Div: 12

rave Laid out by: N.F. JR

grees with Legal Card: ☐ Yes ☐ No

Flag or Spire

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 12-12-02

E-17476

54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JULIAN	-	[redacted] (medina)	06/19/1948	12/06/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TIMOTEA MEDINA-WIFE (81 2205 GRAND AVE. SAN DIEGO,CA. 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ Selene Chavez	12/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	SELENE CHAVEZ 12/12/2002	2220089 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 12-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1ST BURIAL

Date 12-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLA ~~SWETOSLAW~~ Gerhardt

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time THUR 12-12 10:00

Church, Chapel, Graveside ; CA FUNERAL ALTERNATIVE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 140 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-need E-17392/2000 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... ~~0~~

Burial Container DOUBLE DEPTH ..... ~~0~~

Handling Fees ..... ~~0~~

Flower vases / Marker setting fee PAID 10-29-02 0

Recording and filing fee ..... ~~0~~

Sales taxes ..... ~~0~~

Interfund transfer 12/23/02

Total Due ..... ~~0~~

Paid receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17477

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© printed on recycled paper

E 17477

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space. DD 1st Burial

	1	2	140 X 3	4 MAYFIELD	5 RODGERS	6
	7 WALKER	8	9	10	11 SIMMERSON	12

ıterment space for: ALLA ~~SWETOSLAW~~ Gerhardt

ıterment Date: THUR 12-12 Time: 10:00

ɔt: 140 Grave: 3 Row: ____ Sect: 2 Div: 12

rave Laid out by: N F JR.

grees with Legal Card: ☐ Yes ☐ No Key on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 12-11-02

E 17477

78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alla	-	Gerhardt	07/30/1924	12/07/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Svetoslaw Gerhardt, Husband 184 Horizon Lane OceaNSIDE, CA 92056

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Funeral Alternatives 1020 E. Pennsylvania Av., Escondido, CA 92025	FD1624	▶ Sheargant	12/09/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/09/2002 J. Sear[illegible]ant ▶	2219878

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 12-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BESSIE M. LIVINGSTON

In a T.S. VAULT (Type of Burial Container) Funeral, date, time WED. 12-11 1:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 169 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-need D-6297	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container T.S. VAULT	250.00
Handling Fees	185.00
Flower vases – Park Setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number A-55706	874.38
Balance due	0

PAID
DEC 09 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Maria Livingston
Signature
X 1033 PAGE LA CREST
Address
X CHULA VISTA 91910
City Zip Code
X
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17478

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17478

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

	167 MAFFA	168 LIVINGSTON	169 X	170	171	172 JONES

ıterment space for: Bessie Livingston

ıterment Date: WED 12-11 Time: 1:00

ot: 169 Grave: ____ Row: ____ Sect: ____ Div: 10

rave Laid out by: N.F. J.R.

grees with Legal Card: ☐ Yes ☐ No Illy on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DARKEY Date: 12-10-02

E-17478

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BESSIE	MAE	LIVINGSTON	02/28/1917	12/07/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MORRIS LIVINGSTON, SON 1033 PARRO LA CRESTA CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	12/09/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/09/2002 B. CAMPBELL	2219857 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need
~~Contr.~~ Med
Right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 9, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude E. Chase

in a Ash Vault (Type of Burial Container) Funeral, date, time 12/9/02 3:00

Church, Chapel, Graveside Featheringgill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 132 Grave 2 Row Blk 2 Section _____ Division/Block 3

Grave space & Care Fund ..... space of Harlan Chase	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.20
Total Due	209.20
Paid receipt number credit Card	
Balance due	0

PAID
DEC 11 9 2002
MT. HOPE CEMETAR
CITY OF SAN DIEGO

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Viola R. Slater
Signature

190 Hoffman ave.
Address

Auburn, Ca apt 7795603
City Zip Code

(530) 889-5646
Telephone

Invoice # _____

Work Order # E 17479

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17479

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

/rite 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 e burial space

	Lot 16 grave 1,2,3,5&6 Chase family					
	Lot 131		132		133	
1 open	2 cook	1 chase	2 X	3 open	open	norwood
		Hope ave				

nterment space for: Gertrude Chase

nterment Date: 12/9/02 Time: 3:00

Lot: 132 Grave: 2 ~~Row:~~ BK 2 Sect: ____ Div: 3

Grave Laid out by: ROBERT

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: 12/9/02

E-17479

28

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gertrude	E.	Chase	06/16/1924	11/18/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Nina Morales, MSW 9065 Edgemoor Dr. Santee, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	12/05/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/05/2002 C.MAGGARD	2219693 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 10 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mario Olavarria (626) 287 0595 AL

in a Double (Type of Burial Container) Funeral, date, time Mon 12/23 12:00

Church, Chapel, Graveside ; Rose Brothers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 100 Grave 18 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E10917 0

Additional spaces and care fund ..... grave of Efrain Olavarria

Opening/Closing & Setup 375.00

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes .....

PAID

DEC 18 2002

MT. HOPE CEMETERY
CITY OF SAN DIEGO

Total Due 420.00

Paid receipt number Credit Card 420.00

Balance due 0

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Francisca Olavarria

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

X Francisca Olavarria
Signature

X 311 Sunset pt 2
Address

X SD-CA 92114
City Zip Code

X 619-4705058
Telephone

Invoice # _____

Work Order # E 17480

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

in grave of Gray Olavarria

MT HOPE CEMETERY E 17480

GRAVE BLIND CHECK FORM

/rite 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 e burial space.

		Sharp	Smith	Jenkins		
8 Mitchell	9 Harmon	10 Rogers	11 [illegible]	12 Willis		
			Pritchett	Cassidy		

nterment space for: Mario Olavarria

nterment Date: _____ Time: _____

ot: 100 Grave: 11 Row: _____ Sect: 2 Div: 11

Grave Laid out by: [illegible]

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: KEVIN Date: _____

E 17480

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mario	-	Olavarria	12/21/1958	12/07/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Francisca Olavarria (Mother) 311 Sunswept St San Diego, CA. 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Pierce Brothers Simone DuBois Mortuary San Gabriel, CA. 91776	FD 995

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	12/19/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	12/20/2002	▶ Thomas [signature] Jr

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St., Los Angeles, CA. 90012	P.O. Box 85222, San Diego, CA. 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Place San Diego, CA. 92102	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need 2nd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 10, 02

680

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Kathryn Jones

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 1046 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	995.00
Paid receipt number R-55716	300.00
Balance due	695.00

Sent to Collections 10/25/04

8/31/05 spoke with Bonnie P. Ehli treasurer

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17481

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17481

JONES, KATHRYN 17001 S. 29th Way, Phoenix, AZ 85048 480 704-1288

		DEBIT	CREDIT	BALANCE
12-10-02	Opened pre-need lot.			
	Lot 1046, Division 10	995.00		995.00
1[illegible]-02	Receipt 55716		300.00	695.00
4-1 03	R 54075 Coupon 1+2		60.00	635.00
4-23 03	R 56163 3		19.00	606.00
6-19 03	56389 #6		30.00	576.00
8-27-03	R-56618 #7		29.00	547.00
3-11 04	delinquent notice mailed			
3-15 04	R-57325		50.00	497.00
8-25 04	mailed final delinquent notice			
9-3 04	tried e-mail notification			
10-25 04	sent to collections			

JONES, KATHRYN E-17481

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56075

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 1, 20 03

From: K. Jones Address: 17001 S. 29th wy Phoenix AZ 85048

Sixty Dollars 00/100 Dollars ($ 60 00)

in part Payment of pre need lot

Lot 1044 Grave 1 Row Section Division Block 10

Invoice No. E17481

Acct. No.

W.O.

BALANCE DUE 635 00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 01 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Dan Hitz

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	60	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	60	00

AC-212 (Rev. 10-02) 7577

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56163

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 23, 20 03

From: Kathryn Jones Address: 17001 S. 24th way Phoenix AZ 85048

Twenty Nine dollars & 00/100 Dollars ($ 29.00)

in Part Payment of pre need lot

Lot 1040 Grave 1 Row Section Division Block 10

Invoice No. E 17481

Acct. No.

W.O.

BALANCE DUE 606.00

Pre-Need Lot ✓ At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ✗

7585

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 23 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	29	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	29	—

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

56389

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 19, 20 03

From: Kathryn Jones Address: 17001 S 24th Dr Ph. AZ 85048

Thirty Dollars 00/100 Dollars ($ 30.00)

in part Payment of pre need lot

Lot 1046 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 7481

Acct. No.

W.O.

BALANCE DUE 576.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

7598

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 19 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	30	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	30	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56618

Date: Aug. 27, 20 03

From: Kathryn Jones Address: on record

Twenty-nine 00 Dollars ($ 29.00)

in part Payment of pre-need lot account.

Lot 1046 Grave Row Section Division ~~Block~~ 10

Invoice No. E-17481

Acct. No.

W.O.

BALANCE DUE $ 547.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 7608

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 27 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C-

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	29.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	29.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57325

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 16, 2004

From: Kathryn Jones Address: on record

fifty dollars and 00 Dollars ($ 50.00)

in part Payment of Pre-need Lot.

Lot 1046 Grave 1 Row _____ Section _____ Division ~~Block~~ 10

Invoice No. E-17481

Acct. No. _____

W.O. _____

BALANCE DUE $497.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature] C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	50	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50.	00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

7665

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

THE CITY OF SAN DIEGO

E-17481

August 25, 2004

address no good

Ms. Kathryn Jones
17001 S. 29th way
Phoenix AZ 85048

Reference: Customer Contract

Dear Ms. Jones,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was March 15, 2004 leaving a balance of $497.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-17481, date issued December 10, 2002 cemetery location Division 10, Lot 1046, Grave 1.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification, if payments are not kept up on a monthly basis monies will be applied accordingly.

Sincerely,

Cemetery Manager

ph

cc: file

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E 17481

From: Pam Hetzel
To: kathryn1551@aol.com
Date: 9/3/04 12:34PM
Subject: Pre-need account

Hi Kathryn,

Tried to mail you a letter at the 29th way address in Phoenix and it came back. We need to get updated information on you. You account is past due and we need you to make a payment within 30 days of the e-mail.

Thank you,

Pam Hetzel
Mt Hope Cemetery
619)527-3400

E-17481

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E 17481

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

23 payments at 29.00
1 payment at 28.00

PURCHASER

KATHRYN JONES
Print Name

Signature

17001 S. 29th WAY
Street Address (Mail)

PHOENIX AZ 85048
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sue Shelton

SLW:st(62-1)
1-23-90

E-17481

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 10th day of DECEMBER, ~~19~~ 2002, between KATHRYN JONES, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 1046, Grave ____, Row ____, Section ____, Block/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $995.00, payable as follows: $300.00 cash herewith, the receipt of which is hereby acknowledged; $29.00 on the 10th day of JANUARY, ~~19~~ 2003; and the balance in installments of $29.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

12-12-02 01:46 OUT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 12-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COREY DUKES (STILLBORN)

in a _____ Funeral, date, time Mon. Dec. 16th 2:00

Type of Burial Container

Church, Chapel, Graveside ; CA BURIAL Mortuary. CLAUDETTE

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 1674 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55722	270.00
Balance due	Ø

PAID
DEC 12 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17482

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17482

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

/rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to e burial space.

					1527 Bell	1528 Corbett
	←		open	→		
	←			open		→
	1672 Wells	open	X	open	open	1677 Hayes
	←		open	→		

nterment space for: Corey Dukes

nterment Date: 12/16/02 Time: 2:00

ot: 1674 Grave: 1 Row: ____ Sect: 1 Div: 9

Grave Laid out by: NF · DARREYL

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-13-02

12-12-02 P02:46 OUT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 12-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COREY DUKES (STILLBORN)

in a _____ Funeral, date, time Mon. Dec. 16th 2:00
Type of Burial Container

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ CLAUDETTE

will be applied and billed to undersigned. _____

Lot 1674 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number R-55732	270.00
Balance due	Ø

PAID
DEC 12 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature of recorded holder of deed

[signature]
Address
8853 Marathon way
North Pole AK 99705
City Zip Code
907 488-0775
Telephone

Invoice # _____

Work Order # E 17482

Acct. # _____

This information is available in alternative formats upon request.

E 17482

1DAY

689

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
COREY	DEON	DUKES	12/04/2002	12/04/2002	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FT. WAINWRIGHT	ALASKA	LASANDRA MICHELLE DUKES-MOTHER 2853 MARATHON WAY 686 NORTH POLE, ALASKA 99709

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Alanette Benyard	12/13/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	12/13/2002 J.BENYARD	▶ 2220178

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	—	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-16-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-17481

Kathryn Jones
17001 S 29th Way
Phoenix, AZ 85048

Email: Kathryn1551@AOL.com
Phone: 480-704-1288

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRANSFER FROM ESTATE of — JUDY KUEERA

in a CHARLES KUCERA Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1 Grave 49 Row _____ Section MAS Division/Block Y

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... TO: CHILDRENS HOSPITAL of SAN DIEGO

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... WAIVED PER RAY

Sales taxes ..... _____

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sue

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17483

REA-104 (7-96)

This i... ...nats upon request.

E-17483
call Chaplin
at Children
Hospital
858-576-1700

THE CITY OF SAN DIEGO

E-17483

December 13, 2002

Barbara Dunn
5140 Valley Road
Lincoln, NE 68510

Re: Grave of Judy Ann Kucera

Dear Ms. Dunn:

Please sign the enclosed Quitclaim Deed, have notorized and return to us for processing. At that time I will send the proper paperwork to Childrens Hospital.

If you have any questions please do not hesitate to contact us.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosure

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

THE CITY OF

SAN DIEGO

E-17483

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of - - - - - - - - - - - -

I/We Barbara Dunn, Personal Representative, Estate of Charles Kucera

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to CHILDRENS HOSPITAL OF SAN DIEGO

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 1 *Grave* 49 *Row* _____ *Section* MAS *Division/Block* Y

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, *its successors and assigns forever.*

WITNESS my/our hand this _____ *day of* _____ *19* _____

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

_____

_____

Witnesses

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-17483

Barbara Dunn, M.S., LMHP
5140 Valley Road
Lincoln, NE 68510
(402) 488-1165 Phone and FAX
bjpeeks@aol
December 8, 2002

Ms. Sue Shackelton
Clerical Assistant II
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102 4527

Re: Grave of Judy Ann Kucera

Ms. Shackelton,

Please send the paper work necessary to donate the lot to Childrens Hospital.

Thanks for your help,

Barbara Dunn

Barbara Dunn,
Personal Representative, ESTATE OF CHARLES KUCERA
Power of Attorney, Tillie Kucera

E-17483

THE CITY OF SAN DIEGO

December 3, 2002

Barbara Dunn
5140 Valley Road
Lincoln, NE 68510

Re: Grave of Judy Ann Kucera

Dear Ms. Dunn:

In 1944 the family paid $12.50 for the grave. We only give back 80% which is $10.00.

You could advertise the grave in the newspaper or go through a cemetery broker. But we do not know of any instance where a family would buy a baby grave in advance. You could donate the grave to Childrens Hospital in San Diego.

Let us know what you would like to do and we will send you the proper paper work.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E- 17483

Barbara Dunn, M.S., LMHP
5140 Valley Road
Lincoln, NE 68510
(402) 488-1165 Phone and FAX
bjpeeks@aol

November 25, 2002

Mt. Hope Cemetery
3751 Market St
San Diego, CA 92102-4527

Att: Business Manager

My family had my sister's grave disinterred on July 25, 2002 by Featheringill **Mortuary, San Diego and paid by Odean Colonia Chapel, North Platte, NE. The gravesite was moved to North Platte, NE.**

What is the procedure for selling the cemetery plot back to Mt. Hope Cemetery?? The mortuaries indicated that we still own the plot, but obviously ***we have no use for it.***

Please let me know how to proceed.

Barbara Dunn

Barbara Dunn,
Personal Representative, ESTATE OF CHARLES KUCERA
Power of Attorney, Tillie Kucera

THE CITY OF

SAN DIEGO

E-17483

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of - - - - - - - - - - - - -

I/We Barbara Dunn, Personal Representative, Estate of Charles Kucera

Barbara Dunn, Pers Rep
Willie Kucera

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to
CHILDRENS HOSPITAL OF SAN DIEGO

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 1 Grave 49 Row ____ Section MAS Division/Block Y

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 21st day of January 16 2003

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Kristi Kling

Kristi Kling

Witnesses

GENERAL NOTARY-State of Nebraska
KRISTI KLING
My Comm. Exp. Nov. 25, 2003

DIVERSITY
BRINGS US ALL TOGETHER

...inted on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

Ashes on Left

City of San Diego

705

Date 12-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDUARD L. LEIN

in a _____ Funeral, date, time MON 12-23 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 298 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number VISA	450.00
Balance due	~~0~~

PAID

DEC 12 2002

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

FAMILY TO BRING ASHES & PERMIT

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Yuliya Leina 704
Signature
8429 Summerdale Rd #A
Address
X San Diego, CA 92126
City Zip Code
858 232-7285 (cell)
Telephone (619) 291-1684 (h)

SUY

Invoice # _____

Work Order # E 17484

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17484 66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 28148-02

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eduard	L.	Lein	02/18/1935	12/10/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Yuliya Leina, Daughter 104 8429 Summerdale Road, #A San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116	FD1424	Barbara J Maya	12/16/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/16/2002 B.E.Mayer	2220294

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 12/23/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PCI 601D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 12/18/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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.

on the grave of Emma Jane Knight
CENTER TOP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene W. Roelle

in a ASH VAULT (Type of Burial Container) Funeral, date, time SAT 12-14 12:00

Church, Chapel, Graveside : Bayview Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 66 Grave 8 Row _____ Section 17 Division/Block 7

Grave space & Care Fund	E-6414	0
Additional spaces and care fund	Sat overtime	210.00
Opening/Closing & Setup		105.00
Burial Container		55.00
Handling Fees		60.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		4.26
Total Due		479.26
Paid receipt number	VISA	479.26
Balance due		0

PAID
DEC 13 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO

family to bring ashes & permit

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.

BARBARA CRONISE

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

463-9723
Telephone

12-12-02P03:49 RCVD

Invoice # _____

Work Order # E 17485

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17485

105 O/C
55 B.C.
60 H.F.
255 MISC.
4.06 TAX

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

12/13/82 10:09:13 KEYED

INVOICE#

VS XXXXXXXXXXXX19130

AUTH# 013711 REF# 21302001
AVS: NO AVS REQSTED

MAIL/PHONE $ 476.26

TOTAL $ 476.26

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X PHONE ORDER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E- Interment of

E 17485

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

/rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to e burial space. On Grave of E. Jane Knight

other center top						
		1	2 cook	3 McWillie	4 McWillie	5 schlegel
		7 Knight	8 X 8 Knight	9 Miles	10	11

nterment space for: Eugene W. Roelle

nterment Date: SAT 12-14 Time: 12:00

ot: 66 Grave: 8 Row: — Sect: 17 Div: 7

Grave Laid out by: NF. Darrell

Agrees with Legal Card: ☐ Yes ☐ No Flag on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-13-02

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E 17485

3 200237 018925

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): EUGENE
2. MIDDLE: W.
3. LAST (FAMILY): ROELLE
4. DATE OF BIRTH MM/DD/CCYY: 01/12/1913
5. AGE YRS: 89
6. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 12/12/2002
8. HOUR: 0630
9. STATE OF BIRTH: IL
10. SOCIAL SECURITY NO.: 571-10-3054
11. MILITARY SERVICE: ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS: DIV
13. EDUCATION—YEARS COMPLETED: 14
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: SELF-EMPLOYED
17. OCCUPATION: ELECTRICAL ENGINEER
18. KIND OF BUSINESS: ELECTRICAL
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 6456 LAKE ATHABASKA PL.
21. CITY: SAN DIEGO
22. COUNTY: SAN DIEGO
23. ZIP CODE: 92119
24. YRS IN COUNTY: 29
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: DOUG ROELLE - SON
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): P.O. BOX 520, PRINEVILLE, OR 97754

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: –
29. MIDDLE: –
30. LAST (MAIDEN NAME): –
31. NAME OF FATHER—FIRST: LOUIS
32. MIDDLE: D.
33. LAST: ROELLE
34. BIRTH STATE: IL
35. NAME OF MOTHER—FIRST: EMMA
36. MIDDLE: JANE
37. LAST (MAIDEN): KNIGHT
38. BIRTH STATE: IL

DISPOSITION(S)

39. DATE MM/DD/CCYY: 12/16/2002
40. PLACE OF FINAL DISPOSITION: MT. HOME CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: ▶ NOT EMBALMED
43. LICENSE NO.: –
44. NAME OF FUNERAL DIRECTOR: BAYVIEW MEMORIAL FUNERAL HOME
45. LICENSE NO.: FD-1709
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Nancy L Bowen MD
47. DATE MM/DD/CCYY: 12/13/2002

PLACE OF DEATH

101. PLACE OF DEATH: GROSSMONT HOSPITAL
102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOME ☐ RES. CARE ☐ OTHER
104. COUNTY: SAN DIEGO
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 5555 GROSSMONT CTR. CT.
106. CITY: LA MESA

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

TIME INTERVAL BETWEEN ONSET AND DEATH

I110 IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE — MOS.

I110 DUE TO (B) HYPERTENSION — YRS.

DUE TO (C)

N179 DUE TO (D)

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: ACUTE RENAL FAILURE, BACTERIAL PNEUMONIA ETIOLOGY UNK.

90 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 12/08/2002; DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/12/2002
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ Asim Guha Roy
116. LICENSE NO.: A62010
117. DATE MM/DD/CCYY: 12/13/2002
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: ASIM GUHA ROY, MD., 5565 GROSSMONT CTR DR STE 2 LA MESA, CA 91942

CORONER'S USE ONLY

J159 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
120. INJURY AT WORK: ☐ YES ☐ NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | F | G | H | FAX AUTH. #: 2220196 | CENSUS TRACT

A921721

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED. March 19, 2003

Nancy L Bowen MD

NANCY L. BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E-17485

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EUGENE	W.	ROELLE	01/02/1913	12/12/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]	SAN DIEGO	DOUG ROELLE - SON P.O. BOX 520 PRINEVILLE, OR 97754

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW MEMORIAL FUNERAL HOME, 564 BROADWAY EL CAJON, CA 92021	FD-1709	▶	12/13/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/13/2002 R.MARTINEZ	2220198 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12 14 02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERV. INC., 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 12/13/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Attend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 16, 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Pearl Lewis (92)

In a Liner (Type of Burial Container) Funeral, date, time Fri 12/20 11:00

Church/Chapel/Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 45 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	195.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R5578	1664.73
Balance due	0

PAID

DEC 13 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(691)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Doris Turner
Signature

X 5082 Ocean View Blvd.
Address

X San Diego CA 92113
City Zip Code

X (619) 262-2133
Telephone

Invoice # _____

Work Order # E 17486

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E- 17486

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.

		Kimble	open	Bruling	Warren	
Lot	Nelson	Nelson	X Lewis	open	open	Johnson
Sherman	open	open	open	Le	Thompson	Thompson

Interment space for: Annie Lewis

Interment Date: 12/20/02 Time: 11:00

Lot: 45 Grave: 2 Row: ____ Sect: 2 Div: 12

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-16-02

E-17486

692

42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNIE	PEARL	LEWIS PRICE	12/06/1960	12/09/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ARTHUR PRICE-HUSBAND 5457½ IMPERIAL AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	12/12/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/12/2002 J.BENYARD	▶ 2220068

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 12-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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.

at Med
Grave of Gladys

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Watt Jr. ☒

in a Ash vault (Type of Burial Container) Funeral, date, time Sat 1/11 9:00

Church, Chapel, Graveside _____ Markley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 6 Grave 8 Row _____ Section R Division/Block MAS

Grave space & Care Fund	E 6447	-0-
Additional spaces and care fund	OT Ch	210
Opening/Closing & Setup		-0-
Burial Container	Ash Vault	-0-
Handling Fees	PAID	-0-
Flower vases – Marker setting fee	Interment Xfer	
Recording and filing fee	JAN 07 2003 1/13/03	-0-
Sales taxes	"87"	-0-
	MT. HOPE CEMETARY CITY OF SAN DIEGO Total Due	210.00
	Paid receipt number VLSCC	210.00
	Balance due	-0-

top center

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paw

X Billie Rogers
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17487

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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grave of Gladys

E 17467

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.

Space

		Sara Daniels	Marie DeBarn	Aburn		
	Deiner	Pat Watt	[illegible]	Ed Will	E Merry	
		Portis	Clark	Clark		

grave of Gladys

Interment space for: Howard Watt Jr.

Interment Date: Jan 11 Time: 9:00

Lot: 6 Grave: 8 Row: ____ Sect: R Div: MAS

Grave Laid out by: NF · DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 1-9-03

E 17487 27614 13903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Howard	Scott	Watt JR.	06/15/1919	12/15/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Michael Rogers - Son 1750 San Miguel Drive Walnut Creek, CA 94596

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Merkley-Mitchell Mortuary, 3655 Fifth Avenue, San Diego, CA 92103	FD-119	▶ Rae M Zullo	12/23/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/23/2002 R.M. Zullo	2220713 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
5222 P.O. Box 85222, San Diego, CA 92186-	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 1-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory, 1625 Gisler Avenue, Costa Mesa, CA 92626	12B. DATE CREMATED 12/26/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

On the grave of Emery D. Johnson

No. CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

4 CHAIRS

Date 12-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benita Johnson

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI. Dec 20th 1:00

Church, Chapel, Graveside Witness : Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 109 Grave 8 Row _____ Section IOOF ~~Division~~/Block 43

Grave space & Care Fund E-16559	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-55729	269.26
Balance due	0

PAID

DEC 18 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

MARTHA 703-577-4681
d Romie Step son

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Romie Johnson
Signature

X 1063 Mesa View Dr.
Address

X Austin Co. 81410
City Zip Code

X (970) 835-8957
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17488

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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82129 E-17488 KH 62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BENITA	-	JOHNSON	03/21/1925	12/13/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARTHA GREENWALT - DAUGHTER 1395 EISENHOWER CR #301 WOODBRIDGE VA 22191

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEM- PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109	FD-815	▶	12/16/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/18/2002 L CASTRO	2220444 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ¼CR MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 12-30-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 12/19/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At rec'd 12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/17/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shandra Brown-Bulgaire

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 12/20 1:00

Church, Chapel, Graveside Visions of God ; CA Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 234 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container TS	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number Visa	1769.38
Balance due	-0-

PAID
DEC 18 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

6 pm

X Jennifer Burkett
Signature

X 2819 Ulric St
Address

X San Diego CA 92111
City Zip Code

X 858 571-3558
Telephone

Late arrival 3:25

Pam

Invoice # _____

Work Order # E 17489

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 17489

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: Shandra Brown-Bulgaire

Interment Date: 12/30/02 Time: 1:00

Lot 234 Grave: 1 Row: ____ Sect: 2 Div: 12

Grave Laid out by: N.F. Parrey

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-18-02

E-17489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHANDRA	FAYE	BROWN-BULGAIRE	05/09/1958	12/12/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	FRANKLIN BULGAIRE-HUSBAND 9859 DALE AVE. #16 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Franklin Bulgaire	12/18/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/19/2002	▶ Thomas Guillaume

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-313.N. FIGUEROA ST. RM L-1 LOS ANGELES, CA 90012	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Daniel Fambro	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12-17-02P01:38 RCVD

12-17-02P01:37 RCVD

on the grave of Catalina Villegas

MT. HOPE CEMETERY

INTERMENT ORDER

Chairs

City of San Diego

ashes to go in Tep middle

Date 12-17-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gilbert Villegas Ø

In a ASHVAULT Funeral, date, time Dec. 28th SAT. 10:30

Type of Burial Container

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 112 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund D-6502	Ø
Additional spaces and care fund Over Time Fee	210.00
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	479.26
Paid receipt number Paid by Mr.	479.26
Balance due	Ø

PAID

DEC 23 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Humbert Alcs
Signature

X _____
Address

X 4902 Zion Ave
City Zip Code

X S.D. Ca. 92120
Telephone

619-583.3702

PC

Invoice # _____

Work Order # E 17490

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17490

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 MOORE	2	3 MELANSON	4 HAYDEN	5	6	
7	8	9	10 X	11	12	

Interment space for: Gilbert Villegas ~~Ex~~

Interment Date: SAT. Dec 28th Time: 10:30

Lot: 112 Grave: 10 Row: — Sect: 2 Div: 12

Grave Laid out by: Damon + Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on the grave

Blind Check & Verified By: Kevin Date:

E-17490 5184

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gilbert	-	Villegas	06/30/1936	12/09/2002	Male

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Humbert Arce Brother, 4902 Zion Avenue, San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Accu-Care Cremation Center 2562 State St. #E Carlsbad, CA 92008

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD 1528

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶

8B. DATE SIGNED: 12/12/2002

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: G. Tolbert 12/12/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2220130 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: P.O. Box 85222, San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED: 12-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: Gateway Crematory 1410 S. Acacia Ave. #D Fullerton, CA 92831	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rua 2nd buried

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle King

in a DD Crypt (Type of Burial Container) Funeral, date, time Mon 12/23 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 5177 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... in grave of Arthur King ..... -0-

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... PAID .....

Handling Fees .....

Flower vases – Marker setting fee ..... DEC 19 2002 .....

Recording and filing fee 45.00

Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA .....

Total Due 420.00

12-19-02 P03:42 OUT

Paid receipt number R-55731 420.00 PC

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Betty K
Signature

X 2446 Euclid ave #1
Address

X San Diego Cal 92114
City Zip Code

X (619) 527-3730
Telephone

Paid PC

Invoice # _____

Work Order # E 17491

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Vile roots grave Arthur King

E 17491

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.

	Mukai	Johnson, R	5115 King, W	King, F	Hetherington	
Iwashita,	Dunn, J	King,	5177 X	King, V	King, S	King, A
	Kawamoto, H	Kawamoto,	5230 Kawasaki,	open	Kamiura	

Interment space for: Myrtle King

Interment Date: 12/23/02 Time: _____

Lot: 5177 Grave: 1 Row: _____ Sect: _____ Div: 10

Grave Laid out by: DARKER

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: C Warren Date: 12-14-02

plug on grave

E-17491 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MYRTLE	–	KING	11/06/1919	12/17/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SHIRLEY KING-DAUGHTER 10150 HOOPER ST. SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Ouiletta Russ	12/20/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/2002 C. RUSS	▶ 2220549

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence J. WOLFF

in a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. JAN. 4th 11:00

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 158 Grave 2 Row Section 4 Division/Block 6

Grave space & Care Fund E-6201	0
Additional spaces and care fund PAID Overtime Fee	210.00
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker se	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	479.26
Paid receipt number VS CARD	479.26
Balance due	0

DEC 23 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the x Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Flora Loh
Signature
x 4012 Del Mar
Address
x San Diego Ca 92107
City Zip Code
x 619 224-4404
Telephone

Invoice #

Work Order # E 17492

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 1792

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.

		Boren	Boren	Novotny		
Newman	X	X	2 X	3 Sheppwoods		

Interment space for: Florence J. Wolff ~~X~~

Interment Date: 1/4/03 Time: 11:00

Lot: 158 Grave: 2 Row: — Sect: 4 Div: 6

Grave Laid out by: ROBERT / DARLY

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 12/30/02

E-17492

95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FLORENCE	KENLINE	WOLFF	03/17/1907	12/18/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN MARCOS	SAN DIEGO	JOSEPH WOLFF, HUSBAND 1553 EL PASEO SAN MARCOS, CA 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NORTH COUNTY CREMATION SERVICE 635 N. TWIN OAKS VLY RD SAN MARCOS CA 92069	FD1463	▶	12/23/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12/26/2002 M. GARCIA	▶ 2220767

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 1-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC 6010 CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 12-26-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

12-18-02A10:34 RCVD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at Rud

Date 12-18-02

8 chairs

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 201 Pelayo, Gilbert

in a OD Crypt (Type of Burial Container) Funeral, date, time Mon. Dec 23rd 10:00

Church, Chapel, Graveside ; Heideman-Pouteson Monuary, UTAH

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ (Tim) Conrad

will be applied and billed to undersigned.

Lot 155 Grave 4 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	x 2	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	x 2	90.00
Sales taxes		29.45
Total Due		2464.45
Paid receipt number R55736		2464.45
Balance due		-0-

PAID

DEC 23 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

X Address

X City Zip Code

X Telephone

Signature of recorded holder of deed

pc. / PH

Invoice # _____

Work Order # E 17493

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

HEIDEMAN POULSEN MORTUARY

E - 17493

1331

Mount Hope Cemetery

12/19/2002

Open and Closing, Lots, Vault 2,464.45
Property for both husband and wife
Cemetery Charges

Zions Checking Gilberto G Pelayo Services 2,464.45

12-18-02A10:34 RCVD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at Ned

Date 12-18-02

Schaus

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Pelayo

in a 00 Crypt Funeral, date, time Mon-Dec 23rd 10:00

Church, Chapel, Graveside : Heideman-Ruksoo (Tim) UTAH!

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 155 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	x 2	750.00
Burial Container		350.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	x 2	90.00
Sales taxes		29.45
Total Due		2464.45

Paid receipt number _____

Balance due _____

I hereby certify I am the √ Funeral Home of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

√ [signature] on Behalf of the family
√ 181 E Riverside Dr
√ St. George 84770
√ 435-627-0691

Signature of recorded owner of deed

pc. / pt

Invoice # _____

Work Order # E 17493

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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E 17493

MESSAGE CONFIRMATION

12/18/2002 15:38
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
12/18	00'32"	914356270694	CALLING	01	OK	0000

12/18/2002 15:37 SD MT. HOPE CEMENTERY → 914356270694 NO.453 P01

12-18-02 10:34 RCVD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

not full

Schaus

Date 12-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Pelayo

in a 00 Crypt (Type of Burial Container) Funeral, date, time Mon. Dec 23rd 10:00

Church, Chapel, Graveside _____ : Heideman-Rukson (Tim) Mortuary UTAH

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Lot 155 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	x 2	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	x 2	90.00
Sales taxes		29.45
Total Due		2464.45

Paid receipt number _____

12-18-02 P03:46 OUT

E 17493

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

1 open	2 open	3 Chan	4 X	5 Dolph	6	
trash open	open	open	open	West	open	
		Tur				

ıterment space for: George Pelayo

ıterment Date: 12/23/02 Time: 10:00

ot: 155 Grave: 4 Row: ____ Sect: 2 Div: 12

rave Laid out by: F. Robert & Darren

grees with Legal Card: ☐ Yes ☐ No flag on grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: Kevin Date: ____

E-17493

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GILBERTO	G.	PELAYO	02/04/1936	12/17/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ST. GEORGE	UT	OFELIA PALAYO - WIFE 407 66th STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941		12/19/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/2002	2220602

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12-18-02A

13 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs NAOMI JOYCE

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI. DEC 20 12:00

Church Chapel, Graveside _____ : CA BURIAL MARTIN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 150 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	260.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-55730	1769.38
Balance due	Ø

PAID
T3 #5
DEC 18 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

BERNADELL THOMAS

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bernadell Thomas 694
Signature

X 4194 STURGEON Ct.
Address

X SAN DIEGO, CA 92130
City Zip Code

X (858) 755-0333
Telephone

PC.

Work Order # E 17494

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17494

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

		1	X	3	4 Sayles	

ıterment space for: NAOMI JOYCE

ıterment Date: 12/29/02 Time: 12:00

ot: 150 Grave: 2 Row: — Sect: 2 Div: 12

rave Laid out by: DARCYL

grees with Legal Card: ☐ Yes ☐ No flag or grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 12-19-02

E-17494

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NAOMI	L.	JOYCE	04/09/1930	12/16/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	BERNADELL THOMAS-DAUGHTER 4194 SHERIDAN CT. SAN DIEGO, CA 92130

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Bernard	12/19/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/19/2002 J. BENYARD	▶ 2220545

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 12-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Vincent Fannin	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

transfer of lots

Date 12-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPHINE & GEO. MARKHAM

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 9 Grave 5 & 6 Row _____ Section 2 Division/Block 7

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... REFUND BACK _____

Recording and filing fee ..... TO CEMETERY _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 17495

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

For Auditors Use Only

E-17495

Date Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of $ 40.00 Date paid 09-14-1947 on See attached legal description card. Receipts not available (Name of Receipt or Permit No.)
No. for 1947. for the following reason(s):

X

Refund Requested by:

Print Name: Larry Menninga Address: 120 Forest Lane, Bellingham, WA 98225

Signature: X

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: Ray Snider Title Cemetery Manager Date 12-18-02

Signature: _____ Dept. Name Mt. Hope Cemetery Phone 527-3400 M.S. 72

White Copy - Auditor's
Pink Copy - Auditor's
Green Copy - Originating Dept.

FORM AC-1006 (Revised 4/91) 593684

E-17495

LOT 9 SEC. 2 DIV. 7

T.	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMARK
1	SCHULTZ SCHULTE, Charles E.	Est. of	6/1/1957	$75.00	6/4/1957	B-1921	
2	Baretta Mary M.	Rayner Lorene M.	6/2/56	$40.00	6/6/56	B 556	
3	HELTON, James M.	Pearl Helton	5/4/56	40.00	5/7/56	B-454	
4	DUDLEY, Aza Aubry	Cox, Mrs. Annie	12/9/55	40.00	12/12/55	A-9378	
5		MARKHAM, Geo. F & Josephine S.	9-14-1947	25.00		B-6822 10010	
6		" " "	9-14-1947	25.00		B-6822 10010	
7	HAMMOND, Marion Jay	Steele, Mrs. Jessie (sister)	7/24/53	40.00	7/27/53	A-6087	
8		CREAGHE, Elizabeth	8/8/1962	125.00		B-8809	
9	O'BRIEN, James J. & O'BRIEN, Sarah Ann	O'Brien, Sarah Ann	12/14/53	40.00	12/22/1953	A-6581	[illegible]
0	PEAVEY, Glenn Newell	Peavey, H.N.	1/26/53	40.00	1/29/53	A-5361	
1	BERKHIMER, William R.	Est. of	6/6/1957	75.00	6/7/1957	B-1943	
2	HOSTETLER, Thomas M. & HOSTETLER, JosephErnest	Hostetler, Mayvene	8/27/52	40.00	10/28/1966 8/29/52	C-3736 A-4738	

8 pt. type or larger

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

E 17495

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

William F. Straw and Martha M. Straw

, do hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to

George F. Markham and Josephine S. Markham, husband and wife, as joint tenants

the real property in the City of San Diego County of San Diego State of California, described as:

Lot Nine (9) Graves Five and Six (5 & 6), Section Two (2), Division Seven (7) and Lot Thirteen (13), Grave Twelve (12), Section Two (2), Division Seven (7) according to a map of said cemetery surveyed under the supervision of the City Engineer, San Diego, California

Dated: December 27, 1960

William F. Straw
Martha M. Straw

STATE OF CALIFORNIA,
County of San Diego } ss

On December 27, 1960, before me, the undersigned, a Notary Public in and for said County and State, personally appeared William F. Straw and Martha M. Straw

known to me to be the person s whose name s subscribed to the within Instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

(Seal) H. F. Duensing
Notary Public in and for said County and State
H. F. DUENSING My Commission Expires Feb. 14, 1963

Title Order No.

Escrow or Loan No.

DEED—QUITCLAIM—WOLCOTTS FORM 790
REVISED 12-57

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12-18-02P03:19 RCVD

Date 12-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AUDREY L. COTTON 1:00

in a #5 LINER (Type of Burial Container) Funeral, date, time MON 12-23

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 114 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-need E-17445 11-22-02 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... ~~0~~

Burial Container ..... ~~0~~

Handling Fees ..... ~~0~~

GALV

Flower vases – Marker setting fee ..... R-55644 11-22-02 _____

Recording and filing fee ..... ~~0~~

Sales taxes ..... ~~0~~

Interfund Transfer 12-22-02 Total Due ..... ~~0~~

Paid receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

_____ Signature of recorded holder of deed

SUE

Invoice # _____

Work Order # E 17496

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17496

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

			GARCIA			
		1	2 X	3 GEORGE	4 DAVENPORT	5 FLetcher
		7 PUENTES	8	9 HARRELL	10	11

ıterment space for: AUDREY COTTON

ıterment Date: MON 12-23 Time: 1:00

ot: 114 Grave: 2 Row: ____ Sect: 2 Div: 12

rave Laid out by: DANNY

grees with Legal Card: ☐ Yes ☐ No Fly on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: KEVIN Date: ____

E 17496

66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AUDREY	LOUISE	COTTON	12/18/1935	12/16/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NORTH LAS VEGAS	[redacted] NEVADA	JOCELYN COTTON—DAUGHTER 3516 STRAWBERRY ROAN RD. NO. LAS VEGAS, NV 89032

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jeanette Berry	12/19/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/19/2002 J. BERYARD	▶ 2220525

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12-19-02 A 9:15 AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 12-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Neil Kinney

in a T.S. Vault (Type of Burial Container) Funeral, date, time 12-23-02 10.30

Church, Chapel, Graveside ~~[illegible]~~ ; Conrad Mortuary.

460-8747 Fax - Donna

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3287 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	D-1074 1977	0
Additional spaces and care fund		—
Opening/Closing & Setup		—
Burial Container	#5	—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording and filing fee		—
Sales taxes		—
Total Due		0
Paid receipt number		—
Balance due		0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17497

Acct. # _____

REA-104 (7-96) PC

This information is available in alternative formats upon request.

Printed on recycled paper

12-19-02 A09:15 OUT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Neil Kinney

in a T.S. Vault (Type of Burial Container) Funeral, date, time DELIVERY - MONDAY 12/23/2002 @ 10:30 A.M.

Church, Chapel, Graveside ; Conrad Mortuary, 460-8747 Fax - Donna

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 3287 Grave _____ Row D-1074 Section _____ Division/Block 10

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container #5	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	0
Paid receipt number	—
Balance due	0

I hereby certify I am the Y DAUHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

CAROLYN K. ENG

Signature: Carolyn K. Eng

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X 3802 S. 288th Street
Address

X AUBURN, WA 98001
City Zip Code

X 253-839-3514
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17497

This information is available in alternative formats upon request.

E-17497

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

			Brown			
	WEAVER	X	3287 X	X	Whitmore	

ıterment space for: Nell S. Kinney

ıterment Date: _____ Time: _____

ot: 3287 Grave: — Row: — Sect: — Div: 10

rave Laid out by: DARKEY & ROBERT

grees with Legal Card: ☐ Yes ☐ No flag on grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: DAVID N. Date: 12-23-0

E 17497

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NELL	SUSAN	KINNEY	01/11/1903	12/19/2002	F

5A. CITY OF DEATH: SANTEE

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VINCENT J. OSLIE - SON-IN-LAW
1774 ROBLE GRANDE ROAD
ALPINE, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
CONRAD LEMON GROVE MORTUARY
7387 BROADWAY - LEMON GROVE, CA 91945-1533

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: Victoria J. Mitchell

8B. DATE SIGNED: 12/20/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 12/23/2002

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: V. L. MITCHELL 2220655

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12-19-02P12:03

at Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec 19, 02

PC 12-19-02 P03:21 OUT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOLANDA FRANKLIN 707 10:00

in a #5 BELL LINER Funeral, date, time Mon Dec 23, 02

Type of Burial Container

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 223 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container LINER	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-55733	1664.73
Balance due	Ø PC

PAID

DEC 19 2002

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

AUDRIA RICHBERG

I hereby authorize the interment in lot 706 I hold under deed.

Signature of recorded holder of deed

Signature

X 2024 Parkview Pl

Address

X Ingleside, Tx 78362

City Zip Code

X (361) 776-4389

Telephone

Invoice # _____

Work Order # E 17498

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17498

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ne burial space.

		AKER 5				
	1	2	223 X 3	4	5	6
	7	8	9	10	11	12

nterment space for: YOLANDA FRANKLIN

nterment Date: MON 12-23 Time: 10:00

ot: 223 Grave: 3 Row: ____ Sect: 2 Div: 12

rave Laid out by: Damage & Rop

grees with Legal Card: ☐ Yes ☐ No *Dry on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: [signature] Date: ____

E-17498

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOLANDA	RENA	FRANKLIN	10/15/1963	12/15/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AUBRIA FRANKLIN-FATHER 608 IVY DR. MENDO PARK, CA 94025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA 92115	F-1357	Jeanette Bent	12/19/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/19/2002 J.BENYARD	▶ 2220535

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA [redacted]	11B. DATE BURIED 12-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rec

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 19 02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Ware 721

in a #5 Liner (Type of Burial Container) Funeral, date, time Thurs Dec 26 11:00

Church, Chapel, Graveside _____ ; Reg. date _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1783 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and ...	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Mem...	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1764.73
Paid receipt number R-55739	1764.73
Balance due	-0-

PAID DEC 23 2002 MT HOPE CEMETARY CITY OF SAN DIEGO

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 (720) hold under deed.

Patricia A Campbell
Signature

7134 Cottington Lane
Address

San Diego 92139
City Zip Code

(619) 472-5883
Telephone

Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 17499

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

C 17499

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ne burial space.

1780 NORMAN	1781 BAKER	1782	1783 X	1784	1785	1786 BERGER
			DURBIN			

nterment space for: MARY WARE

nterment Date: THUR 12-26 Time: 11:00

ot: 1783 Grave: ____ Row: ____ Sect: ____ Div: 10

rave Laid out by: ROBERT. DARRLY

grees with Legal Card: ☐ Yes ☐ No

Flag on Grave

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: Kenneth Collins Date: 12/25/02

E 17499

73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	LEE	WARE	02/14/1929	12/18/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	PATRICIA CAMPBELL, DAUGHTER 7134 COTTINGTON LANE SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ Patricia Campbell	12/20/2002

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
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$7.00	12/23/2002	2220741 B. CAMPBELL ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

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- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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