Pre need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 9 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leticia Baltazar (43)

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 720 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895
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 2510	224.00
Paid receipt number R56131	224.00
Balance due	671.00

PAID

NOV 0 1 2004

MOUNT HOPE CEMETERY

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

Leticia Baltazar
Signature
3004 Newton Ave
Address
San Diego Cal. 92113
City Zip Code
(619) 696-72-54
Telephone

Pam M/C

Invoice # _____

Work Order # E 17700

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

9B

E-17700

BALTAZAR, LETICIA 3004 Newton Ave SD CA 92113 (619) 696-7254

		DEBIT	CREDIT	BALANCE
04-09-2003	Opened pre-need lot only w/ 25% down	895.00		895.00
	R-56131 Div 12, Sec 2 lot 220 gr 3		224.00	671.00
5 03	R-56183 Coupon #1		28 00	643 00
8/28/08	R-5662 1 no coupon		56 00	587 -
11/27/04	R-57136 2 - 6 coupons		100 00	487 00
5-13-04	Mailed delinquent notice (R-57578) SP 100		200 00	287 00
10-21-04	Mailed final delinquent notice			
11-1-04	58178		287 -	-0-

PAID

NOV 0 1 2004

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 4 - 10 - 03

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

in a Liner (Type of Burial Container) Funeral, date, time ~~4/11~~ 4/10 Thurs

Church, Chapel, Graveside Delivery Only ; 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 65 Grave 2 Row _____ Section 2 Division/Block 11

E - 14129

Grave space & Care Fund	0
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	—
Paid receipt number	—
Balance due	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 17701

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17701

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Rounds	2 x	3 Reed	4 Young	

Blind Check Initiated By: Paulette C. Date: 4-10-03

Interment space for: Rounds, Cydella

Interment Date: 04/10/03 Time: 3:30

Div: II Sect: 2 Blk/Row: — Lot: 65 Gr: 2

Grave Laid out by: NF DN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: JWarren Date: 4-10-03

E-17701

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
Syrdella	May	Pounds	05/25/1921	04/01/2003	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	Debra Ann Williams, Daughter 5336 Geneva Avenue 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]	04/07/2003

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117(b) 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
13.00	04/08/2003 B. Campbell	2306074 ▶

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 4-10-03	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

AT-Need

Date 4-11-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE KRIGBAUM 11:30

In a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs. April 24th 11:30

Church, Chapel Graveside ; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 200

will be applied and billed to undersigned.

Lot 663 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund C-4324	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container ASH VAULT 6 3/8h x 6 3/4w x 9 3/4L	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	-0-
Paid receipt number	—
Balance due	-0-

Son ~~Albert~~ Charles Krigbaum Connecticut 203-281-5015

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 Charles Krigbaum
Signature

X 50 Elihu St
Address

X Hamden, CT
City

X (203) 281-5015
Telephone

Zip Code

Paulette

Work Order # E 17702

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Date possibly 24th or 25th of April.

MT HOPE CEMETERY E-1702

GRAVE BLIND CHECK FORM

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

[redacted] Top Center

			663 X			

Blind Check Initiated By: _____ Date: _____

Interment space for: Louise Krigbaum ~~XX~~

Interment Date: 04-24-03 Time: 11:30 Graveside

Div: 8 Sect: 1 Blk/Row: _____ Lot: 663 Gr: _____

Grave Laid out by: DAKLEY & MARK

Agrees with Legal Card: ☐ Yes ☐ No Dog on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/15/03

E17702 37887

APPLICATION 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
LOUISE	SANDERS	KRIGBAUM	09/21/1903	04/10/2003	

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	CHARLES KRIGBAUM (SON) 50 ELIHU STREET HAMDEN, CT 06517

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	▶ M. Dominguez	04/15/2003

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
13.00	04/15/2003 M. DOMINGUEZ	230 6549 ▶

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, CA 92102	11B. DATE BURIED 4-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Lampe	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE., COSTA MESA, CA 92626	12B. DATE CREMATED APR 17 2003	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Donald E. Mills	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 April 11, 03

At Need Guardian — John Edwards

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George R. Schricker PA20031338

In a Liner (Type of Burial Container) Funeral, date, time Wed 4/16 10:00

Church, Chapel, Graveside delaney : American Cremation (Mortuary) 10M

(419) 243 5842 283-5846

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 38 will be applied and billed to undersigned.

Lot 3 Grave 8 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vase & Interfacting fee	
Recording and filing fee	45 —
Sales tax	14.73
Total Due	1664.73
Paid receipt number	754.92
Balance due	909.81
	9/30 — 754.92
	154.89

Paid by Kerr 8/12/04

PAID OCT 24 2005 MOUNT HOPE CEMETERY

Evan Inv. 382187

Will pay 9/11/03

Refunded 11/18/03

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. 10-24-05

pd by Visa #154.89

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

X Signature by County Balance 0

X Address

X City Zip Code

X Telephone

Signature of recorded holder of deed

Pam

Invoice # 378790

Work Order # E 17703

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17703

GRAVE BLIND CHECK FORM

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

		Brookwell				
			X			
				Brown		

Blind Check Initiated By: Pam Date: 4/11

Interment space for: George Schricker

Interment Date: Wed 4/16 Time: 10:00

Div: D Sect: 1 Blk/Row: ____ Lot: 3 Gr: 8

Grave Laid out by: N.F. Davis

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: A Dawson Date: 4-14-03

E-17703

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	ROBERT	SCHRICKER	10/03/1914	04/04/2003	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 JOLLA	SAN DIEGO	JOHN EDWARDS-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
AMERICAN CREMATION SERVICES 6136 MISSION GORGE RD. #210, S.D.,CA 92120	FD-1368	▶ Nancy Lopez	04/11/2003

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

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
$13.00	NANCY LOPEZ 04/11/2003	▶ 2306356

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 4-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lemmo	
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-17703

ESTATE OF *(Name)*: G. ROBERT SCHRICKER, AKA'S: GEORGE R. SCHRICKER, GEORGE SCHRICKER, XX DECEDENT	CASE NUMBER: P 184262

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ **See attachment *(if space is insufficient)***

Date of item	Item and supporting facts	Amount claimed
	TOTAL	**$**

PROOF OF ☒ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*:

3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows *(check either a or b below)*:
   a. ☒ **Mail.** I am a resident of or employed in the county where the mailing occurred.
      (1) I enclosed a copy in an envelope AND
         (a) ☒ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with the business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
      (2) The envelope was addressed and mailed first-class as follows:
         (a) Name of personal representative served:
         (b) Address on envelope:
         (c) Date of mailing:
         (d) Place of mailing *(city and state)*:
   b. ☐ **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
      (1) Name of personal representative served:
      (2) Address where delivered:
      (3) Date delivered:
      (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: X

X . . . . . ▶ _____

(TYPE OR PRINT NAME OF CLAIMANT) (SIGNATURE OF CLAIMANT)

E-11703

DE-172

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
JOHN J. SANSONE, COUNTY COUNSEL BY CHERYL K. TUCKER, SENIOR DEPUTY SBN 125540 5201-A RUFFIN ROAD SAN DIEGO, CA 92123 ATTORNEY FOR (Name): PATRICIA A. FROSIO, PUBLIC ADMIN	858/694-3500 858/694-3987	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: S.D.SUPERIOR COURT MADGE BRADLEY BLDG MAILING ADDRESS: 1409 4TH AVENUE, 5TH FLOOR CITY AND ZIP CODE: SAN DIEGO CA 92101 BRANCH NAME: PROBATE		
ESTATE OF (Name): G. ROBERT SCHRICKER, AKA'S: GEORGE R. SCHRICKER, GEORGE SCHRICKER, XX DECEDENT		
CREDITOR'S CLAIM	CASE NUMBER: P 184262	

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: $ $1664.73
2. Claimant *(name)*: Mount Hope Cemetery
   a. ☐ an individual
   b. ☐ an individual or entity doing business under the fictitious name of *(specify)*:
   c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
   d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
   e. ☒ other *(specify)*: City of San Diego Mount Hope Cemetery
3. Address of claimant *(specify)*: Mount Hope Cemetery
   3751 Market St San Diego CA 92102
4. Claimant is ☒ the creditor ☐ a person acting on behalf of creditor *(state reason)*:
5. ☒ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☒ attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: X 07-28-2003

X . . Ray Snider, Cemetery Manager . . . . . ▶ *Ray Snider*
(TYPE OR PRINT NAME AND TITLE) (SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
C. If the claim is secured by a note or other written instrument, the original or a copy must be attached *(state why original is unavailable.)* If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. *(See Prob. Code, § 9152.)*
D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

E17703

CITY OF SD MT. HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4391302150666644

DATE: 10/24/05 TIME: 11:38:30
MID#: 3221566665614 STAN: 4391 TER#: 0002
D-A-I-E-S D-A-A-C-T

REF: 0001
BATCH: 821
CD TYPE: VISA
TR TYPE: MP
PAPER INVOICE : 378790

TOTAL: $154.89M

ACCT: XXXXXXXXXXXX8815 EXP: XXXX
AP: 018842
CUST ID#: TAX: 0.00

I AUTHORIZE MERCHANT TO ISSUE CREDIT IF DISPUTED PURCHASE SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDHOLDER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

INVOICE# 378790
PA# 20031338
Decease- George R. Schricker
E-17703
Div 12 sec 1 LOT 3
GR 8
$154.89
pd
10-24-05

E-17703

CITY OF SAN DIEGO, CALIFORNIA
GOVERNMENT AGENCY INVOICE

I

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: C378790

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 122289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 RUFFIN ROAD A
SAN DIEGO CA 92123

ACCT NO
000952

CLC

TREASURERS USE ONLY

4/24

PAYMENT DATE: _____
BY: CA CK IF ED
PAYMENT REF NO _____

AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/18/03	05/18/03	

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
PAM HETZEL
DEPT: MT. HOPE CEMETERY

REF NO: E-17703
619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GEORGE R. SCHRICKER SERVIVE - A "DCI	
DIV 12 SEC 1 LOT 3 GR 8	895.00
OPEN/CLOSE	375.00
BURIAL CONTAINER	190.00
HANDELING FEE	145.00
RECORDING FEE	45.00
TX ON LINER	14.73
TOTAL DUE	1,664.73

P 1842 62 4/4/03
DCD: Letter date 5/12/03

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

CUSTOMER COPY INV NO. 378790

AC-22 (REV - 10/00)

31266-CU

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 4-14-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLEN HANLON 229053

In a ASH VAULT Type of Burial Container Funeral, date, time FRI. April 25, 2:45

Church, Chapel Graveside Witness lowering; Neptune Society Mortuary.

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

Lot 118 Grave 11 Row ____ Section 2 Division/Block 12

Grave space & Care Fund E-13981	0
Additional spaces and care fund	—
Opening/Closing & Setup PAID	105.00
Burial Container	55.00
Handling Fees APR 17 2003	60.00
Flower vases – Marker setting fee MT. HOPE CEMETARY	—
Recording and filing fee CITY OF SAN DIEGO, CA	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number VISA	269.26
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.

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

Signature of recorded holder of deed

Paulette

X nancy a. Halton
Signature

X 2734 Mesa Dr.
Address

X Oceanside 92054
City Zip Code

X 760-757-2839
Telephone

Work Order # E 17704

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

possible date

4-26-03 saturday.

MT HOPE CEMETERY E-1704

GRAVE BLIND CHECK FORM

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

Bales 1 2 X	3 X	4 X	5	6 X		
Bryant 7 8 X	9 X	10 X	11 X	[redacted]		

Blind Check Initiated By: Paulette C. Date: 4/14

Interment space for: ALLEN HANLON ☒

Interment Date: 4-25-03 Time: 2:45 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 118 Gr: 11

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No flag on grave

Blind Check & Verified By: Kenneth Collins Date: 4/22/03

E-17704

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

03-0853

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
ALLEN	HENRY	HANLON	02/24/1914	04/03/2003	M

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	NANCY WALTON-BAUGHTER 2734 MESA DR. OCEANSIDE, CA 92054

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 14065 HWY 8 BUS,EL CAJON,CA 92021	FD-1352		04/04/2003

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

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
$13.00	04/08/2003 L. CRUMPLER	2306088

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, CA 92102	11B. DATE BURIED 4-25-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Hanson
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LEMEDA, INC. 14065 HWY 8 BUS,EL CAJON, CA 92021	12B. DATE CREMATED 4/10/03	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.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 14 03

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

In a Liner (Type of Burial Container) Funeral, date, time Thurs 4/17 10:30

Church, Chapel, Graveside Witness : Featherngill Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 298 Grave 1 Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	PAID
Recording and filing fee	45 —
Sales taxes	14 73
MT. HOPE CEMETERY Due	769.73
CITY OF SAN DIEGO Paid receipt number 106	769 73
Balance due	0

APR 14 2003

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.

Arlen Donner

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

Signature of recorded holder of deed

Arlen C Donner
Signature

[illegible] MONTESSA
Address

SAN DIEGO CA 92124
City Zip Code

858 279 4410
Telephone

Work Order # E 17705

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17705

GRAVE BLIND CHECK FORM

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

		Scott	X		olson	
		Hayes	Swink			

Blind Check Initiated By: Pam Date: 4/14

Interment space for: Margaret Helmka

Interment Date: Thurs 4/17 Time: 10:30

Div: 8 Sect: 3 Blk/Row: ____ Lot: 298 Gr: 1

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No • flag in grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 5-15-03

E-17705 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
Margaret	E.	Helmka	04/09/1915	04/12/2003	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	Steven C. Donner, DPOA 5042 Montessa 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	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	04/15/2003

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
$13.00	04/15/2003 K. Zaretzka	2306544 ▶ [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
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 4-17-03	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

AT NEED in the grave with Paul Seidel

Date 4-14-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Seidel Fri 4/18th 11:00

In a D.D. Crypt (B) Funeral, date, time ~~Thurs. April 17th 10:00~~
Type of Burial Container

Church, Chapel, Graveside _____ ; Merkley Mitchell Mortuary.
Scott Vance

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

Lot 33 Grave 47 Row _____ Section MAS Division/Block Q

Grave space & Care Fund E-11111	0
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container D.D. Crypt	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	0
Paid receipt number	0
Balance due	0

FAX 275-6039

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

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

_____
Signature of recorded holder of deed

Paulette

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 17706

Invoice # _____

Acct. # _____

REA-104 (7-96)

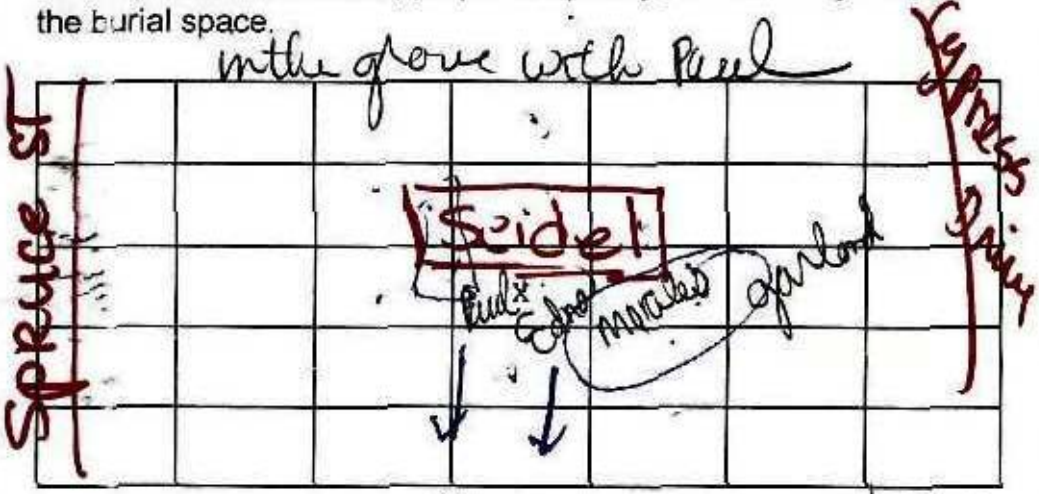
This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-1770

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: PaulettaC Date: 4/15/03

Interment space for: Edna Seidel (B)

Interment Date: 4-18-03 Time: 10:00 Chapel

Div: D Sect: MAS Blk/Row: ____ Lot: 33 Gr: 47

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: _____ Date: _____

E-17706

APPLICATION 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
EDA	M.	SEIDEL	07/31/1910	04/14/2003	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	ROBERT VALLERA - TRUSTEE 2042 AVILA COURT LA JOLLA, CA 92037

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	04/17/2003

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
$13.00	04/17/2003 R.M. ZULLO	2306728 ▶

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 ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 4-14-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAROLD D. BRIGGS SR. 959

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRIDAY APRIL 18

Church, (Chapel) Graveside ; CA BURIAL Mortuary. 11:00 JENNETTE (ELCAJON)

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

will be applied and billed to undersigned. _____

Lot 46 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	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 Postponed	1769.38
Balance due	0

PAID
APR 14 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

DAUGHTER

I hereby certify I am the X Kimmeca Briggs of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 KIMMECA BRIGGS
Signature
X 4765-HOME AVE #84
Address
X SAN DIEGO, CA. 92105
City Zip Code
X (619) 263-4260
Telephone

Invoice # _____

Work Order # E 17707

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17707

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	stevens	X	X	Wynn	
	X	X	11 x	12 Grant	Weeks	

Blind Check Initiated By: Paulette Date: 4/15/03

Interment space for: HAROLD D. BRIGGS SR.

Interment Date: 4-18-03 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 46 Gr: 11

Grave Laid out by: Ken & Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARKEY Date: 5-15-03

E-17707

APPLICATION 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
HAROLD	DOUGLAS	BRIGGS, SR	09/01/1947	04/10/2003	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	KIMMECA BRIGGS-DAUGHTER 4765 HOME AVE. #82 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	FD-1357	▶	04/17/2003

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
$13.00	04/17/2003 J.BENYARD	▶ 2306730

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 4/17/03	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

Attached

Ashes placed at top

Date 4/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~James B~~ Dawson & Lola

In a Ash vault (Type of Burial Container) Funeral, date, time Wed 4/16 2:00

~~Church, Chapel, Graveside~~ Witness ; ~~Mortuary.~~

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

Lot 34 Grave 6 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	D7152 -0-
Additional spaces and care fund	105.00
Opening/Closing & Setup	
Burial Container	55-
Handling Fees	60-
Flower vases – Marker setting fee	
Recording and filing fees	45-
Sales taxes	4.26
Total Due	209.26
Paid receipt number R-50137	209.26
Balance due	-0-

PAID

APR 14 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

James Johnson

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

X _____
Signature of recorded holder of deed

X _____
Signature

X 2860 "D" St.
Address

X Se/Ma, CA 93662
City Zip Code

X 1-559-8918282
Telephone

Invoice # _____

Work Order # E 17708

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17708

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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]		
		Dawson	X	Stein		
			Lewis			

Blind Check Initiated By: Pam Date: 4/14

Interment space for: Lola Dawson ✗

Interment Date: Wed 4/16 Time: 2:00

Div: 11 Sect: 1 Blk/Row: ___ Lot: 34 Gr: 6

Grave Laid out by: NF DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: J Wallen Date: 4-15-08

E17708 2702

APPLICATION 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
Lola	Opal	Dawson	07/20/1911	03/03/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Selma	Fresno	James P. Johnson-Nephew 2860 D St. Selma, CA 93662

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
Thomas-Robinson Funeral Home P.O. Box 248, Selma, CA 93662	FD 498	▶	03/05/2003

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

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
$13.00	C.Gonzalez 03/05/2003	▶ 92872

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 11800 Fresno, CA 93775	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 4-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Remembrance Cremation Center of the West 3542 Atwater Blvd.,#C, Atwater, CA 95301	12B. DATE CREMATED 3/11/03	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 Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/14/03

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

in a DD Crypt (A) Funeral, date, time Thurs 4/17 11:00
Type of Burial Container

Church, Chapel, Graveside _____ : Cypress Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 99 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.-
Additional spaces and care fund	
Opening/Closing & Setup	375 -
Burial Container	300 -
Handling Fees	300 -
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	29.45
Total Due	1944.45
Paid receipt number 066093 4-20-06	1944.45
Balance due	0

PAID
APR 15 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

James Wilson

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

Signature of recorded holder of deed

Pam Paulette

James O. Wilson
Signature

5146 Solola Ave
Address

San Diego, Cal. 92114
City Zip Code

(619) 262-3960
Telephone

Work Order # E 17709

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17709

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 4/15

Interment space for: Shirley Wilson

Interment Date: 4/17 Time: 11:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 99 Gr: 8

Grave Laid out by: N.F. David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/15/07

E-177109 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SHIRLEY	JEAN	WILSON	02/17/1944	04/11/2003	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	JAMES OTIS WILSON - HUSBAND 5146 SOLOLA 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
ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670	▶ [signature]	04/15/2003

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
$13.00	04/16/2003 L CASTRO	2306600 ▶

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 4-17-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Mr.) Shirley Neely

in a Liner (Type of Burial Container) Funeral, date, time Fri. April 18 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 241 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 set	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-36139	1664.73
Balance due	0

PAID APR 04 2003 MT. HOPE CEMETERY 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.

X Joyce Ashton
Signature

X 5162 Trinidad Way
Address

X San Diego, Ca. 92114
City Zip Code

X (619) 255-0794 (
Telephone

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

____
Signature of recorded holder of deed

Paulette

Work Order # E 17710

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-1770

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Williams	9 X	10 X	11 x	Jones		

Blind Check Initiated By: Paulette Date: 4-14-03

Interment space for: Shirley Neely

Interment Date: 4/18 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 241 Gr: 11

Grave Laid out by: Ken & Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARREL Date: 4-16-03

E 17710

APPLICATION 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
Shirley	Rose	Neely	07/08/1933	04/13/2003	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	Cindy Brown, Daughter 5162 Trinidad 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	▶ B Campbell	04/17/2003

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 103075 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
13.00	04/17/2003 B. Campbell	2306737 ▶

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 4/18/03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/15/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gilleylen, Barrion Lee PA20031352

In a PP liner Type of Burial Container Funeral, date, time Thurs 4/17 9:00

Church, Chapel, Graveside del emby : Rayodale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ Please 3.30 will be applied and billed to undersigned.

Lot 14 Grave 3 Row A Section _____ Division/Block 13

Grave space & Care Fund	126 -
Additional spaces and care fund	
Opening/Closing & Setup	428 -
Burial Container	123 01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	953
Total Due	724.54
Paid receipt number	724.54
Balance due	-0-

PAID
JUN 24 2003
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

Pam

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

Jose Arellano

Work Order # E 17711

Invoice # 378791

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17711
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
Barrion	Lee	Gillaylen	08/02/1932	04/08/2003	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 De La Toba, Public Administrator 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶	04/15/2003

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
13.00	04/15/2003 B. Campbell	2306531 ▶

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 4-17-03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/15/03

Mara de la Torre

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gilleylen, Barrion Lee PA 20031352

in a Liner (Type of Burial Container) Funeral, date, time Thurs 4/17 9:00

Church, Chapel, Graveside delanley : Rosedale Mortuary.

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

Lot 14 Grave 3 Row A Section ____ Division/Block 13

Grave space & Care Fund	126 —
Additional spaces and care fund	—
Opening/Closing & Setup	405 —
Burial Container	123 01
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45 —
Sales taxes	9 53
Total Due	726.57
Paid receipt number	—
Balance due	—

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

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

Signature of recorded holder or deputy

X Anderson Rosedale Mortuary
X 3050 Federal Blvd
X S.D. Ca 92102
X (619) 263-3141

Work Order # E 17711

Invoice #

Acct. #

This information is available in alternative formats upon request.

E-17711

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
ROBERT K. ROSS, M.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3567

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

MEMO TO: Blair Campbell

MORT/CEMT: Anderson Ragsdale

FAX #: 614 263-1507

INFORMATION SHEET

DECEDENT'S NAME: Gillenlen, Barrion Lee **D.O.D.:** 4-8-03
ADDRESS: 6128 Newcastle Pl, San Diego, CA 92114
SOC SEC #: 426-58-1941 **D.O.B.:** 8-2-1932 **PLACE OF BIRTH:** Delacy, MS
SEX: Male **RACE/ETHNICITY:** unknown
CURRENT OCCUPATION: unknown

PLACE OF DEATH: Residence, 6128 Newcastle Pl. San Diego CA 92114
BODY LOCATION: Anderson Ragsdale
DISPOSITION: CREMATION OR BURIAL AT: MT. HOPE
PAYMENT: COUNTY DISPO = PA#: 20031352
OR CREDITOR CLAIM FOR $
DEATH CERTIFICATES: _____ **(PRICE INCLUDED IN CLAIM)**

MARITAL STATUS: unknown **TIME IN SAN DIEGO COUNTY:** unk
MOTHER'S MAIDEN NAME: unknown **PLACE OF BIRTH:** unk
FATHER'S NAME: unknown **PLACE OF BIRTH:** unk
HIGHEST LEVEL OF EDUCATION: unknown
VETERAN: YES or NO **CLAIM #:** _____ **SERIAL #:** _____

DEPUTY: MARCO DE LA TOBA **PHONE #:** 858-694-3503

ADDITIONAL INFORMATION: County Indigent
Thanks for all your help.

Delivery only

E-17711

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
6201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

PATRICIA FROSIO
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

April 14, 2003

Anderson Ragsdale Mortuary
5050 Federal Blvd
San Diego, CA 92102

Re: Barrion Lee Gilleylen, deceased.

The Public Administrator Office is requesting an indigent burial for the above named decedent. Please contact Mt. Hope to coordinate arrangements. The Public Administrator case number is 20031352. Thank you very much for your assistance in this matter.

Sincerely,

Marco A. De La Toba
Deputy Public Administrator
County of San Diego

For

Patricia A. Frosio
Public Administrator
County of San Diego

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A4 Rud
Waterfall

Date 4/15/03

Ellen

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jay, Rita PA 20031331

in a Liner (Type of Burial Container) Funeral, date, time Fri, 4/18 ~~1:30~~ 10:30

~~Church, Chapel, Graveside~~ del. only : Merkley Mitchell Michelle ~~Mortuary~~.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 7 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	815 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14 73
Total Due	1664.73
Paid receipt number R- 56151	1664.73
Balance due	0

PAID
APR 18 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO

mortuary to pay

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

Pam

X _____ Signature

X _____ Address

X _____ City Zip Code

Del attached

X _____ Telephone

Invoice # _____

Work Order # E 17712

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17712

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 4/15

Interment space for: Rita Joy

Interment Date: Fri 4/18 Time: 1:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 7 Gr: 3

Grave Laid out by: Rob & Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag in grave

Blind Check & Verified By: Ken Date: 4/16/03

12-1
LOT 7

ENCLOSURE 9

#8 WILLIAM MABREY

KLEY-MITCHELL MORTUARY / BEARDSLEY-MITCHELL MORTUARY E 17712 3375039235

MOUNT HOPE CEMETERY
OPENING & CLOSING FEES
RE: RITA JOY- SERVICE
GL#4030

(04/18/2003)

TOTAL AMOUNT OF CHECK=$832.36

MERKLEY-MITCHELL MORTUARY / BEARDSLEY-MITCHELL MORTUARY E-17712 3375039236

(04/18/2003)

MOUNT HOPE CEMETERY
OPENING & CLOSING FEES
RE: RITA JOY SERVICE
GL#4030

TOTAL AMOUNT OF CHECK=$832.37

E-17712

APPLICATION 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	-	JOY	11/25/1919	04/06/2003	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	ELLEN BEAUPARLANT - 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
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Rose M. Zullo	04/11/2003

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

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
$13.00	04/11/2003 R.M. ZULLO	2306361 ▶

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751QMARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 4-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kinney	
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 4/15/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joy, Rita PA 2003

In a Liner Type of Burial Container Funeral, date, time Fri 4/18 1:30

~~Church, Chapel, Graveside~~ del. only ; Hillcrest Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 7 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	173
Total Due	
Paid receipt number	
Balance due	

Will be going to pay

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

X _____ Signature

X 3655 Fifth Ave Address

X San Diego, CA 92103 City Zip Code

X 619-295-2177 Telephone

Work Order # E 17712

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

If Related as recorded owner

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 15 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco A. Figueroa 95Y

In a Liner (Type of Burial Container) Funeral, date, time Fri 4/18 10:00

(Church) Chapel, Graveside _____ : Featherhill Mortuary.

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

Lot 189 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	125 —
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1789.73
Paid receipt number USA	1789.73
Balance due	0

PAID

APR 15 2003

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

Signature

X 2618 Nina Rd
Address

X Lemon Grove 91945
City Zip Code

X (619) 697-5030
Telephone

Work Order # E 17713

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-17713

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 4/6

Interment space for: Francisco Figueroa

Interment Date: Fri 4/18 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 189 Gr: 8

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/15/03

E-1773

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
Francisco	A.	Figueroa	01/12/1984	04/14/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	Gabriel Gutierrez, Step-Father 2618 Nina Rd. 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 filing permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶	04/17/2003

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
$13.00	04/17/2003 K. Zaretzka	▶ 2306695

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, [illegible] 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	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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
In the grave of Mattie Enyeart

Date 4-15-03

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

in a D.D. CRYPT (B) Funeral, date, time Friday April 18 1:00
(Type of Burial Container)

Church Chapel Graveside ____ ; Featherngill Mortuary.

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

Lot 53 Grave 3 Row ____ Section 4 Division/Block 5

Grave space & Care Fund E-10612	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording and filing fee	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	Ø
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 Enyeart

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

Signature of recorded holder of deed

Maria Enyeart
Signature

3671 Hollis Ave
Address

San Diego CA 92105
City Zip Code

619 284 0794
Telephone

Bulette

Work Order # E 17714

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E17714

GRAVE BLIND CHECK FORM

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

	MARSHALL VAULT		3 X			
				EJG Goodsell	AFG	

Blind Check Initiated By: Paulette C. Date: 4/15

Interment space for: Rufus Enyeart

Interment Date: 4-18-03 Time: 1:00

Div: 5 Sect: 4 Blk/Row: ____ Lot: 53 Gr: 3

Grave Laid out by: Rob & Ken

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: KEVIN Date: 4-16-03

Wife Maria 867 8886

E-17714

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 84

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	-	Enyeqat	08/12/1918	04/14/2003	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	SanDDiego	Maria P. Enyeart, Wife 3671 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
FeatheringillMortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶	04/17/2003

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
$13.00	04/17/2003 K. Zaretzka	2306703 ▶

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 4-18-03	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.

Pfisterer estate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 15 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (AKA) Erich Ellen B Pfisterer PA 2003 1282

In a Urn Type of Burial Container Funeral, date, time Thurs. 4/17 2:00

Church, Chapel, Graveside del mar ; Bay View Mortuary.

All Funeral cars must arrive before 3:30 5:00 p.m. of regular work day or an extra charge of $ Courtesy will be applied and billed to undersigned.

Lot 29 Grave 11 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R56147	1464.73
Balance due	0

PAID

APR 17 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, Ca

Mortuary to Pay

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

Signature

7910 CLAIREMONT MESA B(#109

Address

SAN DIEGO CA 92111

City Zip Code

858-277-7820

Telephone

Work Order # E 17715

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-1775

GRAVE BLIND CHECK FORM

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

		Mabrey				
			X		Jones	
			Baby	Baby		

Blind Check Initiated By: Pam Date: 4/15

Interment space for: Erich Pfisterer

Interment Date: Thurs. 4/17 Time: 2:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 78 Gr: 11

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No flag in grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/15/03

E-17715 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERICH	-	PFISTERER	01/13/1926	03/26/2003	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	ELLEN BEAUPARLANT-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92186-5222

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		04/17/2003

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
$13.00	04/17/2003 R.MARTINEZ	2306714 ▶

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
- [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: 4-17-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

Date 4-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Gonzalez and Sandra L. Gonzalez

In a DD Crypt 4 x 8 (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 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup (2) O/C's 1st	390.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee (2) R/FS	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number 25% Down R-56613	616.00
Balance due	1848.45

PAID

FEB 14 2005

MOUNT HOPE CEMETERY

Paid in full 2-14-05 R-58515

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.

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

X _____
Signature

2647 G, ST.
Address

San Diego CA 92102
City Zip Code

(619) 977-6467
Telephone

_____
Signature of recorded holder of deed

Pauleen

Work Order # E 17716

Invoice # _____

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58257

Date: 11-23-04 13:03 PAID

From: Carlos Gonzalez Address: 2547 Commercial St. S.D. CA. 92113

eighty 00/100 Dollars ($ 80-)

in part Payment of pre-need trust and trust

Div 12 Sec 2 Blk/Row _____ Lot 40 Grave 10

Invoice No. E-17716

Acct. No. _____

W.O. _____

BALANCE DUE 88 45

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3610

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 2 3 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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	80	-
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	80	-

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E-17716
56259

MOUNT HOPE CEMETERY
(619) 527-3400

Date: May 19 , 20 03

From: Carlos Gonzalez Address: 2047 G st. SD 92102

One Hundred 00/100 Dollars ($ 100 00)

in part Payment of pre need lot & trust

Lot 410 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17716

Acct. No. _____

W.O. _____

BALANCE DUE 1048.45

Pre-Need Lot ✓ | At Need | | On Acct | |

Pre-need Trust ✓ | Cash | | Check ✓ 3155

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 19 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

CREDIT	67007	100 —
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	$	100 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56155

Date: April 22, 20 03

From: Carlos Gonzalez Address: 2647 Gst. SD 92102

One Hundred Dollars & 00/100 Dollars ($ 100.00)

in Part Payment of pre mud lot + Trust

Lot 40 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. E-17716

Acct. No. ____

W.O. ____

BALANCE DUE 1745.45

Pre-Need Lot X | At Need | | On Acct | |

Pre-need Trust X | Cash | | Check X 3150

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 22 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56778

Date: Oct 9, 20 03

From: C. Gonzales Address: 2547 Commercial st. SD 92113

One Hundred Dollars ($ 100.00)

in part Payment of pre need

Lot 40 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. E17714

Acct. No. ____

W.O. ____

BALANCE DUE 1248.45

NOT VALID FOR [illegible] UNLESS STAMPED "PAID" [illegible]

PAID

OCT 10 2003

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	100 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100 00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ 3247

ISSUED BY Pam Hotel

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-17716 56650

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Sept 8, 20 03

From: Carlos Hinojosa Address: 2447 G St. SD 92102

One Hundred Dollars ($ 100 —)

in part Payment of prepaid

Lot 40 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17716

Acct. No. _____

W.O. _____

BALANCE DUE 1348.45

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3189

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

PAID

SEP 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	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 E1771656561

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Aug 7 , 20 03

From Gonzales Address: 2547 Commercial St SD 92113

One Hundred + 00/100 Dollars ($ 100.00)

in part Payment of pre need Det + Trust

Lot 40 Grave 10 Row _____ Section 2 Division 12 Block

Invoice No. E17716

Acct. No. _____

W.O. _____

BALANCE DUE 1448.45

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

3234

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 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184	79	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	21	00
Trust	77186		
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

56479

Date: July 11, 2003

From: Carlos G. Gonzalez Address: on record

One Hundred and 00 Dollars ($ 100.00)

in part Payment of Pre-need lot & trust account.

Lot 40 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17716

BALANCE DUE $1548.45

NOT VALID FOR AUDIT 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	
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	63033 77186	100.00
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 3179

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

56985

Date: Dec 8 , 20 03

From: Carlos Gonzalez Address: 2547 Commercial St. SD 92113

Dollars ($ 100.00)

in Cash Payment of pre-need

Lot 40 Grave 10 Row ____ Section 2 Division ~~Block~~ D

Invoice No. E 7716

Acct. No. ____

W.O. ____

BALANCE DUE 1048.45

Pre-Need Lot ✓ At Need [ ] On Acct [ ]

Pre-need Trust ✓ Cash [ ] Check ✓ 3380

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

PAID

DEC 0 8 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	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	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

56885

Date: Nov. 12, 2003

From: Carlos & Sandra Gonzalez Address: on record

One Hundred and 00 Dollars ($ 100.00)

in part Payment of Pre-Need Lot + trust

Lot 40 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. E-17716

Acct. No. ____

W.O. ____

BALANCE DUE $ 114845

Pre-Need Lot X At Need ____ On Acct ____

Pre-need Trust X Cash ____ Check X 3274

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

NOV 12 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	100	00
Trust	77186		
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

57082

Date: Jan. 12 , 20 04

From: Carlos Gonzales Address: 2547 Commercial st. SD 92113

Dollars ($ 100.00)

in part Payment of pre need

Lot 40 Grave 10 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E 17716

Acct. No. ____

W.O. ____

BALANCE DUE 948.45

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

PAID

JAN 1 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Herzog

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	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check / 3343

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

57126

Date: Jan 23, 20 04

From: Carlos Gonzales Address: 2547 Commercial St. SD 92113

Dollars ($ 100.00)

in part Payment of pre need

Lot 40 Grave 10 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E17716

Acct. No. ____

W.O. ____

BALANCE DUE 848.45

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

PAID

JAN 23 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
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	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check /

3351

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

57214

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb 13, 20 04

From: C. Gonzalez Address: 2547 Commercial st. 92113

Dollars ($ 100.00)

in part Payment of pre need

Lot 40 Grave 10 Row Section 2 Division ~~Block~~ 12

Invoice No. E 17716

Acct. No.

W.O.

BALANCE DUE 148.45

Pre-Need Lot / At Need On Acct

Pre-need Trust / Cash Check /

3371

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 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hotel

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	100	00
Trust	77186		
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

57321

Date: March 16 , 20 04

From: Carlos & Sandra Gonzalez Address: on record

One Hundred and 00 Dollars ($ 100.00)

in part Payment of Pre-need Lot acct. & trust acct.

Lot 40 Grave 10 Row _____ Section 2 ~~Block~~ Division 12

Invoice No. E-17716

Acct. No. _____

W.O. _____

BALANCE DUE $648.45

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

PAID

MAR 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Charlotte 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	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100.	00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3393

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

57473

Date: April 22, 20 04

From: Carlos Gonzalez Address: 2647 Commercial st. SD 92113

Dollars ($ 100.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 40 Grave 10

Invoice No. E17716

Acct. No.

W.O.

BALANCE DUE 548.45

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check /

3420

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

PAID

APR 22 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

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

57634

Date: June 9, 20 04

From: Carlos G. Gonzalez Address: 2647 G St. SD CA 92102

One Hundred and 00 Dollars ($ 100.00)

in part Payment of Pre-need Lot/trust account.

Div 12 Sec 2 Blk/Row Lot 40 Grave 10

Invoice No. E-17776

Acct. No.

W.O.

BALANCE DUE $ 448.45

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3473

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 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	*77164*		
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	100	00
Trust	77186		
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

57812

Date: 7/19/04 , 20 04

From: Carlos G. Gonzalez Address: on record

Eighty and 00 Dollars ($ 80.00)

in Part Payment of Pre-need lot + trust account

Div 12 Sec 2 Blk/Row Lot 40 Grave 10

Invoice No. E-19716

Acct. No.

W.O.

BALANCE DUE $ 368.45

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3498

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

PAID

JUL 19 2004

MOUNT HOPE CEMETERY

ISSUED BY Deanford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	80.00
Sales Tax	60101 78390	
TOTAL PAID	$	80.00

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

57905

Date: Aug 16, 20 04

From: Sandra Gonzalez Address: 2647 S. [illegible] 92102

Dollars ($ 100.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 40 Grave 19

Invoice No. E 17716

Acct. No.

W.O.

BALANCE DUE 208.45

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

PAID

AUG 16 2004

MOUNT HOPE CEMETERY

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

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☐ 222

ISSUED BY Pam Hebel

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

58024

Date: Sept 17 ,20 04

From: Carlos Gonzalez Address: 2047 G st 80 92102

Dollars ($ 100.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 40 Grave 10

Invoice No. E17716

Acct. No.

W.O.

BALANCE DUE 168.45

Pre-Need Lot ✓ At Need [ ] On Acct [ ]

Pre-need Trust ✓ Cash [ ] Check ✓ 3554

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

PAID

SEP 17 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hoyd

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	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	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

58372

Date: Jan. 3, 2005

From: Carlos Gonzalez Address: 2647 A St. S.D. 92102

eighty 00/100 Dollars ($ 80)

in part Payment of pre-need lot & trust

Div 12 Sec 2 Blk/Row ____ Lot 40 Grave 10

Invoice No. E-17716

Acct. No. ____

W.O. ____

BALANCE DUE 8 45

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X] 365

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

PAID

JAN - 3 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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	80	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	80	—

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

Gonzalez, Carlos and Sandra L. 2647 G. Street, S.D. CA 92102 (619) 977-6467 E-17716

Div 12 Sec 2 Lot 40 of 10

				DEBIT	CREDIT	BALANCE
4/16/03	Opened pre-need lot/trust account. Trust includes			895.00		895.00
	(2) Opening & Closings, burial container,			1569.45		2464.45
	handling fees, (2) recording & filing fees (R-56143)				616.00	1848.45
	sales tax on the Double-Depth Container R 56155				100.00	1748.45
5/19 03	R-56143. R 56259 # 2				100.00	1648.45
7-1-03	R-56479			~~895.710~~	100.00	1548.45
8-7 03	56561	4		~~1569.79~~	100.00	1448.45
9-8 03	56650	5			100.00	1348.45
10 9 03	56778	6		New to Trust	100.00	1248.45
11/12/03	R 56885	7			100.00	1148.45
12-8 03	56985	8			100.00	1048.45
1-12 04	57082	9			100.00	948.45
1-23 04	57186	10			100.00	848.45
2-13 04	57214	11			100.00	748.45
3-16-04	57321	12			100.00	648.45
4 04	57473	13			100.00	548.45
06/8/04	57634	14			100.00	448.45
7/19 04	R-57812	15			80.00	368.45
8/14 04	57905	16			100.00	268.45
9-17 04	58024	17			100.00	168.45
	E-17716 GONZALEZ, CARLOS AND SANDRA L.					68.45

168.45

11/23/04	58257	19	50 —	88 45
1/3/05	58372	20	80 —	8 45
2-14-05	R-58515	~~27~~	~~100 45~~	

PAID

FEB 14 2005

MOUNT HOPE CEMETERY

Atpud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 17,03

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

In a liner (Type of Burial Container) Funeral, date, time Tues 4/22 10:30

Church, Chapel, ~~Graveside~~ del only : B 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 58 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E16385	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

Pam

X _____
Signature

X del Hachett
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17717 Acct. # _____

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

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MT HOPE CEMETERY E-17717

GRAVE BLIND CHECK FORM

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

		Hoekzur	X	Dewitt		
			tree			

Blind Check Initiated By: Pam Date: 4/07

Interment space for: Lillian Rose

Interment Date: Tues 4/22 Time: 10:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 58 Gr: 8

Grave Laid out by: NF DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/21/07

E-17717

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
LILLIAN	-	ROSE	12/12/1910	04/11/2003	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	GREG BROWN -PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123-5222

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	▶ [signature]	04/18/2003

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
$13.00	04/18/2003 R.MARTINEZ	2306818 ▶

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: 4-22-03	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.

Attn:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 17, 03

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

in a Liner Type of Burial Container Funeral, date, time Tues 4/22 10:30

Church, Chapel, Graveside Del only : @ Hayes Mortuary.

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

will be applied and billed to undersigned. _____

Lot 58 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E 16885 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 CONSERVATOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of owner of lot(s) if deed

X Signature

X Name Public Administrator

X Address Public Guardian

X Telephone 5201-A Ruffin Road Zip Code San Diego, California 92123

Invoice # _____

Work Order # E 17717 Acct. # _____

This information is available in alternative formats upon request.

[redacted] THANKS

AT-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAVIER TRILLO PA 20031000 (9LB)

in a D.DCrypt (B) Funeral, date, time APRIL 22nd, Tuesday 9:30
Type of Burial Container

Church, Chapel, Graveside Delivery Only : AZTLAN (LOMA) Mortuary: 337-8100

All Funeral cars 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 3B 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	726.54
Balance due	0

PAID

JUN 2 4 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MARCO DeLatorre 858-694-3502

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 _____

Paulette

Work Order # E 17718

Invoice # 379117

Acct. # C000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17718

APPLICATION 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
Heather	-	Trillo	04/17/1957	02/04/2003	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-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
Funeraria Aztlan, 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	▶	02/04/2003

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
$13.00	Leah A. Mata 04/04/2003	▶ Nancy L Bowan 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	11B. DATE BURIED: 4-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kim F Kamm
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 April 18 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bettie Thrower (9462)

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 231 Grave 12 Row _____ Section 2 Division/Block 12

PAID

OCT 13 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	895
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 25%	704.00
Paid receipt number R56150	224.00
Balance due	671.00

Paid in full 10-13-04 R-56129

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

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

Signature of recorded holder of deed

X Bettie Thrower
Signature

X 2152 Ocean View Blvd
Address

X San Diego 92113
City Zip Code

X (619) 231-7438 or 696-3761
Telephone

Work Order # E 17719

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17719

THROWER, BETTIE 2152 OCEANVIEW BLVD. SD CA 92113 619) 231-7438

					credit	debit	balance
04-18-2003		Opened Pre-need lot with 25% down R-56150 Div. 12 Sec. 2 Lot 231 Gr. 12			895.00		[illegible]00
						224.00	671.00
5-30	03	R 56301	coupon 1#9	80%		56 —	615 00
7-31	03	56532	no coupon	$ 716.		56 —	559 —
8-14	03	56595	#5	20% $ 179.		28 00	531 00
10-24	03	56835	6			29 00	502 00
11/19	03	R-56919	Coupons 7+8			56 00	446 00
12-17	03	57008	9+10			56 00	390 —
4-2-04		R-57386	11, 12 + 13			84 00	306 —
7/19	04	R-57802	14+15			56 00	250 —
10/13	04	R-58129	16-24			250 00	0

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56301

Date: May 30, 2003

From: Bettie Shower Address: 2152 Ocean view Blvd. SD 92113

Fifty Six dollars + 00/100 Dollars ($ 56.00)

in part Payment of pre need lot

Lot 231 Grave 12 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. E 17719

Acct. No. _____

W.O. _____

BALANCE DUE 615.00

Pre-Need Lot ✓ | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ✓

AC-212 (Rev. 10-02) 752

This information is available in alternative formats upon request

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

PAID

MAY 30 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY Ron 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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56595

Date: Aug 19, 20 03

From: Bettie Mower Address: 2152 Oceanview-blvd SD 92113

Twenty Eight 00/100 Dollars ($ 28.00)

in part Payment of pre need lot

Lot 231 Grave 12 Row ____ Section 2 Division 12 ~~Block~~

Invoice No. E 17719

Acct. No. ____

W.O. ____

BALANCE DUE 531.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 784

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

PAID

AUG 19 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hebb

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	80101		
	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

56532

Date: July 31, 2003

From: Bettie Shriver Address: 2152 Oceanview Blvd. SD 92113

Fifty Six & 00/100 Dollars ($ 56.00)

In full Payment of pre need lot

Lot 231 Grave 12 Row ____ Section 2 Division Block 12

Invoice No. E17719

Acct. No. ____

W.O. ____

BALANCE DUE 559.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 772

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 31 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY [signature]

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

56835

Date: Oct 29, 20 03

From: Bettie Shriver Address: 2152 Ocean View Blvd SD 92113

Twenty nine Dollars ($ 29.00)

in part Payment of pre need

Lot 231 Grave 12 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E17719

Acct. No. ____

W.O. ____

BALANCE DUE 502.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

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

PAID

OCT 29 2003

MOUNT HOPE CEMETERY

ISSUED BY [signature]

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) HO

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

56919

Date: November 20, 2003

From: Bettie Thrower Address: 2152 Oceanview Blvd SD CA 92113

Fifty-Six and 00 Dollars ($ 56.00)

in part Payment of Pre-need lot account.

Lot 231 Grave 12 Row _____ Section 2 ~~Block~~ Division 12

Invoice No. E-17719

Acct. No. _____

W.O. _____

BALANCE DUE $496.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 810

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

NOV 20 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	87007	
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	83033	
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

57008

Date: Dec. 17, 20 03

From: Bettie Shrower Address: 2152 Oceanview Blvd SD 92113

Dollars ($ 56.00)

in part Payment of pre-need

Lot 231 Grave 12 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E-17719

Acct. No. ____

W.O. ____

BALANCE DUE 390-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED [illegible] SPACE.

PAID

DEC 17 2003

MOUNT HOPE [illegible]

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 —

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 7010

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

57802

Date: 7/19 , 20 04

From: B. Hoover Address: On record

Fifty - Six Dollars ($ 56 —)

in Part Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row ____ Lot 231 Grave 12

Invoice No. LE-17719

Acct. No. ____

W.O. ____

BALANCE DUE $ 250 —

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

929

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 15 2004

MOUNT HOPE CEMETERY

ISSUED BY ____

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 —

AT-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen D. Rogers

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Weds. April 23 10

Church, Chapel (Graveside) ; Merkley-Mitchell Mortuary. Michele

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

will be applied and billed to undersigned. _____

Lot 71 Grave 6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund E-15777	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container T.S. VAULT	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	-0-
Paid receipt number	—
Balance due	-0-

Daughter Pamela Langston

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

Paulette

Work Order # E 17720

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E17726

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.

			Powers			
Jones			x			
			Lothian			

Blind Check Initiated By: Paulene C. Date: 4-21-03

Interment space for: Helen D. Rogers

Interment Date: 4-23-03 Time: 1:00

Div: 2 Sect: 5 Blk/Row: — Lot: 71 Gr: 6

Grave Laid out by: N.F. DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/21/03

AT-NEED

E17720

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

of Helen D. Rogers Funeral, date, time Weds. April 23 '03

In a T.S. VAULT Type of Burial Container Graveside Merkley-Mitchell Michelle Mortuary.

Church, Chapel, Graveside

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

will be applied and billed to undersigned.

Lot 71 Grave 6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund	E-15777
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	T.S. VAULT
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	0

Daughter Pamela Longston

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 920 Martinez Street
Address
X San Diego, Ca 92106
City Zip Code
X 6192496055
Telephone

Invoice # _____

Acct. # _____

Available in alternative formats upon request.

Title

17720

E1772C

APPLICATION 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	DALE	ROGERS	07/25/1914	04/17/2003	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	PAM LANGSTON - DAUGHTER 1404 WYNHURST LANE VIENNA, VA 22182

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	04/22/2003

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
$13.00	04/22/2003 R.M. ZULLO	2306939 ▶

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 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 4-23-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Atned 1st

Date April 21, 03

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

In a D.P. Crypt (Type of Burial Container) Funeral, date, time wed 4/23 10:00

Church, Chapel, Graveside ; Goodbody Mortuary.

All Funeral cars must arrive before ~~8:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4676 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund D1240	⊖
Additional spaces and care fund	
Opening/Closing & Setup ..... PAID	375 —
Burial Container	380 —
Handling Fees ..... APR 21 2003	320 —
Flower vases – Marker setting fee ..... MT. HOPE CEMETARY	
Recording and filing fee ..... CITY OF SAN DIEGO, CA	45 —
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R 54152	1149.45
Balance due	⊖

I hereby certify I am the X My 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

Gilbert H. Romo
Signature
3528 Louisiana St
Address
San Diego 92104
City Zip Code
(619) 299 4197
Telephone

Work Order # E 17721

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E17721

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.

		Romo	X	McGrath		
			Cascio			

Blind Check Initiated By: Pam Date: 4/21

Interment space for: Ronald Romo

Interment Date: Wed 4/23 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4676 Gr: 1

Grave Laid out by: NF David

Agrees with Legal Card: ☐ Yes ☐ No Map on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEN Date: 4-21-03

E17721 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
RONALD	GILBERT	ROMO	02/20/1957	04/19/2003	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	GILBERT ROMO – FATHER 3528 LOUISIANA 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY -- 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115	FD 790	▶ Victoria Azzaro	04/22/2003

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
$13.00	VICTORIA AZZARO 04/22/2003	2306971 ▶

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 4-23-03	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 April 21, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nina Zalessky (479)

in a _____ Funeral, date, time Tues 4/29

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 C Grave 1 Row 10 Section 6 Division/Block 5

Grave space & Care Fund		
Additional spaces and care fund	O.T.	150.00
Opening/Closing & Setup	private Service	
Burial Container	After 4:00pm	
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		150 –
Paid receipt number	VISA	
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.

(193) Signature

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

Address on file

Signature of recorded holder of deed

City Zip Code

Telephone

Invoice # _____

Work Order # E 17722

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Attach ashes placed in middle bottom Wife middle top

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 22, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Harvey (PIN) 229054

In a Ash Vault (Type of Burial Container) Funeral, date, time Tues 4/29 2:00

Church, Chapel, Graveside _____ : telephase (619) 401 13666 Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 13 Grave 4 Row _____ Section 3 Division/Block 5

Grave space & Care Fund E7035	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	269.20
Paid receipt number MC	269.20
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

Pam

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17723

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

in grave w/Mary

E17723

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.

		Harvey	X	tree		
			McDonald			
HINDE						

Blind Check Initiated By: Pam Date: 4/22

Interment space for: Roger Harvey

Interment Date: Tues 4/29 Time: 2:00

Div: 5 Sect: 3 Blk/Row: ____ Lot: 13 Gr: 4

Grave Laid out by: Darrell & Dave

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

83529

E17723 HHC 843

APPLICATION 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	WILLIAM	HARVEY	08/21/1940	04/17/2003	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 HARVEY - WIFE 229052 1613 JEWEL VALLEY RD BOULEVARD CA 91905

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
TELOPHASE CREMATION SOCIETY - EL CAJON 145 E LEXINGTON AVE EL CAJON CA 92020	FD-1604	▶ Lisa Castro	04/22/200

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
$13.00	04/23/2003 L CASTRO	2307024 ▶

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 4-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 4/24/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COPY 1

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

RECD APR 28 2003

VS 9 (REV. 8/91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(estate) AT NEED

Date 4-22-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~EVA~~ WAYLAND P.A. # 20031340 (9104)

In a ~~D.D~~ Liner Funeral, date, time THURS. APRIL 24TH 9:30
Type of Burial Container

Church, Chapel, Graveside Delivery Only. Preferred Mortuary.
MARX 584-7000

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

will be applied and billed to undersigned. _____

Lot 82 Grave 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	1664.73
Balance due	0

PAID
JUL 17 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Darnell Price

I hereby certify I am the _____ of the above named decedent and this is your authority to make dispoeition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Public Administrator
Address
City Zip Code
Telephone

Rem/Prelate

Work Order # E 17724

Invoice # 379187
Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E177 24

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 Gebhard	10 BENNETT	X			

Blind Check Initiated By: Paulette C Date: 4-22-03

Interment space for: EUHA WAYLAND

Interment Date: 4-24-03 Time: 9:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 82 Gr: 11

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: DARKEY Date: 4-24-03

E177241

APPLICATION 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
Evha	May	Wayland	03/16/1919	04/04/2003	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	Darnell Price - Deputy P.A. 5201 -A- Ruffin Road San Diego, California 92123-1699

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
Preferred Cremation and Burial 3094 El Cajon BLVD., Ste., A San Diego, California 92104	FD-1746	▶ Mark	04/24/03

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

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
$13.00	04/21/2003	▶ 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
P.O. Box 85222 San Diego, California 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 4-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Thompson	
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

AT. Need

Date 4-22-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel B. Turner (970)

in a Liner (Type of Burial Container) Funeral, date, time FRI. 25th April 11:00

Church, Chapel, Graveside ____; S.D. Memorial Mortuary. SHEILA

All Funeral cars 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 10 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	185.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	15.00
Sales taxes	14.73
Total Due:	~~1664.73~~ 1789.73
Paid receipt number K50162	1789.73
Balance due	0

PAID

APR 23 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

MORTUARY TO PAY

I hereby certify I am the X Mattie L Davis of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Mattie L Davis
Signature

X 5432 SAN ONOFre Terr
Address

X SAN Diego Cal 92114
City Zip Code

T 619-265-8373
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 17725

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17725

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.

	BREEZE		X			
					Smith	

Blind Check Initiated By: Charlotte C Date: 4-22-03

Interment space for: SAMUEL TURNER

Interment Date: 4-25-03 Time: 11:00 CHURCH

Div: 12 Sect: 1 Blk/Row: ____ Lot: ~~36~~ 34 pc. Gr: 10

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/22/03

E17725

APPLICATION 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
SAMUEL	BENJAMIN	TURNER	11/17/1943	04/20/2003	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 ANDERSON – DAUGHTER 3607 LEMONA AVE. #7 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	FD1575	[signature]	04/22/2003

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
$13.00	04/22/2003 J. JOHNSON	▶ 2306979

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 4-25-03	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.

[redacted] [redacted]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 22, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie Robinson-Hector

In a DD (Type of Burial Container) Funeral, date, time Fri 4/25 1:00

(Church), Chapel, Graveside ____; Ragsdale Mortuary.

All Funeral cars must arrive before ~~5:30~~ 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Lot 3537 Grave 1 Row ____ Section ____ Division/Block 10

Grave space & Care Fund E16201	0
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	0
Total Due	420.00
Paid receipt number R56170	420.00
Balance due	0

PAID APR 25 2003

APR 25 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to pay

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 of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

Work Order # E 17726

Invoice # ____

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

in grave w/ Reginald E17726

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			

Blind Check Initiated By: Pam Date: 4/22

Interment space for: Hattie Hector

Interment Date: Fri 4/25 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3537 Gr: 1

Grave Laid out by: NF DMD

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4.23.03

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 22, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie Robinson Hector

In a 90 Type of Burial Container Funeral, date, time Fri 4/25 1:00

(Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 350 will be applied and billed to undersigned. Ruby Holman

Lot 3537 Grave 1 Row _____ Section _____ Division/Block ID

Grave space & Care Fund	E16201 0
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	15.00
Sales taxes	0
Total Due	480 00
Paid receipt number	
Balance due	

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

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

X Ruby Holman
Signature

X 2545 55th Street
Address

X San Diego, CA 92105
City Zip Code

X 264-9230
Telephone

Signature of next-of-kin

Work Order # E 17726

Invoice # _____

ACCT. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E17726 -77

APPLICATION 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
Hattie	Loretta	Robinson-Hector	11/28/1925	04/21/2003	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	Ruby Holman, Daughter 2545 55th Street 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	▶ Ruby Holman	04/23/2003

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
13.00	04/23/2003 B. Campbell	2307049 ▶

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

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	4-25-03	▶ Kim E. Jensen
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	–		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	–		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	–		▶

	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	–		▶	

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

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-23-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jr. Daniel Ernest Smith

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

Church, Chapel, Graveside _____ ; Myers Fun. Mortuary.

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

will be applied and billed to undersigned. _____

Lot 21 Grave _____ Row _____ Section 1 Division/Block B

Grave space & Care Fund E-3215	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container PAID	55.00
Handling Fees	60.00
Flower vases – Marker setting fee APR 23 2003	—
Recording and filing fee MT. HOPE CEMETARY	45.00
Sales taxes CITY OF SAN DIEGO, Ca.	4.26
Total Due	269.26
Paid receipt number R-56157	269.26
Balance due	0

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

"SEE ATTACHED"

Signature

Address

City Zip Code

Telephone

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

Signature of recorded holder of deed

Paul Lotta

Invoice # _____

Work Order # E 17727

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E17727

April 17, 2003

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

Re: Daniel Ernest Smith - Ward 33
Porterville Developmental Center
Box 2000
Porterville, CA 93258-2000

Enclosed is check 128 for the total amount of $269.26 to cover all costs for the opening and closing of

Baby grave - Lot 21,Section 1, Division 8.

The rest is paid for except for his mother, Frances Margaret Smith, at this date. I will decide on this later.

Please send me the original receipt and a copy to:

Myers Funeral Services and Crematory
248 N. E. St., Porterville, CA 93257

They will return Daniel's ashes to you, when needed.

Thank you for your services.

Sincerely,
Frances Margaret Smith
Frances Margaret Smith
(Mother of Daniel Ernest)

Encl-1

My husband Ernest L. Smith worked atMt. Hope fpr 23 years.

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 23, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cathern Bryant (975)

in a TS Vault (Type of Burial Container) Funeral, date, time Sat 4/26 1:00

Church, Chapel, Graveside _____ ; Berbough Mortuary.

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

will be applied and billed to undersigned. _____

Lot 90 Grave 9 Row _____ Section 1 Division/Block D

Grave space & Care Fund	895-
Additional spaces and care fund Sat OT	600-
Opening/Closing & Setup	375-
Burial Container	250-
Handling Fees	185-
Flower vases – Marker setting fee	
Recording and filing fee	45-
Sales taxes	19.38
Total Due	2309.38
Paid receipt number R56158	2309.38
Balance due	0

PAID

APR 23 2003

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.

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

_____
Signature of recorded holder of deed

Pam

X [signature]
Signature

X 3933 Estrella Ave #2
Address

X San Diego, Calif 92105
City Zip Code

X 619-281-1450
Telephone

Work Order # E 17728

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17728

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			
WILSON						ROBIN

Blind Check Initiated By: Pam Date: 4/23

Interment space for: Cathern Bryant

Interment Date: Sat 4/26 Time: 1:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 90 Gr: 9

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 4-23-03

E17728

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
CATHERN	DELOIS	BRYANT	09/26/1951	04/20/2003	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	CARRIE THOMPSON - SISTER 26251 NORTHSHORE DR MORENO VALLEY CA 92555

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
BCH-BENBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104	FD-480

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.	▶ Paulette Valentine	04/22/2003

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
$13.00	04/22/2003 P VALENTINE	2306957 ▶

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 4-26-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Daniel Farnham
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 med

Date April 23 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph A. Jones (472)

in a Liner (Type of Burial Container) Funeral, date, time Fri 4/25 1:00

Church, Chapel, Graveside _____; CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	PAID 3
Opening/Closing & Setup	375
Burial Container	APR 23 2003 190
Handling Fees	145
Flower vases – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA
Recording and filing fee	45
Sales taxes	14 73
Total Due	1664.73
Paid receipt number	R561591664.73
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.

X _____
Signature of recorded holder of deed

X [signature]
Signature
3921 Hemlock St
Address
San Diego, Ca 92113
City Zip Code
619 264 9461
Telephone

Work Order # E 17729

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17729

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.

	Akins			True		
		9 Wilson	10 X	11		
		Blount				

Blind Check Initiated By: Dan Date: 4/23

Interment space for: Joseph Jones

Interment Date: Fri 4/25 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 1 Gr: 10

Grave Laid out by: NF David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E17729

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

31

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	ANTHONY	JONES	10/25/1971	04/21/2003	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	NORMAN NICKS—FATHER 3921 HEMLOCK STREET 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5860 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶	04/24/2003

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
$13.00	04/24/2003 J. BENYARD	▶ 2307155

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 4-25-03	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 4 IS TO BE RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARL THOMAS JR. ☒

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~MARCH 29th Tues.~~ April 30th Weds 10:00

Church, Chapel, Graveside Delivery Only; 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 24 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-9073	0
Additional spaces and care fund	—
Opening/Closing & Setup PAID	105.00
Burial Container	55.00
Handling Fees APR 23 2003	60.00
Flower vases – Marker setting fee	—
Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-561611	269.26
Balance due	0

I hereby certify I am the Sandra Troupe 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

Sandra Troupe
Signature
6729 KELLY ST
Address
SAN DIEGO CA 92111
City Zip Code
(858) 268-0567
Telephone

Invoice # _____

Work Order # E 17730

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 17730

GRAVE BLIND CHECK FORM

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

						HARPIN
Johnson			X			

Blind Check Initiated By: Paulette Date: 4-23-03

Interment space for: EARL THOMAS JR. Q

Interment Date: ~~4-29-03~~ RV 4-30-03 Time: ?

Div: II Sect: 2 Blk/Row: ____ Lot: 24 Gr: 4

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: ____ Date: ____

E 17730

15

APPLICATION 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
Earl	-	Thomas, Jr.	03/19/1928	04/17/2003	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	Sandra Troupe, Daughter 6725 Kelly 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	Elsie Troupe	04/23/2003

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
13.00	04/23/2003 B. Campbell	2307084 ▶

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, CA 92102	11B. DATE BURIED 4/29/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 For-Tune Way; Vista, CA 92083	12B. DATE CREMATED 4/29/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S.W. Schork	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Arrived 1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 2303

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Montes (960)

in a PB Cryft Funeral, date, time Fri 4/25 10:00
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 $ 3:00

will be applied and billed to undersigned.

Lot 80 Grave 5 Row Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	380
Handling Fees	390
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	29.45
Total Due	2044.45
Paid receipt number R561604	2044.45
Balance due	-0-

PAID
APR 23 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

Jose Chavez

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

Signature of recorded holder of deed

Signature

Address 2101 Imperial ave

City San Diego Ca 92102 Zip Code

Telephone (619) 544 9333

Work Order # E 17731

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17731

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 4/23

Interment space for: Jorge Montes

Interment Date: Fri 4/25 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 80 Gr: 5

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: JR Date: 4/24/03

E-17731
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
JORGE	MARTIN	MONTES-ACUNA	03/04/1966	04/21/2003	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 JOLLA	SAN DIEGO	ABRAHAM MONTES-BROTHER 2828 COLUMBINE 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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA., 92102	FD-1425	▶ Selene Chavez	04/22/2003

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
$13.00	SELENE CHAVEZ 04/23/2003	2307050 ▶

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 MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 4-25-03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/24/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Carr ⊗

In a Ash Vault (Type of Burial Container) Funeral, date, time Thurs 4/29 11:00

Church, Chapel, Graveside : Family Mortuary.

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

Lot 1419 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container	55 —
Handling Fees	60 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	4.26
Total Due	264.26
Paid receipt number MC	264.26
Balance due	0

PAID
APR 24 2003
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 1 228864 hold under deed.

Signature of recorded holder of deed

Alan F. Carr
Signature
853 Larrabee St. #11
Address
West Hollywood 90069
City CA Zip Code
(310)825-7263
Telephone

Invoice # _____

Work Order # E 17732

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

In place of Mayolle

E17732

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.

			Gerald			
		White	X		Tom	
			Jacobs			

Blind Check Initiated By: Pam Date: 4/24

Interment space for: Donald Carr ☒

Interment Date: 4/29 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 419 Gr: 1

Grave Laid out by: DARREYL DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4/28/05

81116

E17732

FV 838

APPLICATION 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
DONALD	CRAIG	CARR	02/28/1921	03/21/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ALAN F. CARR - SON 853 LARRABEE ST, #112 WEST HOLLYWOOD, CA 90069

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 - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	FD-670	▶	03/25/2002

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	03/26/2002 P Valentine	2205263 ▶

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 4-29-03	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 3/27/02	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/24/03

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

in a PO Crypt (Type of Burial Container) Funeral, date, time Mon 4/28 10:00

Church, Chapel, Graveside _____ ; Ericson/Anderson Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ John will be applied and billed to undersigned. _____

Lot 1501 Grave 1 Row _____ Section _____ Division/Block D

Grave space & Care Fund	E 11441
Additional spaces and care fund	Ø
Opening/Closing & Setup	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 ✓ _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

Del attached

Work Order # E 17733

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/24/03

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

in a PB Crypt (Type of Burial Container) Funeral, date, time Mon 4/28 10:00

Church, Chapel, Graveside Erickson Anderson Mortuary John

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 5.00 will be applied and billed to undersigned.

Lot 1501 Grave 1 Row ____ Section ____ Division/Block 10

Grave space & Care Fund	E 11441
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the X 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 Clarence T. Henton
Signature

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

Signature of recorded holder of deed

X 4745 Oviedo St.
Address

X San Diego 92124
City Zip Code

X 858-538-6629
Telephone

Work Order # E 17733

Invoice # ____

Acct # ____

This information is available in alternative formats upon request

E17733

APPLICATION 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
FLOYD	MONERY	HENTON	02/06/1917	04/24/2003	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	CRAIG HENTON - SON 9745 OVIEDO ST SAN DIEGO CA 92129

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
ECM-ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941	FD-296	▶ Paulette Valentine	04/25/2003

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
$13.00	04/25/2003 P VALENTINE	2307197 ▶

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

- ☑ 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 4-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jemmott
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 4-24-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Carl Steele

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 58 Grave 1 Row _____ Section 15 Division/Block 7

Grave space & Care Fund A-7102	0
Additional spaces and care fund	—
Opening/Closing & Setup PAID	105.00
Burial Container	55.00
Handling Fees APR 24 2003	60.00
Flower vases, Marker setting fee GALVANIZED VASE / setting fee MT. HOPE CEMETARY	148.98
Recording and filing fee CITY OF SAN DIEGO, CA	45.00
Sales taxes	4.26
Total Due	418.04
Paid receipt number R-561666	418.04
Balance due	0

Sister of Carl Steele

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

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17734

xGwendolyn Bynnom
Signature

286-Encinitas Ave.
Address

San Diego Ca. 92114
City Zip Code

619-472-1312
Telephone

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

Attached grave & Moses

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 25 03

04-25-03A09:06 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alberta Williams (A)

in a ASH vault Funeral, date, time Tues 9:00 4/29
Type of Burial Container

Church, Chapel, Graveside DeLong : Mayer Mortuary.

over 2 hrs All Funeral cars must arrive before ~~9:30~~ 3:00 p.m. of regular work day or an extra charge of $ 50

will be applied and billed to undersigned.

Lot 2747 Grave 1 Row Section C9723 Division/Block 10

Grave space & Care Fund ..... -0-

Additional spaces and care fund .....

Opening/Closing & Setup..... 105 —

Burial Container..... PAID 55 —

Handling Fees ..... 60 —

Flower vases – Marker setting fee ..... APR 28 2003

Recording and filing fee ..... MT. HOPE CEMETARY 45 —

Sales tax ..... CITY OF SAN DIEGO, CA 4.06

Mortuary to pay

Total Due 269.06

Paid receipt number R 50172 269.06

Balance due -0-

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

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

_____
Signature of recorded holder of deed

Signature

Address See attached

City Zip Code

Telephone

Pam

Work Order # E 17735

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Grave of Moses

E17735

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.

		Brooks			Postma	
			X	Lester		
			Wheaton			
		Trice				

Blind Check Initiated By: Pam Date: 4/28

Interment space for: Octavia Williams

Interment Date: Tues 4/29 Time: 9:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2747 Gr: 1

Grave Laid out by: DARREYL DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ray Smith Date: 4/28/08

BAYVIEW SERVICE GROUP, INC.

E 17735 1502

Mt. Hope Cemetery

Check Number: 1502
Check Date: Apr 23, 2003

Check Amount: $269.26

Item to be Paid - Description	Discount Taken	Amount Paid
Sales-Burial		269.26

Alberta Williams

Attached grave & Maps

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Apr 25 03

04-25-03A09:06 RCVD

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

In a Ash Vault Funeral, date, time Tues 9:00 4/29

Church, Chapel, Graveside Del Mar Mesa 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. 3:00

Lot 247 Grave 1 Row _____ Section C723 Division/Block D

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 705 —

Burial Container 55 —

Handling Fees 60 —

Flower vases – blanket setting fee _____

Recording and filing fee 45 —

Sales tax 4.06

Total Due 209.20

Paid receipt number _____

Balance due _____

I hereby certify I am the Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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

5014 Laffin Rd

San Diego, CA 92105

Zip

858 694-3500

Telephone

I hereby authorize the interment in lot ( ) held under deed.

Signature of owner(s) holder of deed

Invoice # _____

Work Order # E 17735

Acct. # _____

RSA-150 (7-95)

This information is available in alternative formats upon request.

E177 35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 90

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERTA	-	WILLIAMS	08/12/1912	04/11/2003	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	MARCO DE LA TORA-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	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	▶	04/22/2003

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
$13.00	04/21/2003 R.MARTINEZ	2306906 ▶

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
- [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 4/29/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY EVERGREEN MEM.PARK & CREM. 4414 14th.ST. RIVERSIDE, CA 92102	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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 + vault

Date April 25,

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn A. Jones (968)

in a TS 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 274 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185 —
Flower vases — Marker setting fee	125 —
Recording and filing fee	45 —
Sales taxes	19.38
Total Due	1894.38 ~~1769.38~~
Paid receipt number R50148 + 50169	1894.38
Balance due	0

APR 25 2003

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

X Dolly Burkes (967)
Signature
X 2547 Moonstone Dr.
Address
X San Diego, CA 92123
City Zip Code
X 858 576-8108.
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 17736

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
Estate Case

Date 4-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mike Marshall P.A. # 20031262 (953)

in a Liner (Type of Burial Container) Funeral, date, time Wed's April 30th 9:00

Church, Chapel, Graveside Delivery Only; BAYVIEW LESLIE Mortuary.

All Funeral cars 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 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 7/17 cpd	1664.73
Balance due	0

Contract Pulled 5/3/03

Ellen Beauparlant
Fax # 858-694-3987
858-694-3503

I hereby certify I am the ~~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.

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17737

Signature

Address Del Mar Heights

City Zip Code

Telephone

Invoice # 379499

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17737

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.

			ESPY	PERKINS		
			X			

Blind Check Initiated By: Paulette C. Date: 4/25/03

Interment space for: Mike Marshall PA. 200 31262

Interment Date: 4/30/03 Time: 9:00 Delivery

Div: 12 Sect: 2 Blk/Row: ____ Lot: 78 Gr: 11

Grave Laid out by: DARKEY & DAVE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 4/26/03

AT NEED
EstateCost

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mike Marshall P.A. # 20031262

in a Liner (Type of Burial Container) Funeral, date, time Wed 9 April 30th 9:00

Church, Chapel, Graveside Delivery only: BAYVIEW Mortuary. Leslie

All Funeral cars 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 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	

Ellen Beauparlant
Fax 858 694-3187
☎ 858 694-3503

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

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

Signature of recorded holder of deed

Paulette

Work Order # E 17732

Leslie Marshall
Signature
Relation

BAYVIEW CREMATION & BURIAL
7510 CLAIREMONT MESA BLVD.
SUITE 109
SAN DIEGO, CA 92111
858-277-7820

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request

E17737 12

APPLICATION 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
MIKE	-	MARSHALL	01/28/1931	03/19/2003	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	[redacted] 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
BAYVIEW CREM. & BURIAL, 815 THIRD AVE. #315-B CHULA VISTA, CA 91911	FD-1713	▶ [redacted]	04/25/2003

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

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
$13.00	04/29/2003 R.MARTINEZ	2307364 ▶

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 4-30-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRY DAVID STRIKER (977)

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues Apr. 29th 1:00

Church, Chapel, Graveside _____ ; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

Lot 71 Grave 10 Row — Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund (PAID)	—
Opening/Closing & Setup	375.00
Burial Container (APR 28 2003)	250.00
Handling Fees (MT HOPE CEMETARY)	185.00
Flower vases – Marker setting fee [redacted] vase	46.93
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1816.31
Paid receipt number Credit card	1816.31
Balance due	0

CDL F0532676
1-16-06

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

Pauletta

x Anna M. Striker (Signature)
x 6355 Winona Ave. (Address)
x San Diego, CA. 92120 (City, Zip Code)
x 619-582-4447 (Telephone)

Work Order # E 17738

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17738

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.

			Williams			
Black			X		Lemnger	
			Uzwell			

Blind Check Initiated By: Pauletec Date: 4-28-03

Interment space for: ~~Stricker~~ Striker, Harry D.

Interment Date: 4-29-03 Time: 1:00

Div: 12 Sect: 2 Blk/Row: — Lot: 71 Gr: 10

Grave Laid out by: Carlos & Dave

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: [signature] Date: 4-28-03

E17738 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
Harry	David	Striker	11/18/1957	04/22/2003	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	Joseph Striker, Son 6355 Winona Ave., 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
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ K. Zal	04/25/2003

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

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
$13.00	04/25/2003 K. Zaretzke	2307238 ▶

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 4-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Kenna
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.

A4
Neal
Jeannette called
4/30 NO CHAIRS
Witness only!

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 28, 03

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs. April ~~MAY~~ 1ST 2:30

Church, Chapel, Graveside Witness Only; CA BURIAL 234-3272 Jeannette Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4504 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E 14319	-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	.00
Sales taxes	.00
Total Due	-0-
Paid receipt number	
Balance due	-0-

I hereby certify I am the X Neice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Perkins
Signature
X 840 Balboa
Address
X Coronado, 92118
City Zip Code
X 619-435 8822
Telephone

Work Order # E 17739

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17739

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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]			
			X	[illegible]		
			[illegible]	[illegible]		

Blind Check Initiated By: Pam Date: 4/28/03

Interment space for: Eleanora Bernau

Interment Date: Thurs 5/1 Time: 2:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4504 Gr: 1

Grave Laid out by: DARNELL & Chuck

Agrees with Legal Card: ☐ Yes ☐ No pay on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4 30 03

E17739

APPLICATION 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
ELENORA	L.	BERNAU	11/11/1904	04/27/2003	FE

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	BARBARA PERKINS-NIECE 840 BALBOA AVENUE CORONADO, CALIFORNIA 92118

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	04/30/2003

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
$13.00	04/30/2003 J. BENYARD	▶ 2307450

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 5-1-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lenguen	
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 04-29-03

930

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Marina G. Balabekyan

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 5083 Grave _____ Row _____ Section 1 Division/Block 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1864.73
Paid receipt number 25% down	466.00
Balance due	1398.73

PAID

SEP 28 2005

paid in full R-59231

$ 615.86

Paid by Mastercard

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.

930 MARINA G. Balabekyan

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed

Pauletta C.

X _____
Signature

X 4702 Seamless Loop Ln
Address

X Encinitas CA 92024
City Zip Code

(760) 436-5875
Telephone

Work Order # E 17740

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upo

Printed on recycled paper

930 Contract Expires April 2005 E-17740

BALABEKYAN, MARINA G. 702 Summer Song Ln., Encinitas CA 92024 (760) 436-5875

LOT 5083 Grave – Section – Divn. 10

			DEBIT	CREDIT	BALANCE
4/29/2003	Opened Pre-need Lot/Trust account. Trust includes: 1 Opening/Closing, burial container handling fees, recording/filing fee and sales tax on the liner. 25% down paid by mastercard.		769.73		1095.00 1864.73
				466.00	1398.73
6-[illegible]03	R-56335	Coupon # 1	2096.219	58.29	1340.44
7-31 03	R56534	2	[illegible]	58.28	1282.16
11-7 03	56870	3+4	195.57 24% to 80%	116.56	1165.60
5-13 04	Mailed delinquent letter				
6-29-04	57734	No coupon		58.29	1107.31
12-6-04	58296	no coupon		291.45	815.86
45-05	R58715	" "		200.00	615.86
9-28-05	R-59231			615.86	0
9-7-05	Delinquent letter mailed certified		46.13 to 20% remaining to trust		
	balance must be paid in full 24 month contract has ended April 2005				

PAID

SEP 28 2005

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58296
12-06-04 13:55 PAID

Date: Dec. 6 .20 04

From: Marina Balabekyan Address: 702 Summer Song Ln.

two hundred, ninety one 45/100 Dollars ($ 291 45)

in part Payment of pre-need lot & trust

*Div 10 Sec Blk/Row Lot 5083 Grave

Invoice No. E-17740

Acct. No.

W.O.

BALANCE DUE 815-86

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X 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

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	172 87
20% Sales Care	77184	
80% Sales	100	118 58
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	$	291 45

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56870

Date: Nov. 7 20 03

From: Balabekyan Address: 702 Summer Song Ln Ene. 92024

One Hundred Sixteen 56/100 Dollars ($ 116.50)

in part Payment of pre-need

Lot 5083 Grave 1 Row _____ Section _____ Division 10 ~~Block~~ _____

Invoice No. E17740

Acct. No. _____

W.O. _____

BALANCE DUE 1165.60

Pre-Need Lot / At Need ( ) On Acct ( )

Pre-need Trust / Cash ( ) Check / 706

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

NOV 07 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	116	50
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	$	116	50

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56534

Date: July 31, 20 03

From: M Balabikyan Address: 702 Summer Shade Enc. 92029

Fifty Eight & 28/100 Dollars ($ 58.28)

in Payment of pre need lot & trust

Lot 5083 Grave 1 Row Section Division ~~Block~~ TO

Invoice No. E7740

Acct. No.

W.O.

BALANCE DUE 1282.16

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check 278

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 31 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	58	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	$	58	28

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56338

Date: June 9 , 2003

From: S. Mkrtychyan Address: 702 Summer Song Ln. Encinitas CA 92024

Fifty-Eight and 29 Dollars ($ 58.29)

in Part Payment of Pre-need lot/Trust account

Lot 5083 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. —

Acct. No. —

W.O. E-17740

BALANCE DUE $ 1340.44

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	58.29
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	$	58.29

Pre-Need Lot X At Need | On Acct

Pre-need Trust X Cash | Check X 270

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

CITY OF SAN DIEGO, CALIFORNIA

59231

MOUNT HOPE CEMETERY
(619) 527-3400

Date: September 28, 20 05

From: Sergey M. Mkrtychyan Address: 702 Summer Song Ln, Encinitas, CA 92024

Six Hundred fifteen and 86/00 Dollars ($ 615.86)

in Full Payment of Paid in full for pre-need lot / trust account.

Div 10 Sec — Blk/Row — Lot 5083 Grave —

Invoice No. E - 17740

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 489

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

SEP 27 2005

MOUNT HOPE CEM...

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	615.	86
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	615	86

Attud
1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 29, 03

John Edwards

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 20031452 (941)

in a DD Crypt Funeral, date, time Tues 5/6 10:00
Type of Burial Container

Church, Chapel, Graveside Bed on Cy ; Rowan Burrows Mortuary.
Pelod 858 748 4101

All Funeral cars must arrive before ~~3:00~~ 3:15 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. 748 4809 Fx

Lot 14 Grave 2 Row A Section _____ Division/Block 13

Grave space & Care Fund	126 -
Additional spaces and care fund	
Opening/Closing & Setup	423 -
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	9.53
Total Due	~~726.54~~ 726.54
Paid receipt number	
Balance due	

PAID
APR 29 2003
MT. HOPE CEMETERY
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.

X _____
Signature of recorded holder of deed

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

Invoice # 379347

Work Order # E 17741

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 29, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 20031452

in a DP Urn Type of Burial Container Funeral, date, time Thurs 5/1 10:00

Children, Chapel, Graveside Graveside Poway Bernardo Cemetery.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 7.49 will be applied and billed to undersigned. 3:00

Lot 14 Grave 2 Row ____ Section ____ Division/Block 13

Grave space & Care Fund	1260
Additional spaces and care fund	
Opening/Closing & Setup	463
Burial Container	123.01
Handling Fees	
Flower vases – Metal setting fee	
Recording and filing fee	4.00
Sales Taxes	9.53
Total Due	1806.54
Paid receipt number	
Balance due	

I hereby certify I am the Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 C Edwards

5201-A Ruffin Rd

San Diego CA 92123

858 694 3500

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

Signature of record holder's son

Work Order # E 17743 Invoice # ____ Acct. # ____

REA-10a (7-98) This information is available in alternative formats upon request.

REFILE PERMIT

E177441

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jane	-	Doe	Unknown	08/01/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Boulevard	San Diego	John Edwards - P.A. 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
Poway Bernardo Mortuary 13243 Poway Road; Poway, CA 92064	FD-1195	▶ J Holmberg	05/05/2003

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
$13.00	05/05/2003 J. Holmberg	2307674 ▶

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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-6-03	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.

Pre need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 30, 03

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

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 55 Grave 349 Row _____ Section 14 Division/Block 7

Grave space & Care Fund	~~2015~~ 535 2790.-
Additional spaces and care fund	370.-
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	28% 768.00
Paid receipt number	
Balance due	

Will respond

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 17742

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Bennett (993)

in a Liner (Type of Burial Container) Funeral, date, time Thurs 5/1 1:00

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 39 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R56185	1664.73
Balance due	-0-

PAID

MAY 01 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO,

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.

Eileen Bennett
Signature

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

_____
Signature of recorded holder of deed

8874 Rockne St
Address

San Diego CA 92139
City Zip Code

(619) 267-0226
Telephone

Work Order # E 17743

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17743

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.

Fuller					Miller	
	Senior		X			Daniels

Blind Check Initiated By: Pam Date: 5/1/03

Interment space for: Johnny Bennett

Interment Date: Thurs 5/4 Time: 1:00

Div: II Sect: 2 Blk/Row: ____ Lot: 39 Gr: 10

Grave Laid out by: NFERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-2-03

E177413

APPLICATION 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
Johnny	Lenear	Bennett	10/02/1939	04/29/2003	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	SanDiego	Eileen Bennett, Wife 2874 Rockne Street 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	▶ [signature]	05/05/2003

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
13.00	05/05/2003 B. Campbell	2307673 ▶

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 5-6-03	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 Rest
Grave 9 Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 2, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Roldness (998)

in a Liner (Type of Burial Container) at Funeral, date, time Thur 5/8 10:00

Church, Chapel, Graveside Witness only ; Family EC Mortuary.

All Funeral cars must arrive before ~~8:00~~ 3:00 p.m. of regular work day or an extra charge of $ ~~Public~~ will be applied and billed to undersigned.

Lot 78 Grave 11 Row ____ Section 1 Division/Block 11

Grave space & Care Fund D 9612	0
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14 73
Total Due	769 73
Paid receipt number MC	769 73
Balance due	0

PAID
MAY 02 2003
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 Signature

Address See attached

City Zip Code

Telephone

Work Order # E 17744

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

in grave w/ yokes

E17744

[redacted] [redacted]

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	Jehorek	ONO		
		open	X	LEON		
			penyak			
			Lark			

Blind Check Initiated By: Pam Date: 5/2/03

Interment space for: Jean Baldness

Interment Date: Thurs 5/8 Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 78 Gr: 11

Grave Laid out by: David & KEN

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: N Ferguson Date: 5-6-03

E177414

APPLICATION 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	WINIFRED	ROLDNESS	10/17/1919	05/01/2003	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	LORAINE J. BUCK-DAUGHTER 15499 SLEEPY CREEK ROAD 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
PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE. EL CAJON, CA 92020	FD-795	▶ Andrea Fink	05/06/2003

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
$13.00	05/06/2003 A.FINK	2307785 ▶

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 5-8-03	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 CREMATI ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 Rival
Grave Digger

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 2, 03

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

In a Liner (Type of Burial Container) Funeral, date, time Interment 2pm 5/5/03 Pauls EC Mortuary.

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

Lot 78 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund D 9612	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14 73
Total Due	769.73
Paid receipt number MC	769.73
Balance due	-0-

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

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

X _____ (Signature of recorded holder of deed)

X Doreen Buck (Signature)
X 15499 Sleepy Creek Road (Address)
X El Cajon, CA 92021 (Zip Code)
X (619) 443-2575 (Telephone)

Work Order # E 17744

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-2-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Martin (990)

In a Liner (Type of Burial Container) Funeral, date, time Monday May 5 1:00 pm

Church, Chapel, Graveside Pilgrim Baptist : 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 234 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 R-56186	1664.73
Balance due	0

PAID

MAY 02 2003

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.

X See Attached
Signature

Address

X
City Zip Code

Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17745

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17745

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NO MARKERS in This Range

			X			

Blind Check Initiated By: Paulette Date: 5-2-03

Interment space for: Dorothy Martin

Interment Date: 5-5-03 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 234 Gr: 7

Grave Laid out by: DARRELL DAVIS

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: N FERGUSON Date: 5-2-03

May-02-03 10:44am From
05/02/2003 09:25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-2-03

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

in a Vault (Type of Burial Container) Funeral, date, time Monday May 5 10:00 am

Church, Chapel, Graveside Bayview Baptist ; 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 234 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	325.00
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-56186	1664.73
Balance due	0

PAID
MAY 02 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X Thyscia L. Boston of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Thyscia L. Boston
Signature

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

Signature of recorded owner of deed

X 2116 69th St.
Address
X San Diego CA 92114
Zip Code
X (619) 263-8186
Telephone

Pauletta

Work Order # E 17745

Invoice # _____

Acct. # _____

REA-104 (7-99)

This information is available in alternative formats upon request.

Printed on recycled paper

E17745

APPLICATION 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
Dorothy	Jean	Martin	11/21/1944	04/30/2003	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	Phyllis Bolton, Daughter 216 69th 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	▶ [signature]	05/02/2003

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
13.00	05/02/2003 B. Campbell	2307576 ▶

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 5-5-03	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.

PND Paid Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 2 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Bledsoe 995

in a TS 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 150 Grave 12 Row Section 1 Division/Block D

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19 38
Total Due	874 38
Paid receipt number RSU 90 25 90	218.00
Balance due	656.38

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

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

Pam

X Juanita M. Pierce (PM)
Signature

X 01030 Woodrow Ave.
Address

X San Diego CA 92114
City Zip Code

X 619-464-8698
Telephone

Work Order # E 17746

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upo

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57152

Date: Feb. 2, 20 04

From: Anita Pierce Address: 1030 Woodrow Ave. SD 92114

Dollars ($ 27.00)

in part Payment of pre need

Lot 150 Grave 12 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 413.38

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

PAID

FEB 02 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

Pre-Need Lot ____ At Need ____ On Acct ____

Pre-need Trust ✓ Cash ____ Check ✓ 2415

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

56474

Date: 7-11 , 20 03

From: Juanita E. Walker Address: on record

Twenty Seven and 00 Dollars ($ 27.00)

in part ✓ Payment of Pre-need trust account.

Lot 150 Grave 12 Row _____ Section 1 Division 12 ~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E-17746

BALANCE DUE $602.38

Pre-Need Lot _____ At Need _____ On Acct _____

Pre-need Trust _____ Cash _____ Check X 2373

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	27 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	$	27 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

56552

Date: Aug 6, 20 03

From: Paula Pierce Address: 1030 Woodrow Ave SD 92114

Twenty Seven & 00/100 Dollars ($ 27.00)

in Cash Payment of Pre need Trust

Lot 150 Grave 12 Row ____ Section 1 Division 12 ~~Block~~

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 575.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2389

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

PAID

AUG 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

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

MOUNT HOPE CEMETERY
(619) 527-3400

56646

Date: Sept 5 .20 03

From: Juanita Perez Address: 1030 Woodlow ave SD 92114

Dollars ($ 27.00)

in part Payment of pre Need

Lot 150 Grave 12 Row ____ Section 1 Division ~~Block~~ H

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 548-38

Pre-Need ~~Lot~~ X At Need On Acct

Pre-need Trust X Cash Check 2349

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 05 2003

MT HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Jan Hess

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	50101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56758

Date: Oct 6 , 20 03

From Juanita Walker Address: 1030 Woodrow ave SD 92114

Twenty Seven Dollars ($ 27.00)

in part Payment of pre need trust

Lot 150 Grave 12 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 521.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 2437

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

PAID

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

OCT 0 6 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56853

Date: Nov 4 , 20 03

From: Anita Pierce Address: 1030 Woodrow ave SD 92114
Liberty Seven

Dollars ($ 27.00)

in part Payment of pre-need

Lot 150 Grave 12 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. E177462

Acct. No. _____

W.O. _____

BALANCE DUE 494.00

Pre-Need Lot | At Need | On Acct |

Pre-need Trust / Cash | Check / 2450

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

NOV 04 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	27 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56955

Date: Dec 1, 2003

From: Jonita Pierce Address: 1030 Woodrow ave SD 92114

Dollars ($ 27.00)

in Rent Payment of pre need

Lot 150 Grave 12 Row ____ Section 1 Division Block 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 467.38

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2450

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

PAID

DEC 0 1 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	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	$	27	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

57294

Date: March 8, 20 04

From: Jonita Pierce Address: 1030 Woodlawn ave. SD 92114

Dollars ($ 27.00)

in part Payment of pre need

Lot 150 Grave 12 Row ____ Section 1 ~~Block~~ Division 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 386.38

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [✓] 1979

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

MAR 0 8 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57604

Date: May 29, 20 04

From Jonita Pierce Address: 1030 Woodlawn Ave SD 92114

Dollars ($ 27.00)

in part Payment of pd mail

Div 12 Sec 1 Blk/Row _____ Lot 150 Grave 12

Invoice No. E17746

Acct. No. _____

W.O. _____

BALANCE DUE 205.38

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

PAID

MAY 28 2004

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	27 00
Sales Tax	60101 78390	
TOTAL PAID	$	27 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 2500

ISSUED BY Pam Hetzel

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

57807

From Anita Pierce Address: 1030 Woodrow Ave 80 92114 Date: July 16 20 04

Dollars ($ 21.00)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 150 Grave 12

Invoice No. E17746

Acct. No.

W.O.

BALANCE DUE 278.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☐ 2514

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

PAID

JUL 16 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	21 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	21 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

57979

Date: Sept 7, 20 04

From Juanita Pierce Address: 1020 woodrow ave 2092114

Dollars ($ 27.00)

in part Payment of pre need

Div 12 Sec 1 Blk/Row Lot 150 Grave 12

Invoice No. E 17746

Acct. No.

W.O.

BALANCE DUE 224.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 2537

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

SEP 0 7 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	*100*		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57893

Date: Aug 12 20 04

From: Juanita Perez Address: 1030 Woodrow Ave Sp 92114

Dollars ($ 27 —)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row ____ Lot 150 Grave 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 251.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2527

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

AUG 12 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58084

Date: Oct 4 20 04

From: Jenita Pierce Address: 1030 Woodrow ave 80 92114

Dollars ($ 27.00)

in cash Payment of pre-need

Div 12 Sec 1 Blk/Row ____ Lot 150 Grave 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 197.00

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

PAID

OCT 04 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186	27	00
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 2548

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

58198

Date: Nov. 4 , 20 04

From: Jonita Pierce Address: 1030 woodrow ave. S.D. CA. 92114

twenty seven ~~100~~ Dollars ($ 27 00)

in part Payment of pre-need trust

Div 12 Sec 1 Blk/Row _____ Lot 150 Grave 12

Invoice No. E-17746

Acct. No. _____

W.O. _____

BALANCE DUE 170 38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3774

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 04 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58290

Date: Dec 6, 2004

From: Jonita M. Perez Address: on record

Twenty-Seven and 00 Dollars ($ 27.00)

in part Payment of Pre-need TRUST.

Div 12 Sec 1 Blk/Row Lot 150 Grave 12

Invoice No. E-17746

Acct. No.

W.O.

BALANCE DUE $ 143.38

Pre-Need Lot At Need On Acct

Pre-need Trust X Cash Check X 2555

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

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need	63033	27.00
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	27.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58421

Date: Jan 19 , 20 05

From: Jonita Pierce Address: 1030 Woodrow ave. S.D.

fifty-four 00/100 Dollars ($ 54 —)

in part Payment of pre-need trust

Div 12 Sec 1 Blk/Row _____ Lot 150 Grave 12

Invoice No. E-17746

Acct. No. _____

W.O. _____

BALANCE DUE 89 38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2563

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

JAN 19 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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	54 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	54 —

E177416

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56353

Date: June 11, 20 03

From: Anita Perez Address: 1030 Woodlawn ave SD 92114

Twenty Seven Dollars & 00/100 Dollars ($ 27.00)

in part Payment of pre need trust

Lot 150 Grave 12 Row ____ Section 1 Division Block 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 629.38

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [/] Cash [ ] Check [ ] 2359

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 CEMETERY
CITY OF SAN DIEGO, CA

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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

E17746

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57054

MOUNT HOPE CEMETERY
(619) 527-3400

Date January 5, 2004

From: Jonita M. Pierce Address: on record

Twenty-Seven and 00 Dollars ($ 27.00)

in part Payment of pre-need trust account.

Lot 150 Grave 12 Row ____ Section 1 Division/Block 12

Invoice No. E ~~17750~~

Acct. No. ____

W.O. ____

BALANCE DUE $ 440.38

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	27 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	$	27 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1124

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

E17746 57501

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 30, 20 04

From Jonita Pierce Address: 1030 Woodrow-ave. SD 92114

Dollars ($ 54.00)

in part Payment of pre need

Div 12 Sec 1 Blk/Row ____ Lot 150 Grave 12

Invoice No. E 17746

Acct. No. ____

W.O. ____

BALANCE DUE 332.38

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

PAID

APR 3 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184 100	
60% Sales of Lots	77184 100	
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183	
Pre-Need	63033	54 00
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	54 00

Pre-Need Lot ___ At Need ___ On Acct ___

Pre-need Trust ✓ Cash ___ Check ✓ 2491

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

984

E-17746

PIERCE, JONITA 1030 WOODROW AVE SD 92114 619) 464-8698

Division 12 Section 1 Lot 150 gr 12

05-02-2003 opened pre-need trust to include open/closing recording fee, handeling fee, ts vault, tax on vault R-56190

			DEBIT	CREDIT	BALANCE
[redacted] 03	coupon # 1	R 56353	874.38		874.38
7-[redacted]-03	Coupon # 2	R-56474		218.00	656.38
8-6 03	3	56552		27.00	629.38
9-5 03	4	56642		27.00	602.38
10-6 03	5	56758		27.00	575.38
11-4 03	6	56853		27.00	548.38
12-1 03	7	56955		27.00	521.38
1-5-04	8	57054		27.00	494.38
2-2 04	9	57152		27.00	467.38
3-8 04	10	57294		27.00	440.38
4-30 04	11 12	57501		27.00	413.38
5-[redacted] 04	13	57604		54.00	386.38
7-16 04	14	57807		27.00	332.38
8-12 04	15	57893		27.00	305.38
9-[redacted] 04	16	57979		27.00	278.38
10-4 04	17	58084		27.00	251.38
11-4-04	18	58198		27.00	224.38
	19	58290		27.00	197.38
1-19-05	20 21	58421		27.00	170.38
				27.00	143.38
				54.00	89.38

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

		Debit	Credit	Bal.
1/19/05	Balance forwarded			88 38
1/21/05	R-58433 PAID IN FULL		88 38	0

PAID

JAN 2 1 2005

MOUNT HOPE CEMETERY

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annette Simpson (995) PC

in a Liner Funeral, date, time ~~Tues~~ web's Mon May 6 1:00

Type of Burial Container

Church Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 60 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	1,664.73
Paid receipt number R-36191	1664.73
Balance due	0

PAID

MAY 02 2003

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.

Shelita Burnside

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

Signature of recorded holder of deed

Paulette

Shelita Burnside 9494
Signature

X 1494 Honeysuckle Lane
Address

X San Diego, CA
City Zip Code

X (619) 479-5973
Telephone

Work Order # E 17747

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17747

GRAVE BLIND CHECK FORM

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

			Johnson			
	Powers		X		Gallego	Smith

Blind Check Initiated By: Paulette C. Date: 5-2-03

Interment space for: Annette Simpson

Interment Date: ~~Unsure~~ 5-7-03 Time: ~~unsure~~ 1:00 pc

Div: 12 Sect: 2 Blk/Row: ____ Lot: 60 Gr: 8

Grave Laid out by: N Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: Kenneth Collins Date: ____

E17747

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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
Annette	-	Simpson	09/08/1918	04/27/2003	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	Addie Wells, Daughter 740 S. 36th #223 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102	FD-1329	▶	04/29/2003

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
13.00	05/05/2003 B. Campbell	2307633 ▶

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 5-7-03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank Watts (1001)

in a Liner (Type of Burial Container) Funeral, date, time Fri 5/9 12:00

Church, Chapel, Graveside _____ : Rosedale (Desmond) Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ 385 will be applied and billed to undersigned. _____

Lot 150 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R56192	1664.73
Balance due	0

PAID
MAY 02 2003
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.

X Signora D. Fenich (Signature)
X 14108 S. Menlo Ave. (Address)
X Gardena 90247 (City, Zip Code)
X (310) 532-5126 (Telephone)

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

_____ Signature of recorded holder of deed

Pam

Work Order # E 17748

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17748

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.

	Rixby		X			

Blind Check Initiated By: Pam Date: 5/2/03

Interment space for: Frank Watts

Interment Date: Fri 5/9 Time: _____

Div: 11 Sect: 1 Blk/Row: _____ Lot: 150 Gr: 2

Grave Laid out by: DARREL & DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: N FERGUSON Date: 5-8-03

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

E17748

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
Watts Frank [illegible]	39 016 136	Sgt	QMC	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
3107 Quartermaster Sv Co	28 Jan 46	Sep Cen Ft MacArthur Calif

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
142 24th St San Diego Calif	12 Jan 17	San Diego Calif

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' 11"	175 LBS.	0

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		Painter Auto 5-16.910

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
6 Jan 42		6 Jan 42	C.S.C Unit 1959

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		163	San Diego Calif	See 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., Infantry, aviation and marksmanship badges, etc.)
Administrative NCO 502	Driver & Mechanic Badge

32. BATTLES AND CAMPAIGNS

None

33. DECORATIONS AND CITATIONS

American Campaign Medal Asiatic Pacific Campaign Medal Good Conduct Medal With Clasp Meritorius Unit Award World War II Victory Medal

34. WOUNDS RECEIVED IN ACTION

None

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
Mar 45	Nov 45	Oct 43	Typhus Mar 45	29 Jun 44	Asiatic Pacific Theater	7 Aug 44
				1 Jan 46	United States	21 Jan 46

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
2	6	0	1	6	23	1 Sgt

39. PRIOR SERVICE

None

40. REASON AND AUTHORITY FOR SEPARATION

Convenience of the Government (De-o-ilization) AR 615-365 15 Dec 44

41. SERVICE SCHOOLS ATTENDED	42. EDUCATION (Years)		
	Grammar	High School	College
None	8	3	0

PAY DATA

Vou 3152

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
4	0	23	$ 300	$ 100	115.00	$ 7.55	355.55 F FRIED[illegible] C.P.T FD

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 COLLECTIONS 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 Jan 46	28 Feb 46	$ 6.90	X	$	

54. RIGHT THUMB PRINT



55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

Non Secre (1 Dec 45)-5C Lapel Button Issued

56. SIGNATURE OF PERSON BEING SEPARATED

Frank W. Watts

57. PERSONNEL OFFICER (Type name, grade and organization - signature)

[illegible] 1Lt

WD AGO FORM 53-55
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

E17748

APPLICATION 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	Nathan	Watts	01/12/1917	FND 04/18/2003	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	Lenora Finch, Daughter 14108 South Menlo Avenue Gardena, CA 90247

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 Ragsdale	05/05/2003

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
13.00	05/09/2003 B. Campbell ▶	2307981

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 Street San Diego, CA 92102	11B. DATE BURIED 5-9-03	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.

Re-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 5, 2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yor Solomon/Alisa Raiskin 988 988

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 4617 & 4803 Grave _____ Row _____ Section _____ Division/Block 13

Grave space & Care Fund 2W 1095 00 Ea	219000
Additional spaces and care fund	—
Opening/Closing & Setup **PAID**	—
Burial Container	—
Handling Fees MAY 05 2003	—
Flower vases – Marker setting fee	—
Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	—
Sales taxes	—
Total Due	2190.00
Paid receipt number R-56195	2190.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

X [signature] Raiskin alisa 988
Signature

X 5805 Andros ct #1
Address

X SD CA 92115
City Zip Code

X (619) 583-8449.
Telephone

Paulette

Work Order # E 17749

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Prepaid Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 6, 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonette Bledsoe (1960)

in a B 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 70 Grave 4 Row _____ Section 1 Division/Block 11

PAID

OCT 27 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19 37
Total Due	874.38
Paid receipt number 2590 & 30201	218.00
Balance due	656.38

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

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

_____
Signature of recorded holder of deed

Donita M. Pierce 934
Signature
1030 Woodrow Ave
Address
San Diego CA 92114
City Zip Code
(619) 464-4698
Telephone

Invoice # _____

Acct. # _____

Paw E-17746 18912

Work Order # E 17750

REA-104 (7-96)

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

MOUNT HOPE CEMETERY
(619) 527-3400

58422

Date: Jan 19 , 20 05

From: Jonita Pierce Address: 1030 Woodrow ave.

fifty-four ~~00/100~~ Dollars ($ 54 —)

in part Payment of pre-need trust

Div 11 Sec 1 Blk/Row ____ Lot 70 Grave 4

Invoice No. E-17750

Acct. No. ____

W.O. ____

BALANCE DUE 89 38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1163

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

JAN 19 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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	54 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	54 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58282

12-03-04 09:30 PAID

Date: _____ .20 ____

From: Jonita Pierce Address: 1030 Woodrow Ave. S.D. 92114

twenty-seven ——— 100 Dollars ($ 27-)

in part Payment of pre-need trust

Div 11 Sec 1 Blk/Row _____ Lot 70 Grave 4

Invoice No. E-17750

Acct. No. _____

W.O. _____

BALANCE DUE 143 38

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

PAID

DEC - 3 2004

MOUNT HOPE CEMETERY

CREDIT	87007	
20% Sales Care	77184	
	100	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	27 -
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	27 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1157

ISSUED BY M. Villegas

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

58197

Date: Nov. 4, 20 04

From: Jonita Pierce Address: 1030 woodrow ave. S.D. CA. 92114

twenty-seven ~~100~~ Dollars ($ 27)

in part Payment of pre-need trust

Div ~~12~~ 11 Sec ~~+~~ 1 Blk/Row _____ Lot ~~150~~ 70 Grave ~~12~~ 4

Invoice No. E-17750

Acct. No. _____

W.O. _____

BALANCE DUE 170 38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1155

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 0 4 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186	27	—
Sales Tax	60101 78390		
TOTAL PAID	$	27	—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58096

Date: Oct 6 ,20 04

From: Jonitee Pierce Address: 1030 Woodrow Ave SD 92114

Dollars ($ 27.00)

in part Payment of pre paid

Div 11 Sec 1 Blk/Row ____ Lot 76 Grave 4

Invoice No. E 17750

Acct. No. ____

W.O. ____

BALANCE DUE 197.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1153

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" WITH SPACE

PAID

OCT 0 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Helgd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	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

57892

Date: Aug 11 , 20 04

From: Jonita Pierce Address: 1030 Woodrow Ave. SD 92114

Dollars ($ 27.00)

in Part Payment of pre-need

Div 11 Sec 1 Blk/Row Lot 70 Grave 4

Invoice No. E1750

Acct. No.

W.O.

BALANCE DUE 251.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 1146

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	27 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	27 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57988

Date: Sept 8, 20 04

From: Jonita Pierce Address: 1030 woodrow ave. CA 92114

Dollars ($)

in part Payment of pre-need

Div 11 Sec 1 Blk/Row Lot 70 Grave 4

Invoice No. E17750

Acct. No.

W.O.

BALANCE DUE 224.38

NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID ON THIS SPACE.

PAID

SEP 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hefel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1151

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

57798

Date: July 15 20 04

From Jonita Rivera Address: 1030 Woodlawn Ave 80 92114

Dollars ($ 27.00)

in part Payment of pre-need

Div 11 Sec 1 Blk/Row _____ Lot 70 Grave 4

Invoice No. E 55

Acct. No. 17750

W.O. _____

BALANCE DUE 278.38

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

PAID

JUL 14 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	27 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	27 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1141

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

57603

Date: May 29 ,20 04

From: Anita Pierce Address: 1030 Woodrow Ave #80 92114

Dollars ($ 27.00)

in part Payment of pre need

Div 11 Sec 1 Blk/Row _____ Lot 70 Grave 4

Invoice No. E17750

Acct. No. _____

W.O. _____

BALANCE DUE 305.38

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

PAID

MAY 2 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1135

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

57491

Date: April 28, 20 04

From Jonita Pierce Address: 1030 Woodlawn ave. SD 92114

Dollars ($)

in part Payment of pre need

Div 11 Sec 1 Blk/Row Lot 70 Grave 4

Invoice No. E17750 4

Acct. No. E000996

W.O.

BALANCE DUE ~~369.00~~ 332.50

Pre-Need Lot At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1132

AC-212 (Rev 4-04)
This information is available in alternative formats upon request.

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

PAID

APR 2 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	54 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	54 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57301

Date: March 9 .20 04

From Jonita Pierce Address: 1030 Woodrow ave SD 92114

Dollars ($ 27.00)

in part Payment of pd mcd

Lot 70 Grave ____ Row ____ Section 1 ~~Block~~ Division 11

Invoice No. E 17750

Acct. No. ____

W.O. ____

BALANCE DUE 380.38

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [/] Cash [ ] Check [/] 1130

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

MAR 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hafzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57149

Date: Jan. 30 , 20 04

From: Jonita Pierce Address: 1030 Woodrow ave SD 92114

Dollars ($ 27.00)

in Part Payment of Plymud

Lot TO Grave 4 Row Section 1 Division 11 Block

Invoice No. E 17750

Acct. No.

W.O.

BALANCE DUE 43.38

Pre-Need Lot | At Need | On Acct

Pre-need Trust / Cash | Check 125

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

PAID

JAN 3 0 2004

ISSUED MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
	100		
80% Sales	77184		
of Lots	100		
Opening/	77181		
Closing	100		
Burial	77182		
Containers	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

56849

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 4Nov 03 , 20 03

From: Jonita Pierce Address: 1036 Woodrow ave SD 92114

Twenty Seven Dollars ($ 27.00)

in part Payment of pre-need

Lot 70 Grave 4 Row ____ Section 1 Division ~~Block~~ 11

Invoice No. E 17750

Acct. No. ____

W.O. ____

BALANCE DUE 494.38

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

PAID

NOV 0 3 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	27 00
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	27 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 1119

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

56968

Date: Dec 3 , 20 03

From: Jonita Pierce Address: 1030 woodlow ave SD 92114

Dollars ($ 27.00)

in part Payment of pre-need

Lot TO Grave 4 Row Section 1 Division 11 ~~Block~~

Invoice No. E17750

Acct. No.

W.O.

BALANCE DUE 467.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1122

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

PAID

DEC 0 3 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	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	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

56631

Date: September 4, 2003

From: Jonita M. Price Address: on record

Seventy-Seven and 00 Dollars ($ 27.00)

in part Payment of Pre-need trust account.

Lot 170 Grave 4 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. E-1775D

Acct. No. _____

W.O. _____

BALANCE DUE $ 548.38

Pre-Need Lot | At Need | On Acct |

Pre-need Trust X Cash | Check X 1116

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	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	27 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	27.00

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

56767

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Oct 7, 20 03

From: Santee Pierce Address: 1030 Woodlawn ave SD 92114
Sewer
Dollars ($ 27.00)

in part Payment of prepaid

Lot 10 Grave 4 Row Section 1 ~~Block~~ Division 11

Invoice No. E17750

Acct. No.

W.O.

BALANCE DUE 521.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1117

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

PAID

OCT 07 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hotz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need	63033	27 00
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	27 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

56475

Date: 7-11 , 2003

From: Jonita M. Pierce Conservator Address: 1030 Woodrow Ave SD 92114

Twenty Seven Dollars ($ 27.00)

in Part Payment of Pre-need trust account

Lot 70 Grave 4 Row ____ Section 1 Division II ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-17750

BALANCE DUE $ 602.38

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	27.00
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	$	27.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1112

ISSUED BY P Crawford

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

56551

Date: Aug 6, 20 03

From: Jonita Pierce Address: 1030 Woodlawn Ave SD 92114

Twenty Seven & 00/100 Dollars ($ 27.00)

in paid Payment of prepaid trust

Lot 70 Grave 4 Row ____ Section 1 Division 11 Block

Invoice No. E17750

Acct. No. ____

W.O. ____

BALANCE DUE 575.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3473

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 06 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56331

Date: June 5, 20 03

From Jonita Pierce Address: 1030 Woodrow ave 80 92114

Twenty Seven dollars & 00/100 Dollars ($ 27.00)

in part Payment of pg mud trust

Lot 70 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. E17750

Acct. No. _____

W.O. _____

BALANCE DUE 629.38

Pre-Need Lot | At Need | On Acct |

Pre-need Trust / Cash | Check 1105

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 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Herzl

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

E17750 57057

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan. 5, 20 04

From: Jonita Pierce Address: 1030 Woodrow ave. SD 92114

Dollars ($ 27.00)

in full Payment of If you need

Lot 70 Grave 4 Row ____ Section 1 Division ~~Block~~ 11

Invoice No. E17746

Acct. No. ____

W.O. ____

BALANCE DUE 440.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2403

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 Pam Hood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58678

Date: 3/29 20 05

From: Jonita M. Pierce Address: 1030 Woodrow Ave. SD. CA 92114-3242

Twenty-Seven and 00 Dollars ($ 27.00)

in Part Payment of Pre-need trust account

Div 11 Sec 1 Blk/Row _____ Lot 70 Grave 4

Invoice No. E-17750

Acct. No. _____

W.O. _____

BALANCE DUE $ 62.38

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X] 1167

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

PAID

MAR 2 8 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	27 00
Sales Tax	60101 78390	
TOTAL PAID	$	27 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

58658

Date: 3/23, 2000

From: Jonita Pierce Address: on record

County Sewer Dollars ($ 27—)

in Part Payment of pre-need trust

Div 11 Sec 1 Blk/Row Lot 70 Grave 4

Invoice No E-17752

Acct. No.

W.O.

BALANCE DUE $ 8938

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check # 1166

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

MAR 23 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186	27—	
Sales Tax	60101 78390		
TOTAL PAID		$ 27 —	

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58753

Date: 4/18 , 20 05

From: Juanita Pierce Address: on record

Thirty-Five and 38 Dollars ($ 35.38)

in Part of Payment of Pre-need Lot

Div 11 Sec 1 Blk/Row Lot 70 Grave 4

Invoice No. E-17750

Acct. No.

W.O.

BALANCE DUE $ 27—

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

PAID

APR 1 8 2005

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	87007	35 38
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	$	35. 38

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1171

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

984 Contract expires May 2005. payment #35.38 monthly E-17750

w/c# 619 531-3881

PIERCE, JONITA 1030 WOODROW AVE SAN DIEGO CA 92114 (619) 464-8698

Dup II See Lot 70 S-4

				credit	debit	balance
05-06-2003		Pre-need trust opened to include open/closing, TS Vault, handeling fee, recording fee, and tax on vault	25%	874.38	218.00	874.38 656.38
6-[illegible]	03	R56331	#1		27.00	629.38
7-11-03		R-56475	#2		27.00	602.38
8-6	03	56551	3		27.00	575.38
9-4-03		R-56631	4		27.00	548.38
10-7	03	56747	5		27.00	521.38
11-3	03	56849	6		27.00	494.38
12-3	03	56968	7		27.00	467.38
1-5	04	57057	8		27.00	440.38
1-30	04	57149	9		27.00	413.38
3-[illegible]	04	57301	10		27.00	386.38
4-28	04	57491	11 & 12		54.00	332.38
5-[illegible]	04	57603	13		27.00	305.38
7-15	04	57798	14		27.00	278.38
8-[illegible]	04	57892	15		27.00	251.38
9-8	04	57988	16		27.00	224.38
10-6	04	58096	17		27.00	197.38
11-4-04		58197	18		27.00	170.38

12-3-04 58282 19

3-23-05 R- 58658 22

3-28-05 R- 58678 23

4-19-05 R- 58753 24

10-19-05 mailed cert. Delinquent letter.

10/27/05 Jan. 19,05 payments total $454 making her total due as of 10-27-05 is $ Bal.

PAID

OCT 27 2005

MOUNT HOPE

$16.54

27.00

27 — 116.38

27 — 89.38

27 — 62.38

35.38

35-37

8/143 38

89 38

38

0

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie Henderson (1003)

in a D.D. Crypt (A) Funeral, date, time Sat. May 10th 2:00
Type of Burial Container

Church, Chapel, Graveside ____ Preferred Mortuary.
MARK 584-7000

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

Lot 59 Grave 7 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund SAT. OVERTIME	600.00
Opening/Closing & Setup	375.00
Burial Container PAID	380.00
Handling Fees	320.00
Flower vases – Marker Mounting fee MAY 6 2003	
Recording and filing fee	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, C credit card Visa	29.45
Total Due	2644.45
Paid receipt number	2644.45
Balance due	0

I hereby certify I am the Robert J Jones 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

Paulette

Work Order # E 17751

Robert J Jones
Signature

Address 3767 "Z" ST
City SD 92113
Zip Code

264-5498
Telephone

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17751

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			7 X	8	9	10 Brown

Blind Check Initiated By: Paulette C. Date: 5-6-03

Interment space for: Katie Henderson

Interment Date: 5-10-03 Time: 2:00 Church

Div: 12 Sect: 3 Blk/Row: ____ Lot: 59 Gr: 7

Grave Laid out by: DARREN & ROBERT

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Norman Ferguson Date: 5-8-03

E17751

APPLICATION 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
Katie	Louise	Henderson	03/03/1905	05/05/2003	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	Julia Christian-Daughter 4866 Federal Blvd. 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
Preferred Cremation & Burial 3094 El Cajon Blvd. Ste. A, San Diego, CA 92104	FD-1746	▶ Julia Christian-Daughter	05/08/03

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
$13.00	Leah A. Mata 05/08/2003	▶ 2307949

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 5-12-03	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

pre-need

Date 5-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lupe Luz Valdez 935

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 35 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	895.00
Paid receipt number R-56207	223.75
Balance due	671.25

PAID

OCT 13 2005

MOUNT HOPE

pd in full

R-59309

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. 935

Signature: Luz Elena Valdez

Address: 1196 Twin Oaks

City: Chula Vista Ca 91911

Telephone: (619) 426-5984 Zip Code

Signature of recorded holder of deed

paulette

Work Order # E 17752

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

935 SEND 2ND SET OF COUPONS 6/18 FAMILY COST 1SH. E-17752

Valdez, Luz Elena 1116 Twin Oaks, Chula Vista CA 91914 (619) 426-5984

			DEBIT	CREDIT	BALANCE
5/7/2003	Opened Pre-Need Lot account with 25% down		895.00		895.00
	R-56207 LOT 35, GR 9, SEC 1, DIVN 12			223.75	671.25
6-[illegible]-03	56408	coupon # 1	179 20%	27.97	643.28
7-[illegible]-03	56512	2	716 80%	27.67	615.61
8-26-03	R-	3		27.67	587.64
9-29-03	56734	4		27.99	559.65
10-31-03	56838	10 coupon		27.97	531.68
11-24-03	56934	5		27.97	503.71
1-12-04	57083	6		27.97	475.74
2-10-04	57199	7+8		55.94	419.80
3-5-04	57287	9		27.97	391.83
3-29-04	57377	10		27.97	363.86
5-4-04	57512	11		27.99	335.87
7-8-04	57765	12 913		54.94	280.93
8-26-04	57944	14	pd in full R-59309	27.97	252.96
9-[illegible]-04	58067	15		27.97	224.99
11-[illegible]-04	(58196)	17+18		55.94	169.05
2-3-05	58465	19+20		55.94	113.11
3-16-05	58638	21		27.97	85.14
10/13/05	R-59309	22		84.14	1.00
	E-17752	VALDEZ, LUZ ELENA			0

PAID
OCT 13 2005
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57083

Date: Jan. 12, 20 04

From: Guy Valdez Address: 1116 Twin Oaks st CV 92111

Dollars ($ 27.97)

in part Payment of pre need

Lot 35 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E 17752

Acct. No. ____

W.O. ____

BALANCE DUE 475.74

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MD

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

PAID

JAN 1 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Herd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	97
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	$	27	97

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

57199

Date: Feb 10 ,20 04

From: Luz Valdez Address: 1116 Twin Oaks CV 91914

Dollars ($ 55.94)

In part Payment of pre need

Lot 35 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E17752

Acct. No. ____

W.O. ____

BALANCE DUE 449.80

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

PAID

FEB 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	55 94
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 94

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MO

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

57377

Date: 3/29, 20 04

From: Jose L. Valdez Address: on record

Twenty-Seven and 97 Dollars ($ 27 97)

in part Payment of pre-need lot acct.

Lot 35 Grave 9 Row ____ Section 1 ~~Block~~ Division 12

Invoice No. E-17752

Acct. No. ____

W.O. ____

BALANCE DUE $ ~~363.86~~

Pre-Need Lot X | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check X 964

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

PAID

MAR 2 9 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184 100	
80% Sales of Lots	77184 100	27 97
Opening/ Closing	77181 100	
Burial	77182 100	
Containers	77185 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183 63033	
Pre-Need Trust	77186 60101	
Sales Tax	78390	
TOTAL PAID	$	27 97

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

57287

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 5, 20 04

From: Amy Nabbey Address: 1116 Twin Oaks CV 91914

Dollars ($ 27.97)

in part Payment of pre-need

Lot 35 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E17752

Acct. No. ____

W.O. ____

BALANCE DUE 391.83

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" AT THIS OFFICE.

PAID

MAR 05 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	97
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	$	27	97

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ HO

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

58067

Date: Sept 30, 20 04

From: Guy Valdez Address: 1116 Twin Oaks ave CV 91911

Dollars ($ 27.97)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E 17752

Acct. No.

W.O.

BALANCE DUE 224.99

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

PAID

SEP 3 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	97
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	$	27	97

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MD

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

57765

Date: July 8 , 20 04

From: Lucy Valdez Address: 1116 Twin Oaks Ave CV 91911

Dollars ($ 54.94)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E17752

Acct. No.

W.O.

BALANCE DUE 280.93

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

PAID

JUL 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	54 94
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	54 94

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MO

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

57944

Date: Aug 20 20 04

From: Luz Valdez Address: 1116 Twin Oaks ave CV 91911

Dollars ($ 27.97)

in part Payment of pre need

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E17762

Acct. No.

W.O.

BALANCE DUE 852.96

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

PAID

AUG 25 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	27 97
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	$	27 97

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check /

LD

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

58196

Date: 11/3 .20 04

From: ELENA VALDEZ Address: On Record

Fifty-Five and 94/00 Dollars ($ 55.94)

in Part Payment of Pre-need lot

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E-17752

Acct. No.

W.O.

BALANCE DUE $169.05

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.

ISSUED BY Darlene Ford

CREDIT	67007	
20% Sales Care	77184	9 63
80% Sales	100	46 31
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. 94

AC-212 (Rev 4-04) 08-0506404456
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

R-58465

Date: 2-3 , 20 05

From: L42 E. Valdez Address: ~~3751~~ SB 1116 Twin Oaks ST

Fifty-five 94/100 Dollars ($ 55.94)

in part Payment of Pre-need lot

Div 12 Sec 1 Blk/Row ____ Lot 35 Grave 9

Invoice No. 12-7-04 E-17752 27.97
1-7-05 E-17753 27.97

Acct. No. ____

W.O. ____

BALANCE DUE $113.11

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

mo# 08-05621845 $29.97
mo# 08-32830206 $25.97

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

NOT VALID FOR PURCHASE UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 02 2005

MOUNT HOPE CEM.

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	55	94
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	94

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59309

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/13 .20 05

From: Luz Elena Valdez Address: 1116 Twin Oaks Ave, Chula Vista CA 9911

Eighty-four and 14 Dollars ($84.14)

In Full Payment of Pre-need Cot account

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E-17752

Acct. No.

W.O.

BALANCE DUE $1.00

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

PAID

OCT 13 2005

MOUNT HOPE CEMETERY

CREDIT	67007	84.14
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	84.14

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

ISSUED BY Paulette C.

AC-212 (Rev. 4-04) 08-33/120149

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

56934

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 24 20 03

From Jim Valdez Address: 1116 Twin Oaks CV 91914

Twenty Seven & 97/100 Dollars ($ 27.97)

in part Payment of pre need

Lot 35 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E17752

Acct. No. ____

W.O. ____

BALANCE DUE 503.71

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

PAID

NOV 24 2003

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	27 97
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	$	27 97

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MO

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

56838

Date: Oct 30, 20 03

From: Elena Valdez Address: 1116 Twin Oaks ave CV 91911

Twenty Seven 97/100 Dollars ($ 27.97)

in paid Payment of pre need

Lot 35 Grave 9 Row ____ Section 1 ~~Block~~ Division 12

Invoice No. E 17752

Acct. No. ____

W.O. ____

BALANCE DUE 531.68

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

PAID

OCT 30 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hotz

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	97
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	$	27	97

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56734

Date: Sept 29, 20 03

From: Luz Valdez Address: 1116 Twin Oaks St CV 92011

Twenty Seven 99/100 Dollars ($ 27.99)

in part Payment of pre mud

Lot 35 Grave 9 Row ____ Section 1 Division 12 ~~Block~~

Invoice No. E 17752

Acct. No. ____

W.O. ____

BALANCE DUE 559.65

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 40

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 29 2003

MT HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY ____

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	99
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	$	27	99

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56613

Date: Aug 27, 2003

From: Luz Elena Valdez Address: On record

Twenty-Seven 97 Dollars ($ 27.97)

in Part Payment of Pre-need lot acct.

Lot 35 Grave 9 Row ____ Section 1 Division Block 12

Invoice No. E-17752

Acct. No. ____

W.O. ____

BALANCE DUE $ 587.64

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	27 97
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	$	27. 97

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

M.O. 86-856522031

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

56512

Date: July 25, 20 03

From: Lucy Valdez Address: 1116 Twin Oaks St. CV 91911

Twenty Seven & 67/100 Dollars ($ 27.67)

in part Payment of Pre need Lot

Lot 35 Grave 9 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. E17752

Acct. No. ____

W.O. ____

BALANCE DUE ~~115.61~~

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ MO

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 25 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	67
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	$	27	67

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56408

Date: June 25, 20 03

From: Luz Valdez Address: 1116 Twin Oaks CV 91914

Twenty Seven & 97/100 Dollars ($ 27.97)

in part Payment of Pg mud lot

Lot 35 Grave 9 Row Section 1 Division Block 12

Invoice No. E77523

Acct. No.

W.O.

BALANCE DUE 643.28

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

JUN 25 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	27	97
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	$	27	97

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57512

Date: May 4 20 05

From: Guy Valdez Address: 1116 Twin Oaks Ave CV 91911

Dollars ($ 27.99)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row _____ Lot 35 Grave 9

Invoice No. E 17752

Acct. No. _____

W.O. _____

BALANCE DUE 335.87

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ #0

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

PAID

MAY 0 4 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	99
Opening/ Closing	100 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	$	27	99

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

58638

Date: 3/16, 20 05

From: Luz Valdez Address: On record

Twenty-Seven 97/00 Dollars ($ 27.97)

in Part Payment of Pre-need 101.

Div 12 Sec 1 Blk/Row Lot 35 Grave 9

Invoice No. E-17752

Acct. No.

W.O.

BALANCE DUE $85.14

Pre-Need Let X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

MO. 08-2530 68185

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

PAID

MAR 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	27 97
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	27. 97

AC-212 (Rev. 1-04)

This information is available in alternative formats upon request.

Attached (R) order

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 7 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Lockhart A

In a ASH vault (Type of Burial Container) Funeral, date, time Sat 5/13 10:00

Church, Chapel, Graveside del mar ; Rapdale Mortuary.

All Funeral cars 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 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	E5472 0
Burial Container	
Handling Fees	Veterans memorial Deluxe
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	0

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

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

Signature _____

Address _____

City Out of Area Zip Code

Telephone _____

Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 17753

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17753

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			

Blind Check Initiated By: Pam Date: 5/12

Interment space for: Dorothy Lockhart

Interment Date: Tues 5/13 Time: 10:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 47 Gr: 3

Grave Laid out by: DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W FERGUSON Date: 5-13-03

E17753

APPLICATION 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
Dorothy	Louise	Lockhart	05/31/1935	01/05/1990	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	Frederick Lockhart, Husband 7054 Madrone Avenue 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]	05/12/2003

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
13.00	05/12/2003 B. Campbell	2308123 ▶

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 5-13-03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 8 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 2003-1470 (999)

in a Dr Cupt Type of Burial Container Funeral, date, time Mon 5/9 9:00

Church, Chapel, Graveside Hillcrest Community Mortuary.

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

will be applied and billed to undersigned. _____

Lot 14 Grave 2 Row B Section _____ Division/Block 13

Grave space & Care Fund	120 —
Additional spaces and care fund PAID	
Opening/Closing & Setup	423 —
Burial Container JUN 2 10 2003	123.01
Handling Fees	
Flower vases – Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Recording and filing fee	45 —
Sales taxes	9.53
Total Due	726.54
Paid receipt number	726.54
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

Pam

Signature

Address Del Mar Heights

City Zip Code

Telephone

Invoice # 380012

Work Order # E 17754

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Attn: Ed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 5 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 20031472

In a Pine Casket Funeral, date, time

Church, Chapel, Graveside Grad only Community Mortuary

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

Lot 14 Grave 2 Row C Section ___ Division/Block 13

Grave space & Care Fund	1200
Additional spaces and care fund	
Opening/Closing & Setup	425
Burial Container	122.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	7.53
Total Due	726.54
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.

Signature

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

Signature of recorded owner of deed

Address 855 Broadway

City Chula Vista CA Zip Code 9911

Telephone 619 426-2006

Work Order # E 17754

Invoice # ___

Acct. # ___

This information is available in alternative formats upon request.

2403

E17754

APPLICATION 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
John	-	Doe	Unknown	FD[illegible]/01/[illegible]2	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Campo	San Diego	Ellen Beauparlant – Public Administrator 5201 Ruffin Road #A 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
Community Mortuary 855 Broadway Chula Vista CA 91911	FD1682	▶ D. Heldenbrand	05/06/2003

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
$13.00	05/08/2003	2307937 D.Heldenbrand ▶

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 San Diego County 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 San Diego California 92102	11B. DATE BURIED 5-9-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lequeer
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 Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/9/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Allen (X) 1088

in a Ashvault Funeral, date, time Fri 5/16 1:00
Type of Burial Container

Church, Chapel, Graveside Jul Valley ; Lakeside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ Con 443 3918

will be applied and billed to undersigned.

Lot 14 Grave 4 Row Section 3 Division/Block 12

Grave space & Care Fund 300

Additional spaces and care fund .....

Opening/Closing & Setup..... 195

Burial Container..... PAID 55

Handling Fees 60

Flower vases – Marker setting fee ..... MAY 15 2003 .....

Recording and filing fee 45

Sales taxes..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 4 20

Mortuary to pay Total Due..... 569 20

Paid receipt number R502,52 569.20

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

Dan

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Jul attached

Invoice # _____

Work Order # E 17755

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

A2h lot

E.17755

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.

	Grace A					
			X	Body	Rodriguez	

Blind Check Initiated By: Pam Date: 5/15

Interment space for: Dorothy Allen

Interment Date: Fri 5/16 Time: 1:00

Div: D Sect: 3 Blk/Row: ____ Lot: 14 Gr: 4

Grave Laid out by: N Ferguson David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 5-16-03

SEE MAP

217755

No. 11762942

DESCRIPTION	REFERENCE	AMOUNT
CEMETERY - ALLEN, DOROTHY	401431	569.26

COR-0009 (11/00)

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/9/03

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

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

Church, Chapel, Graveside _____ ; Lakeside (Ron 443 3918) Mortuary

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

Ashlet

Lot 14 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	300
Additional spaces and care fund	
Opening/Closing & Setup	495
Burial Container	95
Handling Fees	10
Flower vases -- Marker setting fee	45
Recording and filing fee	4.20
Sales taxes	
Total Due	949.20
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

Steven Rasmussen
Signature
11180 Woodward ct
Address
Rancho Cucamonga, Ca 91730
City Zip Code
714-638-4566
Telephone

Work Order # E 17755

Invoice $ _____

Acct. # _____

REA-104 (7-86)

This information is available in alternative formats upon request.

E17755 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
DOROTHY	C.	ALLEN	07/23/1921	04/05/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	JAMES REIMANN – NEPHEW 11801 WOODWARD CIRCLE GARDEN GROVE, CA 92840

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
LAKESIDE-SANTEE FUNERAL CHAPEL 9840 MAINE AVENUE, LAKESIDE, CA 92040	FD 997	▶ Aimee Crabtree	04/11/2003

*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
$13.00	04/11/2003	AIMEE CRABTREE 2306389 ▶

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 4-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jung
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY – I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 4-15-03	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.

Atpud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/9/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nicanor Toscano (1005)

in a Liner (Type of Burial Container) Funeral, date, time Mon 5/12 10:00

Church, Chapel, Graveside _____; Acklan Mortuary.

All Funeral cars must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot ~~40~~ 42 Grave ~~7~~ 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R 56218	1664.73
Balance due	0

PAID

MAY 09 2003

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

Pam

X _____
Signature

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 17756

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17756 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Nicanor	-	Toscano	09/10/1943	04/29/2003	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	Mercedes Toscano-WIfe 3542-7 Jst. 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 Blvd. La Mesa, CA 91941	FD-1658	▶ [signature]	05/07/2003

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
$13.00	Leah A. Mata 05/08/2003	▶ 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	11B. DATE BURIED 5-12-03	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.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/9/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Javier Medina (1912)

in a FS Vault (Type of Burial Container) Funeral, date, time ~~Tues 5/13~~ Wed 5/14 10:00 ~~9:00~~

Church, ~~Chapel, Graveside~~ _____ : Heath Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 96 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19 38
Victims of Violent Crimes	
Total Due	1769 38
Paid receipt number R-56240	1769.38
Balance due	0

PAID

MAY 13 2003

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.

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

_____
Signature of recorded holder of deed

X Carmen Medina
Signature
X 5284 Groveland dr #2
Address
X San Diego CA. 92114
City Zip Code
X (619) 264-3475
Telephone

Pam

Work Order # E 17757

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17757

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.

		wilson	x		tree	
			Cruz	Anderson		

Blind Check Initiated By: Pam Date: 5/12

Interment space for: Javier Medina

Interment Date: 5/14 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 96 Gr: 1

Grave Laid out by: DARREL & DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flagon grave

Blind Check & Verified By: N FERGUSON Date: 5-12-03

0[redacted]011572 REMITTANCE COPY E17757 DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
TR	DA FUNERAL/BURIAL RT707702 FUNERAL/BURIAL JAVIER MEDINA Deceased: Javier Medina Contracted party: Maria Carmen Medina Claim: 776193				

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101-2478
(619) 531-5321

NOT NEGOTIABLE

TOTAL $1,769.38**

E17757

APPLICATION 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	OCARANZA	MEDINA	07/18/1950	05/01/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SanDiego	San Diego	Maria Del Carmen Medina - Wife 5284 Groveland Dr., Apt. 2 San Diego CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Heath Funeral Home 611 Highland Ave., NationalCity CA 91950	FD 807

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 to obtain permit	8B. DATE SIGNED
		▶ Javier Medina	05/13/2003

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
		$13.00	05/13/2003	▶ 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)
- [ ] 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 5-14-03	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.

Attached
2nd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (1013) John Doe PA 20031395 Thurs 5/15

in a PD Crypt (Type of Burial Container) Funeral, date, time John Edwards 10:00

Church, Chapel, Graveside Dec only - McCloud Mortuary 12:30

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 14 Grave ~~B~~ 18 ~~A~~ Row _____ Section _____ Division/Block 13

Grave space & Care Fund	120
Additional spaces and care fund	
Opening/Closing & Setup	483
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	9.53
Total Due	726.54
Paid receipt number CK # 4765880	726.54
Balance due	0

PAID
JUL 23 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

arelli-Humphreys
425-9111

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

Pam

Signature See attached

Address

City Zip Code

Telephone

Invoice # 380393

Work Order # E 17758

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17758

2nd Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 20031395

In a 20 GA Type of burial container Funeral: date, time John Edwards 5/2 9:00

Church, Chapel, Graveside Lee only - McCloud Mortuary. TAD 745 2103

All Funeral cars must arrive before 2:45 p.m. of regular work day or an extra charge of $ 25.00 will be applied and billed to undersigned.

Lot 14 Grave 2 Row B Section _____ Division/Block D

Grave space & Oper. Fund	120
Additional spaces and care fund	
Opening/Closing & Setup	425
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	16 / 0.50
Sales taxes	
Total Due	730.51
Paid receipt number	
Balance due	

I hereby certify I am the Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Edwards

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

Signature of relative owner of deed

Address 5201-A Ruffin Rd
San Diego CA 92123
John L Edwards (858) 694 3500

Invoice # _____

Work Order # E 17758

Acct. # _____

REA-703 [7-98] This information is available in alternative formats upon request.

E17758

APPLICATION 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
JOHN	-	DOE	UNKNOWN	FND 01/22/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	McLEOD MORTUARY 1919 E. VALLEY PKWY 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
McLEOD MORTUARY 1919 E. VALLEY PKWY, ESCONDIDO, CA 92027	FD 299	▶ [signature]	05/14/2003

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
13.00	05/15/2003 ARACELY FLORES	2308322 ▶

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)
- [ ] 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 5-15-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Douglas (10/0) in a Liner (Type of Burial Container) Funeral, date, time Weds. May 14, ~~12:30~~ 1:30 pc.

Church, Chapel, Graveside New Creation CA BURIAL EQUON- Martin Mortuary.

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

will be applied and billed to undersigned.

Lot 46 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	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 50242	1664.73
Balance due	0

PAID
MAY 13 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mont. 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

Paulette arrived at 3:15.

V See Attached

Signature

Address

City Zip Code

Telephone

Work Order # E 17759

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E17759

GRAVE BLIND CHECK FORM

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

		Hall	x	Hyche	Davis Sr	
		Smith				

Blind Check Initiated By: Paulette Date: 5-9-03

Interment space for: Margaret Douglas

Interment Date: 5-14-03 Time: 12:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 46 Gr: 2

Grave Laid out by: DARRYL E DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: V FERGUSON Date: 5-13-03

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-9-03

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

In a Liner (Type of Burial Container) Funeral, date, time Weds. May 14, 12:30

Church, Chapel, Graveside New Creation CA BURIAL Mortuary Martin

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 180.00 will be applied and billed to undersigned. _____

Lot 46 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	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	

Mortuary will Bring Check Tues. A.M.!

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

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

M. Douglas Baptiste
Signature of authorized holder of deed

Monica Douglas-Baptiste
Signature
3030 Elmside Dr. #97
Address
Houston TX 77042
City Zip Code
832-788-1874
Telephone

Pauleta

Work Order # E 17759

Invoice # _____

Acct. # _____

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

Church Service Wednesday 5/14/03
Graveside to follow.

E17759

APPLICATION 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
MARGARET	MARY	DOUGLAS	02/08/1936	05/06/2003	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	MALIKA HOLLINS-GRANDDAUGHTER 4834 LOGAN AVE., #203 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357		05/02/2003

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
$13.00	05/12/2003 J. BENYARD	2300061 ▶

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 5-14-03	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 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.

Att'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 12, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John R. Reed III (1026)

in a Liner Type of Burial Container Funeral, date, time Tues 5/20 9:00

Church, Chapel, Graveside : Claremont Mortuary.

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

will be applied and billed to undersigned.

Lot 1949 Grave 1 Row Section Division/Block 10

Grave space & Care Fund	945
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14 73
Total Due	1764.73
Paid receipt number	Visa 1764 73
Balance due	0

PAID

MAY 12 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

R56225

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.

X John R Reed Jr
Signature

X 2118 DEERPARK DR
Address

X SAN DIEGO CA 92110
City Zip Code

X 619 276 3870
Telephone

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

Signature of recorded holder of deed

Dan

Invoice #

Work Order # E 17760

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17760

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.

		Hart	Ward			
		Stokley	X	Fessum		
		Brantley	Mizelle	Johnson		

Blind Check Initiated By: Pam Date: 5/16

Interment space for: John Red III

Interment Date: 5/20 Tues Time: 9:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1949 Gr: 1

Grave Laid out by: N. Ferguson DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5/16

E1776r

50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	RUSSELL	REID, III	09/08/1952	05/11/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
COMMERCE CITY	COLORADO	JOHN R. REID, JR. - FATHER 2118 DEERPARK DRIVE SAN DIEGO, CA 92110

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	05/19/2003

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
$13.00	VICTORIA AZZARO 05/19/2003	2308481 ▶

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 HEALTH DEPT. 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
- [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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-20-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F 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 2 IS RETAINED BY 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 Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 12 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benedict Ozuna (1080)

in a liner (Type of Burial Container) Funeral, date, time Fri 5/16 10:00

Church, Chapel, Graveside graveside only (3:30?) ; CA Burial Mortuary.

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

will be applied and billed to undersigned.

Lot 40 Grave 6 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14 73
Total Due	1664 73
Paid receipt number R-56249	1664.23
Balance due	0

PAID
MAY 15 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to pay

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

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

1019 Kim Collier
Signature
1940 Siesta Dr.
Address
Lemon Grove, CA 91945
City Zip Code
Telephone

Signature of recorded holder of deed

Pam

Invoice # ____

Work Order # E 17761

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17761

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.

				West		
	Stevens		X	Wynn		
			Grant	Weeks		

Blind Check Initiated By: Pam Date: 5/12

Interment space for: Benedict Ozuark

Interment Date: 5/16/03 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 46 Gr: 6

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: W I-E R A D S O W Date: 5-14-03

2405

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

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

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 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

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 this interment in lot # held under deed

Signature of next-of-kin / holder of deed

Simeon OKO Sun - Power of Attor

Name

1940 Siegel Dr.

Address

Lemon Grove, CA 91945

City

(619) 931-0164

Telephone

Work Order # E 17761

Invoice #

Acct. #

RSA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mortuary will bring check from Family On Wednesday By Noon.

E177161

APPLICATION 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
Benedict	Azubike	Uzoaru	05/28/1956	04/27/2003	M

CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 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
Medical Examiner's Office, San Diego County 5555 Overland Avenue San Diego, California 92123			05/05/2003

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
03-00864		13.00	C.Cunningham 05/05/2003	2307644

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, California 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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 5-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe. PA # 20031498 (1014)

in a D.D Crypt (B) Funeral, date, time Thurs. May 15, 10:30
Type of Burial Container

Church, Chapel, Graveside Delivery Only ; SD Memorial Delivery Mortuary.

All Funeral cars 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 ~~1~~ A ~~5~~ Row _____ Section 1 Division ~~Block~~ 1$

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	65.00
Sales taxes	9.53
Total Due	726.54
Paid receipt number 47658880	726.54
Balance due	-0-

PAID
JUL 23 2003
MT. HOPE CEMETARIES
CITY OF SAN DIEGO

P.A. Nancy Hobb 858-694-3500

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 # 380392

Work Order # E 17762

Acct. # 000953

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17762

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	09/18/2002	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	NANCY HOBBS - DPA 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD1575	Jeffrey Johnson	05/13/03

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
$13.00	05/13/2003 J. JOHNSON	2308217

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 MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-15-03	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.

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin Cherry (1024)

in a Liner (Type of Burial Container) Funeral, date, time Saturday May 17th

Church, Chapel, Graveside _____ : Preferred Mortuary 1:00

584-7000 MARK

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 151 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund SAT. 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	46.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number R 516253	2264.73
Balance due	-0-

PAID

MAY 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Fax 584-7050

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 See Attached
Signature

X
Address

X
City Zip Code

X
Telephone

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17763

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E17763

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.

			Perez		Carron	
			x	Wercesl20		

Blind Check Initiated By: Paulette C Date: 5-13

Interment space for: Marvin Cherry

Interment Date: Sat. 5/17/03 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 151 Gr: 7

Grave Laid out by: DARKEY & David

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: N FERGUSON Date: 5-14-03

E17763

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77

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
Marvin	-	Cherry	11/09/1925	05/11/2003	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	Dayona W. Cherry - Wife 4673 70th Street La Mesa California 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
Preferred Cremation and Burial 3094 El Cajon Boulevard Suite A San Diego, California 92104	FD-1746	▶ Mark Kat	05/14/2003

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
$13.00	05/14/2003	▶ 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
P.O. Box 85222 San Diego, California 92186-52221	-

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, California 92102	11B. DATE BURIED 5-17-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

909-225-2617
Devona Cherry

Call mark re: VA appl./01
regular mail
584-7000

E177163

of Marvin Cherry

in a Liner (Type of Burial Container) Funeral, date, time Saturday May 17th

(Church) Chapel, Graveside Preferred Mortuary 1:00

584-7000 MARK

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 151 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund SAT. 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	46.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number	____
Balance due	____

Fax 584-7030

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

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed

Mark Jenkins
Signature
3094 Ed Cayo Blvd
Address
S.D. Ca 92104
City State
619-584-7000
Telephone

Paulette

Work Order # E 17763

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

pre-need

Date 5-13-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Johnson Jr. 1008

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 141 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and [illegible]	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-56247	224.00
Balance due	671.00

PAID AUG 09 2004 MOUNT HOPE CEMETERY

PAID AUG 9 0 2004 MOUNT HOPE CEMETERY

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.

Charles Johnson

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

_____
Signature of recorded holder of deed

C. Johnson 1008
Signature

5580 LA JOLLA BLVD. #352
Address

LA JOLLA, CA 92037
City Zip Code

(619) 686-9128
Telephone

Paulette

Work Order # E 17764

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon .

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56619

Date: 8/26/03 , 20 03

From: Charles Johnson Jr. Address: 5580 La Jolla BLVD #352 La Jolla CA 92037

eighty-three dollars & 88/CTS Dollars ($ 83.88)

in part Payment of Pre-need Lot

Lot 141 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. E-17764

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 163117 1220

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 28 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY _____

CREDIT	67007	M	
20% Sales Cars	77184		
80% Sales	100	80	88
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	$	83	88

1008

Johnson, Charles Jr. 5580 La Jolla Blvd. #352, La Jolla CA 92037 (619) 686-9128

E-17764

		Debit	Credit	Balance
5/13/03	Opened Pre-need lot account w/25% down payment	895.00		895.00
	Lot 141, Gr 7, Sec 2, Divn 12 R-56247		224.00	671.00
7-1-03	R-56428 No coupon		27.96	643.04
8/26/03	R-56619 Coupon # 2, 3, 4		83.88	559.16
10-8-03	Rec'd.		83.88	475.28
4-28-04	57489 No coupons Dec '03 - Apr. 04		167.76	307.52
8-9-04	57880		307.52	-0-

PAID

AUG 0 9 2004

MOUNT HOPE CEMETERY

NOTE: 80% 716.80 1st
20% 179.20 2nd

E-17764 JOHNSON, CHARLES JR.

ATNEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-03

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 WEDS May 21st 11:00

Church (Chapel), Graveside _____ : Erickson-Anders (LA MESA) 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 1803 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-17355/C-8959	0
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes 9695	—
Total Due	0
Paid receipt number	0
Balance due	0

Fax 466

I hereby certify I am the X NEICE _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Linda Suarez
Signature

X 1042 Greta St
Address

X El Cajon, CA 92021
City Zip Code

X 619-444-3796
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17765

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E17765

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.

			Greer			
	Crews	Coffin	x	Bond	Carrol	Moore

Blind Check Initiated By: Paulette C Date: 5/13/03

Interment space for: Alice Coffin

Interment Date: ← Time: May 21 ?

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1803 Gr: ____

Grave Laid out by: NF Davis

Agrees with Legal Card: ☐ Yes ☐ No Flagson Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/19/03

E17765

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
ALICE	LILLIAN	COFFIN	08/07/1907	05/12/2003	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	LINDA SUAREZ - NIECE 1042 GRETA ST 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
ECH-ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941	FD-296	▶ Paulette Valentine	05/14/2003

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
$13.00	05/14/2003 P VALENTINE	2308270 ▶

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 5-21-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Kenny
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.

Pd Red Lot

See (2/2, 153, 8

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 13, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juana Ramirez (107)

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 150 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895
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 25%	224
Paid receipt number R562[illegible]	224
Balance due R436	671

Cancelled Refund OP 302 11.02 6/10/03

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

Ram

SB X Juana Ramirez
Signature

3954-Mississippi St #3,
Address

296-3040
City Zip Code

Telephone

Work Order # E 17766

Invoice # _____

Acct. # _____

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

Printed on recycled paper

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E17761C

Date Feb. 24 03

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

For Juanita Ramirez

_____ 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 153 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... 896 —

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID _____

Burial Container ..... _____

Handling Fees ..... SEP 09 2003 _____

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY _____

Recording and filing fee ..... CITY OF SAN DIEGO, CA _____

Sales taxes ..... P _____

Total Due 25% 224.00

Paid receipt number R55942 224.00

Balance due 671.00

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 Starla Doss 842 I hold under deed.

X _____ Signature of recorded holder of deed

Pam

X Starla Doss

X 2908 W. Coolidge St Address

X Phoenix 85017 City Zip Code

X 602 973 8096 Telephone

Work Order # E 17614

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E17766

Cancellation Advice

For Contract: E-17766-L

Contract Date: 05/13/2003

Cancellation Date: 08/31/2005

Purchased By:

Cancellation For Customer Request

Ramirez, Juana
3954 Mississippi st #3
San Diego, CA 92104

Dept: Mt Hope Cemetery

Phone: 619-296-3040

Items Purchased		Original Amt	Available Allow	Cancelled Amt
Graves-Resident	Division 12-1 SD Resident	895.00	0.00	-895.00
Cost	0.00			
Other Cost	0.00			
Total Paid Into Contract	224.00			
Principal Amount Paid	224.00			

Property	Division	Section	Blk / Row	Lot	Grave	Depth
Division 12	12	1		150	5	

Allocations To Accounts	Original Amt	Paid Amt	Cancel Amt
01 - Perp. Care	179.00	0.00	-179.00
07 - Equity	716.00	224.00	-492.00
15 - Late Charge	0.00	0.00	0.00

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/13/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel M Beaton (10/4)

in a TS Vault Funeral, date, time Thurs 5/15 1:30
Type of Burial Container

Church, Chapel, Graveside _____ : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 3.00

will be applied and billed to undersigned. _____

Lot 0 Grave 4 Row _____ Section 14 Division/Block 7

Grave space & Care Fund	1345
Additional spaces and care fund	3
Opening/Closing & Setup	375
Burial Container	280
Handling Fees	185
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	19.38
Total Due	2269.38
Paid receipt number R-562446	2269.38
Balance due	0

PAID
MAY 14 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

Mortuary to pay

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.

X Kimberly Lynd
Signature

X 1128 Calle de Palmasera
Address

X Chula Vista CA 91910
City Zip Code

X 619 934-6200
Telephone

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

Signature of recorded holder of deed

Pam (In 3:15 pm)

Invoice # _____

Work Order # E 17767

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17767

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.

		within	Broadfoot	chris	Burton	
	Clarky		Dugars →		Bradley →	
Nolan	NASH		X			Smith
			Strut			

Blind Check Initiated By: Pam Date: 5/13

Interment space for: Daniel Beaton

Interment Date: 5/15 Thurs Time: 1:30

Div: 1 Sect: 14 Blk/Row: ____ Lot: O Gr: 4

Grave Laid out by: DARKEY - David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: N FERGUSON Date: 5/13/03

E17767 110

APPLICATION 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	Marcus	Beaton	09/01/1986	05/07/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Campo	San Diego	Kimberly Byrd, Mother 1128 Calle De Demasco 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	▶	05/13/2003

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
13.00	05/14/2003 B. Campbell	2308232 ▶

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 5-15-03	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.

Ret'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 133977

of Dorothy Moore Verdusco @ 2:00

in a _____ Funeral, date, time ~~Thurs 5/22 11:00~~ Thurs 5/15

Type of Burial Container

Church, Chapel, Graveside witness only ; Family Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 471 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300
Additional spaces and care fund	
Opening/Closing & Setup	105
Burial Container	
Handling Fees	
Flower vases ~~Marker setting fee~~	126
Recording and filing fee	45
Sales taxes	
Total Due	575
Paid receipt number R 56243	575
Balance due	0

PAID

MAY 14 2003

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 133976 I hold under deed.

X Signature of recorded holder of deed

Pam

X Signature

X 3702 Curlew St

X Address

X S.D. Ca 92103

X City Zip Code

X (619) 299 5691

X Telephone

Invoice # _____

Work Order # E 17768

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17768

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.

			Johnson			
		Banogan				
			X			
		tree				

Blind Check Initiated By: Pam Date: 5/19

Interment space for: Dorothy Verduzco

Interment Date: 5/22 Thur Time: 11:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 471 Gr: 1

Grave Laid out by: NF David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: Kenneth Collins Date: ____

E1776897

APPLICATION 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
Dorothy	Cynthia	Verdusco	10/17/1905	05/02/2003	Fem

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	Edward N. Verdusco Son 3762 Curlew 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
Accu-Care Cremation Center 2562 State Street #E Carlsbad, CA 92008	FD 1528	▶	05/05/2003

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
$13.00	C. White 05/06/2003	▶2307694

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 Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Gateway Crematory 1410 S. Acacia Ave. #D Fullerton, CA 92831	12B. DATE CREMATED 5/6	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

Attached w/death

Date May 19 03

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

In a RB Crypt (Type of Burial Container) Funeral, date, time Wed 5/21 11:00

Church, Chapel, Graveside : Benbough Mortuary.

All Funeral cars 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 1 Row _____ Section 5 Division/Block 8

Grave space & Care Fund E 3950	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container PAID	~~0~~
Handling Fees	~~0~~
Flower vases – Marker setting fee MAY 19 2003	
Recording and filing fee MT. HOPE CEMETARY	45
Sales taxes CITY OF SAN DIEGO, CA	
Total Due	420
Paid receipt number R502602	420
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

Signature

Address See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 17769

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

in w/ Edith

MT HOPE CEMETERY E177169

GRAVE BLIND CHECK FORM

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

	Morris				Scott	
Teague	Stone		X	Lind	Lurd	Davis
	Hamington	Sunstrup				

Blind Check Initiated By: Pam Date: 5/19

Interment space for: Richard Bonham

Interment Date: Wed 5/21 Time: 11:00

Div: 8 Sect: 5 Blk/Row: ____ Lot: 732 Gr: 1

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Map in grave

Blind Check & Verified By: Kenneth Ellis Date: 5/20/03

E17769

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 19 03

At need w/ Faith

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

in a R.B. Cloyt Type of Burial Container Funeral, date, time Wed 5/21 11:00

Church, Chapel, Graveside, : Benbough Mortuary.

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

Lot 172 Grave 1 Row _____ Section 5 Division/Block 8

Grave space & Care Fund E 3050

Additional spaces and care fund

Opening/Closing & Setup 875

Burial Container PAID

Handling Fees

Flower vases ~ Marker setting fee MAY 19 2003

Recording and filing fee MT. HOPE CEMETARY 42

Sales taxes CITY OF SAN DIEGO, CA

Total Due 4375

Paid receipt number R502602 4375

Balance due 0

I hereby certify I am the [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

Signature [signature]

Address 384 PINNON RD

City GRANTS PASS OR Zip Code 97526

Telephone ROBERT BONHAM

Invoice #

Work Order # E 17769 Acct. #

REA-104 (7-98) *This information is available in alternative formats upon request.*

E17709

APPLICATION 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
RICHARD	STANLEY	BONHAM	10/23/1925	05/15/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MANTENO	ILLINOIS	BETH PROPHET - MEDICAL RECORDS IVHM ONE VETERANS DR MANTENO IL 60950

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
ECM BENBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104	FD-480	▶	05/20/2003

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
$13.00	05/20/2003 L CASTRO	2308537 ▶

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 5.21.03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. C. Bonham	
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Evans (033)

In a Liner (Type of Burial Container) Funeral, date, time May 20th Tues 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 $ 150.00 will be applied and billed to undersigned. _____

Lot 249 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	1664.73
Paid receipt number PAID BY MC	1000.00
R-56250 Balance due	664.73
	664.73

PAID

MAY 15 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Paid in Full

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.

Louise Evans
Applicant
4608 Ariega Dr.
Address
San Diego 92139
City Zip Code
(470-1278)
Telephone

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

Signature of recorded holder of deed

Paulette

Work Order # E 17770

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17770

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.

						Gamboa
	Lopez		x			
			STHUM			

Blind Check Initiated By: Paulette C. Date: 5/16/03

Interment space for: Johnny Evans

Interment Date: 5-20-03 Time: 1:00 Tuesday

Div: 12 Sect: 2 Blk/Row: ____ Lot: 249 Gr: 9

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: Kenneth Collins Date: 5/19/03

E17776

APPLICATION 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
JOHNNY	-	EVANS	06/17/1951	05/10/2003	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	LOUISE EVANS-WIFE 6608 OMEGA DR., 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	05/13/2003

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
$13.00	05/14/2003 C.RUSS	▶ 2308228

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 5-20-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lang	
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.

Art Nell w/ Helena Jolliet

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1903

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Morris Ø

In a ASH Vault Type of Burial Container Funeral, date, time ~~Fri 4/13 12:00~~ PS

Church, Chapel, Graveside ; Family Mortuary.

All Funeral cars must arrive before ~~3:00~~ 5:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Lot 81 Grave 7 Row ____ Section 17 Division/Block 7

Grave space & Care Fund	E-(0)93
Additional spaces and care fund	
Opening/Closing & Setup	E 1543
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid-receipt number	
Balance due	

DID
no interment

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

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

Signature of recorded holder of deed

X ____
Signature

Address

City Zip Code

Telephone

Work Order # E 17771

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17771

MT HOPE CEMETERY

Grave of Thelma Jolivet

GRAVE BLIND CHECK FORM

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

		Comstock	Morris			
		Drystale	X			

Blind Check Initiated By: Pam Date: 5/21

Interment space for: Shirley Morris

Interment Date: Fri 6/13 Time: 12:00

Div: 7 Sect: 17 Blk/Row: ____ Lot: 81 Gr: 7

Grave Laid out by: NF Rob

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Map on grave

Blind Check & Verified By: David Date: 6-10-03

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 03

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

in a Used Type of Burial Container Funeral, date, time CA Burial Pt

Church, Chapel, Graveside ____ : Wed 5/21 1:00 Mortuary.

All Funeral cars must arrive before ~~3:00~~ 2:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Lot 134 Grave 9 Row ____ Section 2 Division/Block 11

Grave space & Care Fund E14455	0
Additional spaces and care fund	
Opening/Closing & Setup PAID	375
Burial Container	190
Handling Fees MAY 20 2003	145
Flower vases – Marker setting fee	
Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45
Sales taxes	14 73
Total Due	769 73
Paid receipt number R 562268	769 73
Balance due	0

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

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

Signature of recorded holder of deed

Pam

Signature

Address

City Zip Code

Telephone

Work Order # E 17772

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17772

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 5/19

Interment space for: Mildred Flint

Interment Date: 5/21 Wed Time: 1-2

Div: II Sect: 2 Blk/Row: ____ Lot: 134 Gr: 9

Grave Laid out by: N F DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag marker

Blind Check & Verified By: Kenneth Collins Date: 5/20 03

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 1, 1903

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

in a Burial Funeral, date, time CA Burial Fri

Type of Burial Container

Church, Chapel, Graveside ____ : Wed 5/21 12 Mortuary.

All Funeral cars must arrive before 5:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned ____

Lot 134 Grave 7 Row ____ Section 2 Division/Block 11

Grave space & Care Fund ..... E14455 —

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 27.5 —

Burial Container ..... 190 —

Handling Fees ..... 145 —

Flower vases – Marker setting fee ..... —

Recording and filing fee ..... 45 —

Sales taxes 14 73

Total Due 269 73

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

Signature [signature]

Address 4885 COLE ST #24

City San Diego CA 92117 Zip Code

Telephone 858-483-4953

Work Order # E 17772

Invoice # ____

Acct. # ____

REA-10a (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E17772 14

APPLICATION 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	DEAN	FLINT	12/08/1928	05/17/2003	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 FLINT-SON 4880 COLE ST. #24 SAN DIEGO, CA 92117

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]	05/21/2003

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
$13.00	05/21/2003 J. BENYARD	2308629 ▶

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 ENTOMBMENT
- [ ] 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 5-21-03	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.

Pd - Red Dot & Just

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Dyer (1018)

in a liner Funeral, date, time Mon 4/2

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 23 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.-
Additional spaces and care fund	
Opening/Closing & Setup	375 -
Burial Container	190 -
Handling Fees	145 -
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	147 3
Total Due	1660 73
Paid receipt number R502251	700 -
Balance due	960 73

PAID

MAY 29 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

relation to

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.

(1017) Mary Handy

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

X _____
Signature

Deed

Address

City Zip Code

X _____ - 7810
Telephone

Signature of recorded holder of deed

Dan

Invoice # _____

Work Order # E 17773

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17773

HARDY, MARY 2634 Violet St. San Diego CA 92105 (858)273-7324

		debit	credit	balance
05-20-2003	Opened Pre-need Lot and Trust for Lucille Dyer w/ 25% down to include liner, open/close , recording fee tax on liner, handeling fee and lot Div 12 Sec 2 Lot 23 Gr 9	895.00		
		769.73		1664.73
			700.00	964.73
5-29-03	R 56299		964.73	-0-

PAID

MAY 29 2003

MT. HOPE CEMETAR
CITY OF SAN DIEGO

transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~[illegible]~~ for Juan Lopez

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 244 Grave 4 Row _____ Section 2 Division/Block GAR

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... transfer to _____

Burial Container ..... Cynthia Mora _____

Handling Fees ..... PAID _____

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

Recording and filing fee ..... MAY 16 2003 45.-

Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA _____

Total Due 45.-

George/Andys Copy Paid receipt number credit 45-

CC#760 Balance due 0

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

540 BROADWAY
Address

EL CAJON CA 92021
City Zip Code

619-447-6400
Telephone

Invoice # _____

Work Order # E 17774 Acct. # _____

REA-104 (7-98) *This information is available in alternative formats upon request.*

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January 13, 1965

E-17774

562

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO C.S. or Hazel E. Hurt for the sum of $ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lot 246 Graves 3 and 4 Section GAR Division 2

AS DESCRIBED ON PURCHASE ORDER NUMBER C-1724

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

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

Flat Marker or Monument

R. W. Dahne
Cemetery Manager

L. E. Earnest
Park and Recreation Director

FORM PR-584

E-17774

POWER OF ATTORNEY
SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That [redacted] George R. Craig
Hereinafter individually and/or collectively "principal", hereby makes, constitute and appoint
David N. Swim, DBA Cemetery Sales Information Services and any of its authorized agents principal's
true and lawful attorney to act for principal's name, place and stead for principal's
use and benefit to perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:
CEMETERY DESCRIPTION:

This listing and Power of Attorney: ***(check one only)***

[redacted]

X May NOT be cancelled for 5 years from the date of listing. No fee

___ May NOT be cancelled for One (1) year from the date of listing. $ 25. fee

___ May be cancelled at any time by giving ten (10) days written notice, provided no sale is in progress by the broker or its agents at the time. $50 fee

Any cancellation must be in writing to David N. Swim, DBA Cemetery Sales Information Services.
This Power of Attorney shall not be affected by the subsequent incapacity of the principal.

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

Wherever the context so requires, the singular number includes the plural.

[redacted] hand this 12th day of April, 2002

George R. Craig
[redacted] GEORGE R. CRAIG
[redacted] Name

Ardys H. Craig
[redacted] ARDYS CRAIG
[redacted] Name

[redacted] California
COUNTY OF San Diego)ss.

On this 12th day of April, in the year of 2002, before me, the undersigned, a Notary in and for the said State, personally appeared George and Ardys CRAIG personally known to me (or proved to me basis of satisfactory evidence) to be the person s whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(s) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

FARIDEH GEWARGES
COMM. #1215311
Notary Public-California
SAN DIEGO COUNTY
My Comm. Exp. April 9, 2003

Notary Public in and for said State

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathy Russell (1034)

In a Liner (Type of Burial Container) Funeral, date, time TUES. MAY 20, 1:00

Church, Chapel, Graveside ____ ; Ragsdale Mortuary.

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

Lot 62 Grave 3 Row — Section 2 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-56254	1664.73
Balance due	Ø

PAID

MAY 16 2003

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.

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

Signature of recorded holder of deed

X Linda A. Wise
Signature

X 2527 Old Quarry Rd #2722
Address

X San Diego, CA 92108
City Zip Code

X (619) 889-8979
Telephone

Paulette

Work Order # E 17775

Invoice # ____

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E17775

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. No visible markers.

			X			

Blind Check Initiated By: Paulette C. Date: 5/16/03

Interment space for: Kathy Russell

Interment Date: 5/20/03 Time: 1:00 Church

Div: ~~11~~ Sect: 2 Blk/Row: — Lot: 62 Gr: 3

Grave Laid out by: NF David

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

I-flag on grave

Blind Check & Verified By: Kenneth Collins Date: 5/19/03

E17775

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 30

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kathy	Diane [redacted]	Russell	03/14/1967	05/13/2003	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	Michael Russell, Husband 4875 Manomet Street 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/16/2003

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
13.00	05/19/2003 B. Campbell	2308456 ▶

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

- ☐ 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 5-20-03	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.

A+ Rec'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/14/03

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

in a TS Vault Funeral, date, time Mon 5/19 9:00

Type of Burial Container

Church, Chapel, Graveside ; SO Memorial Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned.

Lot 246 Grave 4 Row ____ Section 2 Division/Block GAR

Grave space & Care Fund C-1724	0
Additional spaces and care fund X fer E 17774	
Opening/Closing & Setup	375
Burial Container	250
Handling Fees	185
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	19.38
Total Due	874.38
Paid receipt number R 56255	874.38
Balance due	0

PAID

MAY 16 2003

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.

X Cynthia Mena
Signature

X 2170 Logan Ave
Address

X San Diego, Ca 92113
City Zip Code

X (619) 232-1334
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 17776

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17776

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			

Blind Check Initiated By: Pam Date: 5/16/03

Interment space for: Juan Lopez

Interment Date: Mon 5/19 Time: _____

Div: GAR Sect: 2 Blk/Row: ____ Lot: 246 Gr: 4

Grave Laid out by: N F Pauido

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-16-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E17776

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
JUAN	MANUEL	LOPEZ JR.	08/20/1985	05/09/2003	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	CYNTHIA MENA-SISTER 2120 LOGAN AVE. 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	05/16/2003

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
$13.00	05/16/2003 J. LEMON JR.	▶ 2308445

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 5-19-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Lemon
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 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie P. Green (1028)

in a B. VAULT (Type of Burial Container) Funeral, date, time TUES. MAY 20, 11:00

Church, Chapel, Graveside Witness Lowering CA BURIAL NAT'L City 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 89 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	1,769.38
Paid receipt number R-56256	1769.38
Balance due	0

PAID
MAY 16 2003
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.

Cynthia Green
Signature

X 6005 Dippet St
Address

San Diego, CA 92114
City Zip Code

(619) 347-7121
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17777

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E17777

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			

Blind Check Initiated By: _____ Date: 5/1-/03

Interment space for: Willie P. Green

Interment Date: 5-20-03 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: — Lot: 89 Gr: 3

Grave Laid out by: N.F DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-16-03

E17777

APPLICATION 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	P	GREEN JR.	02/18/1957	04/05/12/2003	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	WILLODEAN GARNELL-SISTER 3850 SUPERBA ST. 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY,CA 91950	FD-1689	▶ Jeanette Evans	05/15/2003

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
$13.00	05/15/2003 C.RUSS	▶2308365

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 91950	11B. DATE BURIED 5-20-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Laney
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

AT NEED

City of San Diego

Date 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miriam V. Lee

In a Liner Funeral, date, time Weds May 21 12:00 Ferrair
(Type of Burial Container)

Church, Chapel, Graveside Delivery Only Greenwood Mortuary.
OK Weds

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

will be applied and billed to undersigned. _____ PC

Lot 118 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	E-5039	—
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	375.00
Burial Container		190.00
Handling Fees	MAY 21 2003	145.00
Flower vases – Marker setting fee		—
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		14.73
Total Due		769.73
Paid receipt number	R-56274	769.73
Balance due		0

Rec Felicia Greenwood to pay Fax 264-3433

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 See Attached
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17778

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miriam V. Lee

In a Liner (Type of Burial Container) Funeral, date, time Weds May 21

Church (Chapel) Graveside ____ ; Greenwood (Weds) Fetrain Mortuary.

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

will be applied and billed to undersigned. ____ PC

Lot 118 Grave 6 Row ____ Section 1 Division/Block 11

Grave space & Care Fund E-6039	⊖
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	____

Rec Fetrain Greenwood To pay Fax 264-3433

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 Dorothy Schneider (Signature)

X 716 S. 2ND ST #195 (Address)

X EL CAJON CA 92019 (City, Zip Code)

X 619-447-7932 (Telephone)

Paulette

Work Order # E 17778

Invoice # ____

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

E17778

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
MIRIAM	VIOLET	LEE	07/27/1921	05/15/2003	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	DOROTHY SCHNEIDER – SISTER 716 SOUTH 2ND STREET, #195 EL CAJON, CALIFORNIA 92019

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		05/19/2003

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
$13.00	VICTORIA AZZARO 05/19/2003	2308482

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 5-21-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. 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.

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Manae Mayumi 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 4795 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund C. 7907	-0-
Additional spaces and care fund PAID	—
Opening/Closing & Setup	375.00
Burial Container JUN 16 2003	250.00
Handling Fees MT. HOPE CEMETARY	185.00
Flower vases – Marker setting fee CITY OF SAN DIEGO, CA	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-56377	874.38
Balance due	-0-

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

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

Signature of recorded holder of deed

Paulette

V SEE ATTACHED
Signature

Address

City Zip Code

Telephone

Invoice # ____

Work Order # E 17779

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17779

Need Map

Vet's list

John Fallon [redacted] paid interment under Kanaka

[redacted] Treasurer

Dies [redacted]

ATTN: Katherine
Fukui-Mort Inc.
707 East Temple
Street
Los Ang
CA 90012

[redacted]

Katherine
213 626 0441
X21

Manal
Mayumi

last location →

Aug 48 2007

Dept of Consumer Affairs fee

$ 50

DCP

$64.38

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E17-479 11/14/1969

4640

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Hiroshi Mayumi Kiyoji Tamio Mayumi for the sum of $ 1,060.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4795, 4796, 4797, and 4798 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7907

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

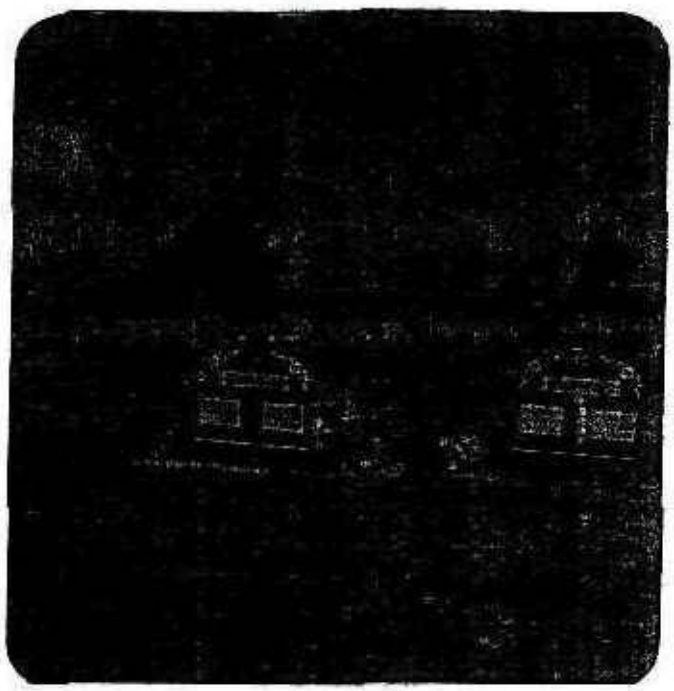
It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner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

Regulation Moniment Only

R. W. Aleshire
Cemetery Manager

M. K. Tarwater
Public Works Director

FORM PW-584



b77413

MANAE MAYUMI
2500 MICHIGAN AVE., NO. 16
LOS ANGELES, CA 90033

90-7177/3222 746 159

Date 6. 12. 03

Pay to the order of City of San Diego Mt Hope Cemetery $874.38

Eight hundred seventy-four 38/100 Dollars

CAL FED
CALIFORNIA FEDERAL BANK FSB
324 East First Street
Los Angeles, CA 90012

Money Market Account

Memo open/close, vault + fees

Manae Mayumi

⑆322271779⑆0159 ⑈746 4004899⑈

RECEIPT

DATE June 12, 2003 No. 149422

RECEIVED FROM Manae Mayumi $874.38

Eight hundred seventy-four + 38/100 DOLLARS

Send Forwarded To

FOR RENT

FOR City of San Diego Mt Hope Cemetery

ACCOUNT		
PAYMENT		
BAL. DUE		

CASH

CHECK #159

MONEY ORDER

FROM for open/close TO vault etc.

BY Catherine Manabe

2701

E17779

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Manae Mayumi

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 4795 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7907	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number _____	
Balance due	_____

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

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

_____
Signature of recorded holder of deed

Paulette

X Manae Mayumi
Signature

X 2500 Michigan Avenue #16
Address

X Los Angeles CA 90033
City Zip Code

X 626 330-7522 (brother, Katsuhiro Morishita
Telephone

Work Order # E 17779

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

OPEN BACK GATE

At. Need (5) ADD ADDITIONAL CHAIRS

City of San Diego

Date 5-19-03

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

in a T.S. vault (D.I.P.) Funeral, date, time Thurs. May 22 10:00
Type of Burial Container

Church, Chapel, Graveside ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot bb6 Grave 6 Row _____ Section 2 Division/Block 6

Grave space & Care Fund B-94 -0-

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

PAID

Burial Container 250.00

Handling Fees 185.00

MAY 20 2003

Flower vases – Marker setting fee _____

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-562608 874.38

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 Gerald Lee Kinnison 1040
Signature

X 3274 Trumbull St.
Address

X San Diego CA 92106-2421
City Zip Code

X 619 222-2059
Telephone

Paulette

Work Order # E 17780

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17786

GRAVE BLIND CHECK FORM

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

		Gilbert	x	Richards	write	

Blind Check Initiated By: Paulette C Date: 5-00

Interment space for: Lenore L. Swift D.P.

Interment Date: Thurs. 22 Time: 10:00

Div: 6 Sect: 2 Blk/Row: ____ Lot: 66 Gr: 6

Grave Laid out by: NF DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/20/03

E17780

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
LENORE	LOLA	SWIFT	05/31/1910	05/18/2003	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	GERALD KINNISON - SON 3274 TRUMBULL 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
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Victoria Azzaro	05/21/2003

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

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
$13.00	VICTORIA AZZARO 05/21/2003	2308642 ▶

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 5-21-03	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.

SET CHAIRS FACING FLAG. At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-19-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Willie Blankenship 1043

in a Liner (Type of Burial Container) Funeral, date, time Thurs. May 22 10:00

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 99 Grave 10 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 – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-56261	1664.73
Balance due	Ø

PAID
MAY 19 2003
MT. HOPE CEMETERY
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.

Johnny Blankenship

Signature of recorded holder of deed

Paulette

Johnny Blankenship
Signature
1040 5239 Mariposa St
Address
San Diego CA 92114
City Zip Code
(619) 475-6160
Telephone

Work Order # E 17781

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17781

GRAVE BLIND CHECK FORM

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

	Laughlin	Reitmeier Aithens	Dumond	Phillips Babbitt		
			x			

Blind Check Initiated By: Paulette Crawford Date: 05/20/03

Interment space for: Johnnie W. Blankenship

Interment Date: 5-22-03 Time: 10:00 AM

Div: 11 Sect: 1 Blk/Row: — Lot: 99 Gr: 10

Grave Laid out by: DAVID & KEN

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

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: DARREY Date: 5-21-03

(Please face chairs towards the u.s. flag)

E17781

APPLICATION 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	WILLIE	BLANKENSHIP	11/19/1932	05/15/2003	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	JOHNNIE C. BLANKENSHIP-SON 7891 CRIBBLE 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	05/19/2003

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
$13.00	05/19/2003 J. LEMON JR.	▶ 2308498

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 10-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Lemon	
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.

Prepaid lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 20, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Joel Reza 1039

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 90 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895
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 25%	224
Paid receipt number R562006	224.00
Balance due	671.00

PAID
JUN - 8 2005
MOUNT HOPE CEMETERY

paid in full 06-08-05 lot only

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

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

Signature of recorded holder of deed

Signature: Joel Reza
Address: 5833 ESTRELLA AVE
City: San Diego Calif. Zip Code: 92105
Telephone: 619-281-1450

Work Order # E 17782

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin # 1039

APT 2.

E-17782

REZA, HENRY JOE 3833 ESTRELLA AVE SD 92105 (619)281-1450

				DEBIT	CREDIT	BALANCE
05-20-2003	Opened Preneed lot with 25% down					
	R-56266			895.00		895.00
	Div 12 Sec 1 Lot 90 Gr 8				224.00	671.00
6-23 03	R 56395	Coupon # 1			28 00	643 00
7-22-03	56498	2			28 00	615 00
8/25/03	56605	# 3			28 00	587 00
9-23 03	56711	4			28 00	559 00
10-22-03	56820	No Coupon	5		28 00	531 00
11/25 03	R56941	No coupon			28 00	503 00
12/16/03	R57004	Coupon # 7			28 00	475 00
1/20 04	57108	8			28 00	447 00
2-26-04	57249	9			28 00	419 00
3-23 04	57357	10			28 -	391 -
4-23 04	57478	No Coupon			28 -	363 00
5/25/04	R.57582 A	# 12			28 -	335 00
6/24/04	57710	13			28 -	307 00
7/20/04	57835	14			28 -	279 -
9-4 04	57975	15			28 -	251 -
10-5 04	58093	17			28 -	223 -
11-17-04	58243	18 & 19	(over)		56 -	167 -

			Debit	Credit	Balance
3-18-05	R58645	Coupons 20 + 21		56.00	119.00
6-8-05	R58929	NO Coupons		111.00	8

Lis

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/03

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

in a _____ Funeral, date, time ~~Thurs 5/29 9:30AM~~

Type of Burial Container

Church, Chapel, Graveside Greenwood / Pierce brothers Mortuary

(805) 495 0837 Fx (818) 706 2883

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 707 3679

will be applied and billed to undersigned.

Lot 2130 Grave 1 Row _____ Section _____ Division/Block 9

Grave space & Care Fund .....

Additional spaces and care fund ..... 440 ~~400~~

Opening/Closing & Setup .....

Burial Container ..... disinterment

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 440 ~~400~~

Paid receipt number _____

Balance due _____

Cancelled brothers not willing to pay

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

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

_____

Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

DL attached

Invoice # _____

Work Order # E 17783

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17783

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.

Bullock			x	grave		
			Berson			Baker
			Klein			

Blind Check Initiated By: Pam Date: 5/27

~~Interment~~ Dis space for: Kim Ezell

Interment Date: Thur 5/29 Time: 930

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2130 Gr: 1

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No flag in grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Liz

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/03

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

In a _____ Funeral, date, time _____

Church, Chapel, Graveside Rouse brothers Mortuary

(805) 495-2837 Fax (818) 706-2113

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

will be applied and billed to undersigned. _____

Lot 2130 Grave 1 Row _____ Section 1 Division/Block 9

Grave space & Care Fund	
Additional spaces and care fund	400
Opening/Closing & Setup	
Burial Container disintegrant	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	400
Paid receipt number	
Balance due	

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 to lot I hold under deed.

X Sarah Allen McLennan
X 88 N. DEWEY AVE.
X NEWBURY PARK, CA 91320
X 805 498-2041

Work Order # E 17783

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

X FRANKLIN EZELL, FATHER

12/21/67 DOB 12/21/67 X _____

12/24/67 D & BURIAL 12/26/67

PAGE 03/05

P 8 VALLEY OAK

18187073679

E17783

ALL-PURPOSE ACKNOWLEDGEMENT

State of California
County of Los Angeles } SS.

On May 24, 2003 (DATE) before me, Janice Quintos (NOTARY),
personally appeared Sarah Ellen McLennan (SIGNER(S))

☐ *personally known to me* - OR - ☒ *proved to me on the basis of satisfactory* evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

JANICE M. QUINTOS
Comm. # 1331358
NOTARY PUBLIC - CALIFORNIA
Los Angeles County
My Comm. Expires Nov. 20, 2005

Janice Quintos
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

☐ INDIVIDUAL
☐ CORPORATE OFFICER

_____ (TITLE(S))

☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

_____ TITLE OR TYPE OF DOCUMENT

_____ NUMBER OF PAGES

_____ DATE OF DOCUMENT

_____ OTHER

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

_____

_____

RIGHT THUMBPRINT OF SIGNER

Top of thumbprint here

05/27/2003 11:10 18187073679 P 8 VALLEY OAK PAGE 05/05

E17783

ALL-PURPOSE ACKNOWLEDGEMENT

State of California
County of Los Angeles } SS.

On May 24, 2003 (DATE) before me, Janice Quintos (NOTARY),
personally appeared Sara Ellen McLennan (SIGNER(S))

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed *the same in his/her/their authorized* capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

JANICE M. QUINTOS
Comm. # 1331358
NOTARY PUBLIC-CALIFORNIA
Los Angeles County
My Comm. Expires Nov 20, 2006

WITNESS my hand and official seal.

Janice Quintos
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

☐ INDIVIDUAL
☐ CORPORATE OFFICER
_____ (TITLE(S))
☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER _____

DESCRIPTION OF ATTACHED DOCUMENT

_____ TITLE OR TYPE OF DOCUMENT
_____ NUMBER OF PAGES
_____ DATE OF DOCUMENT
_____ OTHER

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))

RIGHT THUMBPRINT OF SIGNER

Top of thumbprint here

05/27/2003 11:10 18187073679 P B VALLEY OAK PAGE 04/05

E17783

THE CITY OF SAN DIEGO

MT. HOPE CEMENTERY

FAX TRANSMISSION

Date: 5/27/03	From: Pam
To: Pierce Brothers	Telephone #: (619) 527-3400
Telephone #: 805 495 0837	Fax #: (619) 527-3403
Fax # (818) 700 2883	Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary	

Mt. Hope Cemetery Burial Fee Payable by Mortuary

Date and time faxed to Mortuary:	5/27/03
Burial fee amount due:	400.00
Burial service fee for:	Kimberly Ezell
Date and time of ~~burial service~~: disinterment	Thurs 5/29 9:30
Due date of burial fee to Mt Hope Cemetery:	Same
Prepared by:	Pam Hetzel
Signature:	Pamela Hetzel
Mortuary Approval (print name):	TIM GRIFFIN
Signature:	Tim Griffin
Date faxed back to Mt. Hope Cemetery:	5-27-03
Comments:	

Mt. Hope Cemetery
Community Parks I • Parks and Recreation • 3751 Market Street • San Diego, CA 92102-6527
Tel (619) 527-3400 • Fax (619) 527-3403

E17783

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Kimberly Ann Ezell

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

The burial site for (insert name) is identified as:

Lot 2130 Grave 1 Section 1 Division 9

We acknowledge that we have been advised that the remains of (insert name) may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
Sarah Ellen McLennan	Mother

Janice Quintos
WITNESSED BY

May 24/2003
DATE

JANICE M. QUINTOS
Comm. # 1331358
NOTARY PUBLIC CALIFORNIA
Los Angeles County
My Comm. Expires Nov 30, 2005

DIVERSITY SOLUTIONS

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3405

05/27/2003 11:10 18187073679 P B VALLEY OAK PAGE 02/05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arne Harris 1037

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 90 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 845

Additional spaces and care fund ..... reclaimed to General Inventory 5/15/06

Opening/Closing & Setup ..... 4/21/04 sent to collections

Burial Container .....

Handling Fees ..... Gravesite reassigned

Flower vases – Marker setting fee ..... per Purchase Agreement

Recording and filing fee ..... E# 19722 David Lugo 5/15/06

Sales taxes ..... Gravesite sold to E-19722 Per Mr. Lugo

6/9 744-3120

Total Due 2540 224.00

Paid receipt number R56267 224.00

Balance due 671.00

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

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

Signature of recorded holder of deed

Pam

X Arne L. Harris (Signature)

X 4160 Hamilton St #4 (Address)

X San Diego 92104 (City, Zip Code)

X (619) 296-2522 (Telephone)

Work Order # E 17784

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17784

HARRIS, ARVIE 4160 Hamilton St SD CA 92104 (619)296-2522

		debit	credit	balance
05-20-2003	OpenedPre-need lot only Div 12 Sec I Lot 90 Gr 10	895.00		895.00
3-04	delinquent notice mailed R-56267		224.00	671.00
4-21-04	sent to collections			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/21/03

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

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 2091 Grave 1 Row _____ Section _____ Division/Block IO

Grave space & Care Fund	995
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 2590	249.00
Paid receipt number Visa	249.00
Balance due	746.00

Paid in full on 5-23-03

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 1041 I hold under deed.

Signature of recorded holder of deed

Pam

X Rogelia Olmedo
Signature

X _____
Address

X 1102 E 17 St
City

X National City 91950
Telephone

(619) 474 6319

Invoice # _____

Work Order # E 17785

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58431

Date: Jan 21, 2005

From: Rogelia Olmedo Address: 1102 E. 17th St. National City

thirty one 00/100 Dollars ($ 31 -)

In part Payment of pre-need lot

Div 10 Sec Blk/Row Lot 2091 Grave

Invoice No. E-17785

Acct. No.

W.O.

BALANCE DUE 126 -

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1132

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

JAN 2 1 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	31	—
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	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	31	—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58752

Date: 4/18 , 2005

From: Pedro G Becerra Address: on record

thirty One Dollars ($ 31 -)

in Part Payment of Pre-need lot.

Div 10 Sec _____ Blk/ Row _____ Lot 2091 Grave 1

Invoice No. E-17785

Acct. No. _____

W.O. _____

BALANCE DUE $ 33.-

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

PAID

APR 18 2005

MOUNT HOPE CEMETERY

CREDIT	67007	31.00
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	$	31 -

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1634

ISSUED BY P. Crawford

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

58154

Date: Oct 20 , 20 04

From: Regelia Olmedo Address: 1102 E. 17th st. NC 91950

Dollars ($ 31.00)

In part Payment of pre-need

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 219.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1080

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

OCT 20 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hoyo

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	31	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	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58333

12-17-04 12:34 PAID

Date: _____, 20 ____

From: Rogelia Olmedo Address: 1122 E. 17th St.

thirty-one 00/100 Dollars ($ 31-)

in part Payment of pre-need lot

Div 10 Sec _____ Blk/Row _____ Lot 2091 Grave 1

Invoice No. E-17785

Acct. No. _____

W.O. _____

BALANCE DUE 157-

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

PAID

DEC 17 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	57007	157 00
20% Sales Carts	77184 100	
80% Sales of Lots	77184 100	
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	157 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

AC-212 (Rev. 4-04) 1122

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

58039

From: Rogelio Olmedo Address: 1102 E 17th St SC 91950 Date: Sept 22 20 04

Dollars ($ 31.00)

in part Payment of pd - mud

Div 10 Sec ____ Blk/Row ____ Lot 2091 Grave 1

Invoice No. E17785

Acct. No. ____

W.O. ____

BALANCE DUE 250.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1079

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

SEP 2 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebb

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
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	$	31 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57959

Date: Aug 31 , 20 04

From: Rogelio Olmedo Address: 1102 E 17th St. SC 91950

Dollars ($ 31.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 281.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1073

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 3 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	*100*	31	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	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57699

From: Rogelia Olmedo Address: 1102 E 17th St NC 91950 Date: June 23, 20 04

Dollars ($ 31.00)

in Dept Payment of pd mud

Div 10 Sec _____ Blk/Row _____ Lot 2091 Grave 1

Invoice No. E17785

Acct. No. _____

W.O. _____

BALANCE DUE 343.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1062

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 23 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebb

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	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		
	79390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57576

Date: May 21 .20 04

From: Rogelio Olmedo Address: 1102 E 17th St DC 91950

Dollars ($ 31 —)

in part Payment of pd-need

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 374 00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID BELOW THIS SPACE.

PAID

MAY 2 1 2004

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	31 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 75390	
TOTAL PAID	$	31 00

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check /

1054

ISSUED BY Pam Hetzel

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

57486

Date: April 27, 20 04

From: Rozlia Almeda Address: 1102 E 17th St NC 91950

Dollars ($ 31.00)

in part Payment of pre need

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 425.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1058

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

APR 26 2004

MOUNT HOPE CEMETERY

ISSUED BY Kim Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 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	$	31 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57327

Date: 3/17, 2004

From: Rogelia Olmedo Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need lot.

Lot 2091 Grave 1 Row ____ Section ____ Division 10 ~~Block~~

Invoice No. E-17785

Acct. No. ____

W.O. ____

BALANCE DUE $ 434.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1049

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

PAID

MAR 16 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 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	$	31. 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E17785

OFFICIAL RECEIPT

57223

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb 18, 20 04

From: R. Olmedo Address: 1102 E. 17th St NC 91950

Dollars ($ 31.00)

in part Payment of per mail

Lot 2091 Grave 1 Row _____ Section _____ Division 10 ~~Block~~

Invoice No. E17785

Acct. No. _____

W.O. _____

BALANCE DUE 467.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1045

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 18 2004

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	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	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56398

Date: June 23, 20 03

From: Rosalia Olmedo Address: 1102 E 17th st NC. 92 91950

Thirty one dollars Dollars ($ 31.00)

in part Payment of pre need lot

Lot 2091 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E17785

Acct. No. _____

W.O. _____

BALANCE DUE 715.00

Pre-Need Lot | At Need | On Acct |

Pre-need Trust | Cash | Check 1006

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

PAID

JUN 23 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Dan Hall

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
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	$	31 —

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

57102

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan 14 , 20 04

From: Rogelio Olmedo Address: 1102 E 17th St N.C. 91950

Dollars ($ 31.00)

in cash Payment of opened

Lot 2091 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 498.00

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

PAID

JAN 16 2004

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	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	$	31	00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1043

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

57007

Date: Dec. 17 , 20 03

From: Rozelia Olmedo Address: 1102 E. 17th st. NC 91950

Dollars ($ 31.00)

in Part Payment of pre-need

Lot 2091 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 17785

Acct. No.

W.O.

BALANCE DUE 529.00

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

PAID

DEC 17 2003

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
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	$	31 —

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 1041

ISSUED BY Pam Hebel

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-17785

57811

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/19, 20 04

From: Rogelia Omeda Address: on record

Thirty One and 00 Dollars ($31.00)

In Part Payment of Pre-need lot.

Div 10 Sec ____ Blk/Row ____ Lot 2091 Grave 1

Invoice No. E-17785

Acct. No. ____

W.O. ____

BALANCE DUE $312.00

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check X 1068

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 19 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
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	$	31.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56950

Date: Nov. 26 .2003

From: Rogelio Olmedo Address: 1102 E 17th st NC 91950

Dollars ($ 31.00)

In Cash Payment of Opening

Lot 2091 Grave 1 Row ____ Section ____ Division 10 ~~Block~~

Invoice No. E17785

Acct. No. ____

W.O. ____

BALANCE DUE See 0.00

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

PAID

NOV 26 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
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	$	31 —

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1030

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

56690

Date: Sept 17, 20 03

From: Rogelia Olmedo Address: 1102 E. 17th St NC 91450

Thirty One Dollars ($ 31.00)

in Payment of pre need

Lot 3091 Grave 1 Row ____ Section ____ Division 10 ~~Block~~ ____

Invoice No. E 17785

Acct. No. ____

W.O. ____

BALANCE DUE 622.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1023

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

PAID

SEP 17 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Tom Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	31	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	$	31	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

56811

Date: 10/21, 2003

From: Rogelio Olmedo Address: On record

Thirty-One and 00 Dollars ($ 31.00)

in Part Payment of Pre-need lot

Lot 2091 Grave 1 Row ____ Section ____ Division 10 ~~Block~~ ____

Invoice No. E-17785

Acct. No. ____

W.O. ____

BALANCE DUE $ 591 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1026

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 2 1 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
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	$	31.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56592

Date: Aug 19, 20 03

From: Rogelia Olguedo Address: 1102 E 17th st NC 91950

Thirty one + 00/100 Dollars ($ 31.00)

in part Payment of purchase of lot

Lot 2091 Grave 1 Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E 17785

Acct. No. ____

W.O. ____

BALANCE DUE 653.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1020

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 19 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	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	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58863

Date: 5/23, 2005

From: Pedro Colis Becerra Address: on record

Thirty-Three Dollars ($ 33—)

in Paid in full Payment of Pre-need Lot

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. B-17785

Acct. No.

W.O.

BALANCE DUE 0

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

PAID

MAY 23 2005

MOUNT HOPE CEMETERY

ISSUED BY Dcrawford

CREDIT	67007	
20% Sales Care	77184	33—
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	33—

Pre-Need Lot X At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check X 1648

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

58239

Date: Nov. 16, 20 04

From: Rogelio Olmedo Address: 1102 E 17th St LC 91950

Dollars ($ 31.00)

in part Payment of cpe - mud

Div 10 Sec Blk/Row Lot 2091 Grave 1

Invoice No. E17785

Acct. No.

W.O.

BALANCE DUE 188.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1087

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 Tam Herzog

CREDIT	67007	
20% Sales Care	77184	9 —
80% Sales of Lots	100 77184	22 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	31 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58551

Date: 2/24, 20 05

From: Rogelio Olmedo Address: On record

Forty-one Dollars ($ 31.00)

in part Payment of Pre-need lot only.

Div 10 Sec — Blk/Row — Lot 2091 Grave 1

Invoice No. E-17785

Acct. No.

W.O.

BALANCE DUE 95.00

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

PAID

FEB 24 2005

MOUNT HOPE CEMETERY

ISSUED BY Dawford

CREDIT	67007	31 —
20% Sales Care	77184 100	
80% Sales of Lots	77184 100	
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	31 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1574

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

pin# 1041 3918 Strandway, Perris CA 92571 (951) 943-5708 E-17785

OLMEDO, ROGELIA ~~1102 E 17th St National City CA 91950 (619)474-6319~~

						DEBIT	CREDIT	BALANCE
05-21-2003		Opened Pre-need Lot only on Visa						
		DIv 10 LOt 2091 Gr 1				995.00		995.00
		25% down					249.00	746.00
6-23	03	R56398	Coupon 1	197	20%		31 00	715 00
7-30	03	56584	2	Int 12%	80%		31 00	684 00
8-19	03	56592	3				31 00	653 00
9-17	03	56690	4				31 00	622 00
10-21	03	56811	5				31 00	591 00
11-24	03	56950	6				31 00	560 00
12-17	03	57007	7				31 00	529 —
1-16	04	57102	8				31 00	498 00
2-18	04	57223	9				31 00	467 00
3-16	04	57326	10				31 00	436 00
4-27	04	57480	11				31 00	405 00
5-21	04	57576	12				31 00	374 00
6-23	04	57699	13				31 00	343 00
7-19	04	57811	14				31 —	312 00
8-31	04	57959	15				31 —	281 00
9-22	04	58039	16				31 —	250 00
10-20	04	58154	17				31 —	219 00

E 17785

219

11-16	of coupon	18	R-58239	31 —	188 —
12-17-04		19	58333	31 —	157 —
1-21-05		20	58431	31 —	126 —
2-24-05		21	58551	31 —	95 —
3-18-05	R-58648	22	58648	31 —	64 —
4/19/05	R-58752	23		31 —	33 —
5/23/05	R-588603	24		33 —	Ø

Paid-in-full
5-23-05

At Rod

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/21/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~James~~ David Culver

In a Ash vault x2 (Type of Burial Container) Funeral, date, time Thurs 5/22

Church, Chapel, Graveside ~~Del Mar~~ AVP Family Mortuary.

All Funeral cars must arrive before ~~9:00~~ p.m. of regular work day or an extra charge of $ 100 will be applied and billed to undersigned.

Lot 9 Grave 2 Row ____ ~~Section~~ BK 14 Division/Block IOOF

Grave space & Care Fund	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container	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 Visa	269 26
Balance due	~~0~~

PAID
MAY 21 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, Cr.

I hereby certify I am the 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.

James W Culver
Signature

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

Signature of recorded holder of deed

8990 Cedar St N.E.
Address

Bainbridge Island 98110
City Zip Code

206-780-1587
Telephone

Invoice # ____

Work Order # E 17786

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

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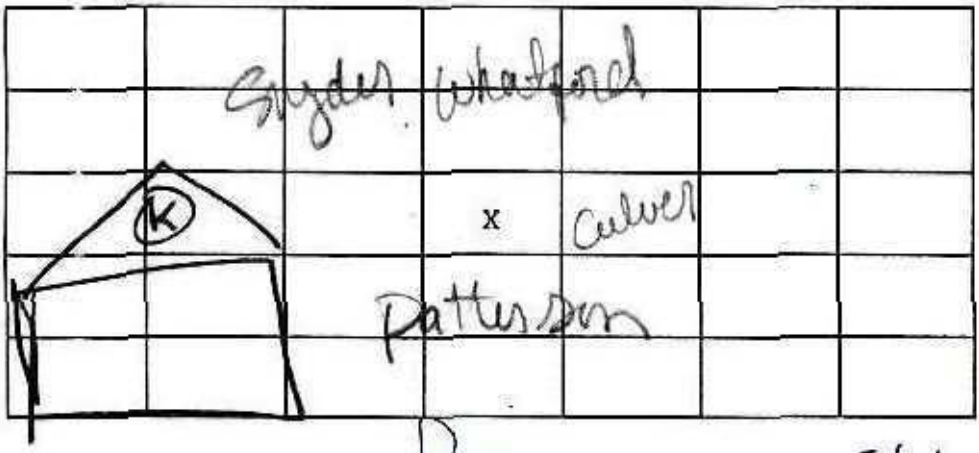
Curtis [redacted] [redacted]

MT HOPE CEMETERY

E17786

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: Pam Date: 5/21

Interment space for: James & David Culver

Interment Date: Thurs 5/22 Time: AM

Div: IOOF Sect: — Blk/~~Row~~: 16 Lot: 9 Gr: 2

Grave Laid out by: Ken & David

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-21-03

E177860

APPLICATION 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
DAREL	A.	CULVER	05/29/1908	05/16/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WOODLAND	YOLO	CAROL JACOBSZOON (DAUGHTER) 14365 HWY 88 JACKSON, CA 95642

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
MC NARY'S CHAPEL, INC. 458 COLLEGE ST. WOODLAND CA 95695	FD0361	▶ Carol Jacobszoon	03/19/2003

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
$13.00	C FRALISH 03/19/2003	▶ FAX AUTH # 7797

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10 COTTONWOOD ST. WOODLAND CA 95695	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 7/22/03	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

Pre-need trust transfer of Lots to City of San Diego 4875 + 4876

Date 5-21-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Solomon/Alisa Raskin

In a Liners (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 4617 & 4803 Grave Row Section Division/Block 10

Grave space & Care Fund	E-17749	
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00 each	750.00
Burial Container	2 @ 190.00 each	380.00 R
Handling Fees	2 @ 145.00 each	~~145.00~~ 240.00
Flower vases – Marker setting fee		
Recording and [illegible] fees	2 @ 45.00 each	90.00
Sales taxes	2 @ 14.73 each	29.46
	Total Due	1539.46
PAID MAY 21 2003 MT. HOPE CEMETARY CITY OF SAN DIEGO, Ca	Paid receipt number R-56270	1539.46
	Balance due	0

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

Alisa Raskin

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

Signature of recorded holder of deed

X [signature]

Signature

5805 Andros ct #1

Address

S.D. CA 92115

City Zip Code

(619) 583-8449

Telephone

Paulette

Work Order # E 17787

Invoice #

Acct. #

REA-104 (7-96) This information is available in alternative formats upo

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E17787

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM *OF INTERMENT RIGHTS*

Date: May 21, 2003

I/We Solomon Raiskin And Alisa Raiskin Even Exchange To Mt. Hope Cemetery

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Solomon Raiskin And Alisa Raiskin
Street Address: 5805 Andros Ct. Apt / Unit #: 1
City: San Diego ST: CA Zip-Code: 92115
Telephone #: (619) 583-8449

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 *Section:* "N/A" *Blk / Row:* "N/A"
Lot(s): From 4617/4803 to 4875/4876 Grave(s):

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 21st day May 2003

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Reprehensive Signature

WITNESS — Legal Owner / Reprehensive Signature
ALISA RAISKIN

Paulette Crawford
CEMETERY REPREHENSIVE NAME — Cemetery Reprehensive Signature
Paulette Crawford

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/21/03

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

In a E17786 (Type of Burial Container) Funeral, date, time Thurs 5/22

Church, Chapel, Graveside ~~Del Cerro~~ AYO Family Mortuary.

All Funeral cars must arrive before ~~2:00~~ 2:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 9 Grave 2 Row _____ Section BLK 16 Division/Block LOOF

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup E17786	0
Burial Container	0
Handling Fees PAID	0
Flower vases Marker setting fee MAY 22 2003	125
Recording and filing fee	45
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	0
Total Due	170
Paid receipt number VAS	170
Balance due	0

I hereby certify I am the X 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

James W. Culver
Signature
8990 Cedar St N.E.
Address
Bainbridge Island WA 98110
City Zip Code
206-780-1587
Telephone

Invoice # _____

Work Order # E 17788

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E17784

APPLICATION 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	MARSH	CULVER	04/21/1909	03/07/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WOODLAND	YOLO	JAMES W. CULVER (SON) 90 WOODSIDE DR. SAN ANSELMO, CA 94960

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
MC NARY'S CHAPEL, INC. 458 COLLEGE ST. WOODLAND CA 95695	FD0361	▶ Carol Fralish	03/19/2003

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
$13.00	C FRALISH 03/19/2003	▶ FAX AUTH # 6242

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10 COTTONWOOD ST. WOODLAND CA 95695	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 (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 5/22/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callens
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 transfer only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Solomon Raisbin/Alisa Raisbin Transfer

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 487S & 487B Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-17749/E-17787	Ø
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	Ø
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.

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

_____
Signature of recorded holder of deed

× _____
Signature

× _____
Address

× _____ Zip Code
City

Telephone

Invoice # _____

Work Order # E 17789

Acct. # _____

REA-104 (7-96)

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Pre-need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/21/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Emmanuil Raiskin ~~13A901~~ 1038

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 4877 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... PAID	1095.00
Additional spaces and care fund	—
Opening/Closing & Setup ..... MAY 21 2003	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	1864.73
Paid receipt number R-56271	1864.73
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.

Emmanuil Raiskin 1038

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

Signature of recorded holder of deed

Paulette

Signature E Raiskin

Address 4931 Mt. Bigelow Dr.

City San Diego, CA 92111 Zip Code

Telephone (858) 569-0571

Work Order # E 17790

Invoice # _____

Acct. # _____

REA-104 (7-96)

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Attn Nancy Hobbs

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 5/31/23

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PH 2-23-0324 (1917)

in a DD Crypt Funeral, date, time Wed 6/28 9:00
Type of Burial Container

Church, Chapel, Graveside 210 city ; Mt. Hope Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 200

will be applied and billed to undersigned. _____

Lot 15 Grave 3 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	15.00
Sales taxes	9.53
Total Due	786.54
Paid receipt number 476568610	786.54
Balance due	-0-

PAID
JUL 2 3 2023
MT. HOPE CEMETERY
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

Pam

Signature

Address

City Zip Code

Telephone

Work Order # E 17791

Invoice # 381144

Acct. # 000952

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

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E17791

APPLICATION 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
JOHN	-	DOE	UNKNOWN	02/27/2002	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	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
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Rose M. Zullo	05/23/2003

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
$13.00	05/23/2003 R.M. ZULLO	2308792 ▶

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
- [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 5-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Jenner
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 Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/21/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wolde, Zerihun 1045

in a Vinyl Type of Burial Container Funeral, date, time Sat 5/24 12:00

Church, Chapel, Graveside _____ ; Rapallo Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 8 Grave 11 Row _____ Section T Division/Block Mason

Grave space & Care Fund	1595 —
Additional spaces and care fund CT	600 —
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19.73
Total Due	2964.73
Paid receipt number Credit Card	2964.73
Balance due	0

PAID

MAY 21 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

I hereby authorize the interment in lot I hold under deed. 644

Signature of recorded holder of deed

Pam

Signature Feyissa Erigo

Address 4755 Felton St #05

City SD, CA, 92116 Zip Code

Telephone (619) 281-4699

Work Order # E 17792

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17792

GRAVE BLIND CHECK FORM

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

			Salmon			
		Harris	X	Hardin		
		Mengistu	Kefalew	Sinnex		

Blind Check Initiated By: Pam Date: 5/21

Interment space for: Zerihun Wolde

Interment Date: Sat 5/24 Time: 12:00

Div: MAS Sect: T Blk/Row: ____ Lot: 8 Gr: 11

Grave Laid out by: KEN & DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5.21.23

Clay on gravel

E17792

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

46

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
Zerihun	Bogale	Wolde	08/08/1956	05/21/2003	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	Mamit Mebratu, Wife 4123 30th 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶	05/28/2003

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7376 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
13.00	05/23/2003 B. Campbell	2308777 ▶

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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-25-05	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.

replace container

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/03

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

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs 5/29 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 39 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	250
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	19.38
Total Due	269.38
Paid receipt number	R 562752 69.38
Balance due	0

no additional fees for replacement

PAID
MAY 22 2003
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

Kathleen Bennett
Signature
2674 Roeline St.
Address
S.D. CA 92139
City Zip Code
619 267-0226
Telephone

Work Order # E 17793

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denise Evans (1050)

in a Liner Funeral, date, time Wed 5/28 1:00

Type of Burial Container

Church, Chapel, Graveside ; @ burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 30.00 will be applied and billed to undersigned.

Lot 112 Grave 5 Row Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup — PAID	375. —
Burial Container	140 —
Handling Fees — MAY 22 2003	145 —
Flower vases – Marker setting fee — MT. HOPE CEMETARY	
Recording and filing fee — CITY OF SAN DIEGO, CA	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R 36278	1664.73
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.

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

Signature of recorded holder of deed

Pam

X Maryam Rashid
Signature
X 4834 Hogan Ave #106
Address
X San Diego, CA 92113
City Zip Code
X 619/264 0323
Telephone

Work Order # E 17794

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

81779

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.

			Rodgers			
	Medaris	Hardin	X	Pendeaut	Cunningham	
		Village		tree		

Blind Check Initiated By: Pam Date: 5/23

Interment space for: Denise Evans

Interment Date: Wed 5/28 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 112 Gr: 5

Grave Laid out by: CHUCK & DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ken Collins Date: 5/27/03

E17794

APPLICATION 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
DENISE	CELESTINE	EVANS	08/27/1955	05/20/2003	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	MARYAM RASHID—MOTHER 4834 LOGAN AVE. # 106 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
CALIFORNIA BURIAL CHAPEL 3800 MIDWAY BLVD. SAN DIEGO CA 92115	FD-1357	▶	05/23/2003

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.
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
$13.00	05/23/2003 C. RUSS	▶ 2308772

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 3761 MARKET ST., SAN DIEGO CA 92102	11B. DATE BURIED 5-28-03	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 5/27/03

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

in a Liner (Type of Burial Container) Funeral, date, time Tues 5/27 1:00

Church, Chapel, Graveside JE Calkins, Lewis Colonial Chapel Mortuary. Ben Brust 264 3168

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. B.B.

Lot 1364 Grave 1 Row ____ Section 1 Division/Block 8

Grave space & Care Fund	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	769.73
Paid receipt number	PAID MAY 23 2003 MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 769.73
Balance due	-0-

I hereby certify I am the X JE 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.

X _____
Signature of recorded holder of deed

X JE Calkins
Signature
X 3863 Hatton St
Address
X San Diego
City Zip Code
X 8582770575
Telephone

Work Order # E 17795

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17795 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
LEE	BENNIE	CALKINS	09/10/1911	05/20/2003	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	JOE CALKINS - BROTHER 3888 HATTON ST 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 having permit	8B. DATE SIGNED
ECM BENBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104	FD-480	▶	05/22/2003

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.
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
$13.00	05/23/2003 L CASTRO	2308824 ▶

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 5-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kenny
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-03

1340416

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lelia Robertson

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 142 Grave 1 Row _____ Section 14 Division/Block 7 RC

Grave space & Care Fund	~~1395.00~~ 1395.00
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	139500
Paid receipt number 25% down	34875
USA card 100.00 + CK #	
CK-R-560459 248.75 Balance due	1046.25

PAID
MAY 27 2005
MOUNT HOPE CEMETERY

I hereby certify I am the ~~X~~ Kelly of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 See contract
Signature

X 1027 E. Jackson St
Address

X Rialto CA 92376
City Zip Code

X
Telephone

Signature of recorded holder of deed

Paulette

Work Order # E 17796

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

13 4846

P.O. BOX 852 Rialto CA 92377 HM 1013 N Eucalina Ct. Rialto CA 92376 R-17796

Robertson, Lelia ~~1027 E. Jackson St. Rialto, CA 92376~~

		DEBIT	CREDIT	BALANCE
5/23/03	Opened pre-need lot account with 25% down paid by check and visa card. R-56459	1395.00		1395.00
			348.75	1046.25
8-5 03	7, 14, 142, 1 56549 #1	20/0279	45 00	1[redacted]25
8-27 03	R-56617 #2	80/0 1116	45 00	9[redacted]25
9-30 03	56741 #3		50 00	906 25
2-2 04	R57153 #4		50 00	856 25
4-8-04	R-57420 546		112 00	744 25
6-2 04	57614 ?		56 00	688 25
8/16/04	57801 8, 9, 10		130.77	557 48
11-12 04	58229 11, 12		100 —	457 48
6/27/05	no coupons by phone		457.48	0

PAID

MAY 27 2005

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56549

Date: Aug 5, 20 23

From: Ruby Robertson Address: 1017 E Jackson St Rialto 92376

Forty five & 00/100 Dollars ($ 45.00)

in part Payment of pd mail Del

Lot 142 Grave 1 Row Section 14 Division Block 7

Invoice No. E17796

Acct. No.

W.O.

BALANCE DUE 1001.25

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check 1953

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 Ken Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	45 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	$	45 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56617

Date: August 27, 2003

From: Lelia D. Robertson Address: on record

Forty-Five — Dollars ($ 45.00)

in part Payment of Pre-need lot on account.

Lot 142 Grave 1 Row ____ Section 14 Division/Block 7

Invoice No. E-17796

Acct. No. ____

W.O. ____

BALANCE DUE $ 956.25

Pre-Need Lot X At Need ' On Acct

Pre-need Trust Cash Check X 1960

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

PAID

AUG 27 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	45.00
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	45 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

56741

Date: Sept. 30 20 03

From: Alicia Robertson Address: 1047 E. Jackson St. Rialto 92376

Dollars ($ 50.00)

in Part Payment of pre need

Lot 142 Grave 1 Row ____ Section 14 Division ~~Block~~ 7

Invoice No. E 17796

Acct. No. ____

W.O. ____

BALANCE DUE 906.25

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 98

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

PAID

SEP 30 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Tim Hekel

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 —

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

57153

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb. 2 20 04

From: Delia Robertson Address: 1027 E. Jackson st Rialto 92376

Dollars ($ 50.00)

in part Payment of pri mud

Lot 142 Grave 1 Row Section 14 ~~Block~~ Division 7

Invoice No. E-17796

Acct. No.

W.O.

BALANCE DUE 856.25

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

PAID

FEB 02 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

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	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50 00

Pre-Need Lot / At Need On Acct

Pre-need Trust Cash Check /

2030

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

57901

Date: 8/16 , 20 04

From Lelia Robertson Address: on record

One Hundred Thirty and 77 Dollars ($ 130.77)

in Part Payment of Pre Need lot.

Div 7 Sec 14 Blk/Row ____ Lot 142 Grave 1

Invoice No. E-17796

Acct. No. ____

W.O. ____

BALANCE DUE $ 557.48

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

Part of 2160

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

PAID
AUG 16 2004

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	130.	77
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	$	130.	77

AC-212 (Rev. 2004)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 5-27-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mutez, Elfreida (654)

in a Liner (Type of Burial Container) Funeral, date, time May 29th Thurs 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. _____

pc. 2

Lot 43 Grave 11 Row _____ Section X 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 R-56285	1564.73
Balance due	Ø

PAID
MAY 27 2003
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.

"See Attached"
Signature

Address

City Zip Code

Telephone

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

Signature of recorded holder of deed

facsimile

Invoice # _____

Work Order # E 17797

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E17797

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.

		HOWE QUEST	WILLIAMS			
	QUEZETTA	HARRIS	X			

Blind Check Initiated By: PAULETTE C Date: 5-27-03

Interment space for: MULTEE ELFRIDA

Interment Date: 5-29-03 Time: 11:00

Div: II Sect: 2 Blk/Row: ____ Lot: 43 Gr: II

Grave Laid out by: Dave & Chuck

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-29-03

E17797

93

APPLICATION 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
Elfreida	H.	Mutee	09/24/1909	05/22/2003	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	Georgia M. Clipper, Daughter 2546 Nye 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	▶ Ha Langdon	05/28/2003

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
13.00	05/28/2003 B. Campbell	2308992 ▶

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 5-29-03	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.

Attached estate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lincoln Landon (133959)

in a LINER (Type of Burial Container) Funeral, date, time Fri 5/30 ~~4:30~~ 1:00

Church, Chapel, Graveside Del Mar : Mesa/Miller Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 8 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14 73
Total Due	1664 73
Paid receipt number R 56295	1664 73
Balance due	0

PAID
MAY 28 2003
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

Pam

X _____ Signature
Del Mar Address
City Zip Code
Telephone

Work Order # E 17798

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E17778

GRAVE BLIND CHECK FORM

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

		Reuron				
	Neil		X			

Blind Check Initiated By: Pam Date: 5/27

Interment space for: Lincoln Landon

Interment Date: Fri 5/30 Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 8 Gr: 5

Grave Laid out by: CD Owen K

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No K

plaque on grave

Blind Check & Verified By: R C + Burns Date: 5-31-03

MERKLEY-MITCHELL MORTUARY / BEARDSLEY-MITCHELL MORTUARY

817798

3375038904

MT. HOPE CEMETERY
RE: LINCOLN LANDON
OPENING & CLOSING FEES
GL#4030

(05/28/2003)

TOTAL AMOUNT OF CHECK=$832.37

MERKLEY-MITCHELL MORTUARY / BEARDSLEY-MITCHELL MORTUARY

E17-F19 3375038903

MT. HOPE CEMETERY
RE: LINCOLN LANDON
OPENING AND CLOSING FEES
GL#4030

(05/28/2003)

TOTAL AMOUNT OF CHECK=$832.36

Attn Ed Estate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/03

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

in a Liner (Type of Burial Container) Funeral, date, time Fri 5/30

Church, Chapel, Graveside Del : Mtk/Hilth Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 3.00 will be applied and billed to undersigned.

Lot 8 Grave 5 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14 73
Total Due	1664.73
Paid receipt number	
Balance due	

Not Exempt

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 registered owner of deed

X [signature] (Signature)

X 3655 Fifth Ave (Address)

X San Diego, CA 92103 (City, Zip Code)

X (619-295-2177 (Telephone)

Work Order # E 17798

Invoice # ____

Acct. # ____

REM-104 (7-98)

This information is available in alternative formats upon request.

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817798

APPLICATION 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
LINCOLN	-	LANDON	09/20/2003	05/14/2003	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	DARNELL PRICE - PUBLIC ADMINISTRTOR, 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
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Bob M. Zullo	05/29/2003

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
$13.00	05/29/2003 R.M. ZULLO	▶ 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
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: MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 6-5-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kevin F Lemmon	
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.

Attached

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/03

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs 5/29 11:00

Church, Chapel, (Graveside) : Featherhill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1204 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund E2432	0
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14 73
Total Due	769.73
Paid receipt number R-56287	769 73
Balance due	0

PAID

MAY 27 2003

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]

X 10 Ebony ave.
Address

X Imperial Beach, Ca 91932
City Zip Code

X (619) 424-8855
Telephone

Cell (619) 392-7156

Invoice # _____

Work Order # E 17799

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E1779

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.

			free			
		Singleton		AHD		
	darkey	brown	X	cash	Lake	
		nicholson		Sayford		

Blind Check Initiated By: Pam Date: 5/27

Interment space for: Clarence Cash

Interment Date: Thurs 5/29 Time: 11:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 204 Gr: 1

Grave Laid out by: CHOCK / DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag in grave

Blind Check & Verified By: [signature] Date: 5-28-03

E17799 99

APPLICATION 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
Clarence	Dee	Cash	04/08/1904	05/24/2003	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	Clarence D. Cash, Son 10 Ebony Ave., Imperial Beach, CA 91932

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 obtaining permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ K. Zaretzka	05/27/2003

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
$13.00	05/27/2003 K. Zaretzka	2308875 ▶

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. C. Peters	
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.

Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith M. Cameron (1048)

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 5 Grave 7 Row _____ Section 4 Division/Block 6

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	PAID
Burial Container	MAY 27 2003
Handling Fees	Transfer to Edith Cameron
Flower vases – Marker setting fee	MT. HOPE CEMETERY CITY OF SAN DIEGO, CA
Recording and filing fee	45.-
Sales taxes	
Total Due	45.-
Paid receipt number R562289	45-
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.

Signature: Mildred M. Smith

Address: 3636 Cinnamon Dr.

City: Bonita Zip Code: 91902-1108

Telephone: _____

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

_____
Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 17800

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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THE CITY OF SAN DIEGO

E 17800

MT. HOPE CEMETERY
3751 Market St.
San Diego, California 92102
(619) 527-3400

5-27-2003

MEMO

I Mildred Margaret (Hartlett) Smith am the only living relative of Leonard + Edith Hartlett, who are both deceased + I wish to transfer to my daughter Edith Marie Cannon.

Mildred M. Smith

MT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO

DIVERSITY

E-17800

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: May 27, 2003

I/We Mildred M. Smith

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Edith Marie Cameron
Street Address: 3636 Cieniga Dr Apt / Unit #:
City: Bonita ST: CA Zip-Code: 91902-1101
Telephone #: (619) 475-0695

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 6 Section: " 6 " Blk / Row: " N/A "
Lot(s): 5 Grave(s): 7

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 27th day May 2003

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS

Mildred M Smith
Legal Owner / Representative Signature

WITNESS

Legal Owner / Representative Signature

Pamala Hetzel
CEMETERY REPRESENTATIVE NAME

Pamala Hetzel
Cemetery Representative Signature

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Gloria (1052)

In a T.S. Vault Funeral, date, time Thurs. May 29th 9:00
Type of Burial Container

Church (Chapel), Graveside : Guadalupano Mortuary. Jose

All Funeral cars 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 12 Row _____ Section 2 Division/Block 13

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	200.00
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-56290	1769.38
Balance due	0

PAID
MAY 27 2003
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 Albert Perez
Signature

Address 4652 Hilltop Dr
City San Diego CA Zip Code 92102
Telephone (619) 266-0537

Paulette

Work Order # E 17801

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17801

GRAVE BLIND CHECK FORM

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

				DAVIS		
			X			

Lynn White

Blind Check Initiated By: Paulette 5/27/03 AS Date: 5/27

Interment space for: Maria Gloria (T.S. vault)

Interment Date: 5-29-03 Time: 9:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 87 Gr: 12

Grave Laid out by: CHUCK / DAVID

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-28-03

E- 17801

APPLICATION 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	T.	GLORIA	05/26/1934	05/22/2003	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 PEREZ-DAUGHTER 303 47th ST. SPACE G-20 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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ Selene Chavez	05/28/2003

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
$13.00	05/28/2003 ▶	SELENE CHAVEZ 2308973

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 5-29-03	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

At Rud

Date 5/28/03

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

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 6/2 9:30

Church, Chapel, Graveside Del Cerro : El Cajon Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:30 p.m. of regular work day or an extra charge of $ Judy will be applied and billed to undersigned.

Lot 174 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E 14844	0
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container PAID	250
Handling Fees	185
Flower vases – Marker setting fee MAY 27 2003	
Recording and filing fee	45
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	19 38
Total Due	87.38
Paid receipt number M/C	87.38
Balance due	0

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

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

Signature of recorded holder of deed

Pam

X Signature

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 17802

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17802

GRAVE BLIND CHECK FORM

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

NAMES IN WRONG GRAVE

Valencia				Hrunt →		
			X	Morton →		

Blind Check Initiated By: Pam Date: 5/28

Interment space for: L-C. Morton

Interment Date: Mon 6/2 Time: 930

Div: 12 Sect: 2 Blk/Row: ____ Lot: 174 Gr: 12

Grave Laid out by: Mauer & Ken

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: JR Date: 5/30/03

E-17802

APPLICATION 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
L	C	MORTON	11/22/1914	05/25/2003	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	MARGARET HORN - DAUGHTER 3074 GOLF CREST RIDGE RD EL CAJON, CA 92019

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	▶ [signature]	05/29/2003

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
$13.00	05/29/2003 JACKIE KOZICA	2309040 ▶

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 6-2-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
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.

Attend 1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 28 03

You are hereby authorized and Instructed, subject to your rules and regulations, to inter the remains of Ana G Aveola (10th)

in a ~~FS Vault~~ DP Funeral, date, time Fri 3/30 9:00

Type of Burial Container

Church, Chapel, Graveside Guadalupana Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot ~~155~~ 978 Grave ~~12~~ 10 Row _____ Section ~~2~~ _____ Division/Block ~~12~~ 10

Grave space & Care Fund ..... ~~1095~~ 1095 -

Additional spaces and care fund .....

Opening/Closing & Setup (E-17460 PAID to go) ..... (375 -)

Burial Container ..... ~~380~~ 250 -

Handling Fees ..... MAY 28 2003 ~~320~~ 185 -

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

Recording and filing fee ..... 45 -

Sales taxes Family difficulties 475.07 ~~29.93~~

Mortuary to pay difference Total Due ..... ~~2344.45~~

Paid receipt number RS6293 ⇒ 475.07 + 769.38 - 375.00 ~~1344.38~~ 1369.38

R-56296 Balance due

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

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

Signature of recorded holder of deed

Pam + Paulette

Benedicta aveola
Signature

986 5th Ave #50
Address

Chula Vista CA- 91911
City Zip Code

619 427-7748
Telephone

Work Order # E 17803

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17803

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 5/28

Interment space for: Ana Arreola

Interment Date: Fri 5/30 Time: 9:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 978 Gr: 1

Grave Laid out by: C Bauer

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: J C Bauer Date: 5-29-03

E-17803

APPLICATION 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
ANA	GABRIELA	ARREOLA	02/14/1984	05/27/2003	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	BENNY ARREOLA-SISTER 986 5th AVE.APT#50 CHULA VISTA,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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO,CA. 92102	FD-1425	▶ Selene Chavez	05/29/2003

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.
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
$13.00	05/29/2003	SELENE CHAVEZ 2309094 ▶

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 MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA. 92102	11B. DATE BURIED 6-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. L. Burns.
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/28/03

At Rud

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yu, Wai king Wong

In a TS Vault Funeral, date, time Sat 5/31 1:00
Type of Burial Container

Church Chapel, Graveside : Mtk/Miten Mortuary.

All Funeral cars must arrive before ~~one~~ 2PK 1:00 P.M. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot _____ Grave 15 Row 11 Section 1 Division/Block Chin

Grave space & Care Fund D-8555	0
Additional spaces and care fund	600 -
Opening/Closing & Setup	375 -
Burial Container	250 -
Handling Fees	185 -
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	19.38
Total Due	1474.38
Paid receipt number R56297	1474.38
Balance due	0

PAID
MAY 28 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Shui Lin Yu
Signature

10887 Chapareno Way
Address

San Diego 92126
City Zip Code

(858) 824-0577
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17804

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17804

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 5/28

Interment space for: Wai Yu

Interment Date: Sat 5/31 Time: _____

Div: Chin Sect: 1 Blk/Row: 11 Lot: _____ Gr: 15

Grave Laid out by: Chuck & KEN

Agrees with Legal Card: ☐ Yes ☑ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEVIN Date: 5/30/03

UNKNOWN INFO ON LOT 14 Row 11

E-178024

APPLICATION 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
WAI KING	WONG	YU	03/06/1909	05/27/2003	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	DOREEN HOM - GRANDDAUGHTER 4824 ALGONQUIN 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
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Roe M. Zullo	05/29/2003

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.
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
$13.00	05/29/2003 R.M. ZULLO	2309069 ▶

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 MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-31-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kum F. Lum
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
Total of 20 Chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLES MARCUM (133960)

in a LINER (Type of Burial Container) Funeral, date, time SAT. 31 MAY 10:00

Church, (Chapel) Graveside _____ ; EL CAJON (442-7581) Mortuary.

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

will be applied and billed to undersigned. _____

Lot 96 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund SAT. OVER TIME 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 VISA Card	2264.73
Balance due	0

PAID
MAY 28 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO

FAX 619.4400176
CDL N4479422
6-11-05

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

Perrette

X Edna M. Marcum (Signature)
X 786 S. Orange Ave (Address)
X El Cajon 92020 (City, Zip Code)
X 619 871 6060 (Telephone)

Work Order # E 17805

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY C-17805

GRAVE BLIND CHECK FORM

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

	Richardson III	Hynes	Flowers	Flowers II		
				X		
			O'Connor	Phelps		

Blind Check Initiated By: Paulette C Date: 5/29/03

Interment space for Charles Marcum

Interment Date: 5-31-03 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 96 Gr: 4

Grave Laid out by: Dave & Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: DARRELL Date: 5-30-03

E-17805

APPLICATION 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
CHARLES	PHILLIP	MARCUM	05/28/1926	05/26/2003	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	EDNA MARCUM - WIFE 786 S ORANGE AVE #C 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 CAJON MORTUARY 684 S MOLLISON AVE, EL CAJON, CA 92020	FD-1022	▶ Jackie Kozica	05/29/2003

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
$13.00	05/29/2003	2309083 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 5-31-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lowe
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.

ATNEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-03

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time AVD FRI. 3:30

Church, Chapel, Graveside _____ ; ~~AVD~~ Mortuary.

All Funeral cars 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 2 RC Row _____ Section 4 Division/Block 7

Grave space & Care Fund	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 PAID By credit Card	269.26
Balance due	0

PAID

MAY 29 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca

COL B0988409 9-6-03

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.

JAY Heldenbrand (SON)

Signature JAY K Heldenbrand

Address 1008 SUSAN LN

City RAMONA, CA Zip Code 92065

Telephone 760-789-2238

Signature of recorded holder of deed

Paulette

Work Order # E 17806

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17806

GRAVE BLIND CHECK FORM

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

BERLE	MILLS	T. HELDENBRAND	X	T. E. HELDENBRAND		

Blind Check Initiated By: Paulette C. Date: 5-30-03

Interment space for: ALVA HELDENBRAND

Interment Date: 5/30/03 Time: AM

Div: 7 Sect: 4 Blk/Row: ~~138~~ Lot: 138 Gr: 1

Grave Laid out by: DALLEY C

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

AFTER CHANGES MADE KFT

Blind Check & Verified By: KEVIN Date: 5/30/03

—

83119

E-17806

95 AAC 659

APPLICATION 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
Alva	Adeline	Heldenbrand	07/13/1907	05/16/2003	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]Poway	San Diego	Jay Kent Heldenbrand-Son 1008 Susan Ln, 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
Bonham Bros & Stewart Mortuary 321 12th St., Ramona, CA 92065	FD568	▶ [signature]	05/16/2003

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
$13.00	05/22/2003 J.Stewart	▶ 2308738

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)
- [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 5/30/03	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 MAY 24 2003	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.

RECD MAY 29 2003

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — #2 — VS 9 (REV. 6/91)

DB35

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 05-29-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Patton C. Cook 1 only

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.

~~1868~~ ~~1760~~ 1868 exchanged for 1760

Lot ~~1868~~ 1760 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095.00
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	1095.00
Paid receipt number 25 Cc dam R-56292	250.00
Balance due	845.00

Paid in full 6-3-03

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.

"See attached"
Signature

Address

City Zip Code

Telephone

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

Signature of recorded holder of deed

Paulette

Work Order # E 17807

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17807

He does not owe any monies.

0.*

0.*

70.42+

176.05+

246.47+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

35.21+

250.00+

014

1,095.04*+

We are missing 2 receipts #56425+ # 56535 each are for $35.21. These were sent to Mr. P. Cook.

E-17807 0.*

0.*

250.00+
1 35.21+
2 35.21+
3 35.21+
4 35.21+
5 35.21+
6 35.21+
7 35.21+
8 35.21+
9 35.21+
10 35.21+
246.47+
176.05+
70.42+

3 land

014

1,095.04*+

5/22/03

E- 17807

Paulette

To Whom It may Concern:

Please accept this Check as 25% down on

Division 10
Lot 1760

Thank you Please let me heer from you regarding this matter.

Dr Payton C. Cook
5282 Blue Gum Ct
Las Vegas, NV 89148

E-17807

6/28/04

Paulette Crawford
City of San Diego

Dear Paulette Crawford:

I have called several times and couldn't reach you. There is a little matter to discuss with you regarding lot purchase E-17807.

My numbers are as follows:

Cell - 619-886-8569
Home - 702-222-2170

Please let me hear from you upon receipt of this letter. I am leaving for a months and I would like to have this matter cleared.

Yours truly,

D. Payton C. Cook

~~Balance due of~~ $35.21

O Balance

H: Drive memo sent to M. P. Cook.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57510
#14

Date: May 5 , 20 04

From: P Cook Address: on record

seventy and 42 Dollars ($ 70,42)

in part Payment of Pre-need Lot

Div 10 Sec Blk/Row Lot 1760 Grave

Invoice No. E-17807

Acct. No.

W.O.

BALANCE DUE 422.48

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

PAID

MAY 04 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	70	42
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	$	70	42

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1409

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

57522

#13

Date: May 6 ,20 04

From: Payton C. Cook Address: 5282 Blue Gum Ct. Las Vegas NV 89148

One Hundred Seventy Six and 05 Dollars ($ 176.05)

in part Payment of pre-need lot.

Div 10 Sec _____ Blk/Row _____ Lot 1760 Grave 1

Invoice No. E-17807

Acct. No. _____

W.O. _____

BALANCE DUE $ 246.43

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

AC-212 (Rev. 4-04) 1414

This information is available in alternative formats upon request.

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

PAID

MAY 0 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	176.05
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	$	176.05

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57616

$12

Date: 6/3 , 2004

From: Payton Cook Address: On record

Two Hundred Forty-Six and 47/100 Dollars ($246.47)

in part Payment of Pre need lot account.

Div 10 Sec ____ Blk/Row ____ Lot 1760 Grave 1

Invoice No. IE-17807

Acct. No. ____

W.O. ____

BALANCE DUE ____

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1604

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 0 3 2004

ISSUED BY Donna Ford MOUNT HOPE CEMETERY

CREDIT	67007	219 00
20% Sales Care	77184	25 47
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	246 47 PC
Sales Tax	60101 78390	
TOTAL PAID	$	246 47

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57268 #10

Date: March 2, 2004

From: Payton C. Cook Address: 5282 Blue Gum Ct. Las Vegas NV 89148

Thirty-Five and 21/00 Dollars ($ 35.21)

in part Payment of Pre-need lot acct. for Cook, Payton

Lot 1760 Grave 1 Row ____ Section ____ Division 10 Block ____

Invoice No. E-17807

Acct. No. ____

W.O. ____

BALANCE DUE $528.11

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1387

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

MAR 0 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	35 21
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77185	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	35 21

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57437

MOUNT HOPE CEMETERY
(619) 527-3400

#11

Date: April 13 20 04

From: Dayton Cook Address: 5282 Blue Gum ct LV NV 89148

Dollars ($ 35.21)

in part Payment of pre-need

Lot 1760 Grave 1 Row _____ Section _____ Division ~~Block~~ 10

Invoice No. E17807

Acct. No. _____

W.O. _____

BALANCE DUE 492.90

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

1440

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 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	35	21
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	$	35	21

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57175 #9

Date: February 5, 20 04

From: Payton Cook Address: 5282 Blue Gum Ct. Las Vegas Nv 89148

Thirty-Five and 21/00 Dollars ($ 35.21)

in part Payment of Pre-need lot account

Lot 1760 Grave 1 Row ____ Section ____ Division 10 Block PC

Invoice No. E-17807

Acct. No. ____

W.O. ____

BALANCE DUE $563.32

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check K

1377

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

PAID

FEB 05 2004

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	35.21
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	$	35.21

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

57078 #8

Date: January 12, 2004

From: Payton C. Cook Address: 5282 Blue Gum Ct., Las Vegas NV 89148

Thirty five and 21/100 Dollars ($ 35.21)

in Part Payment of Pre-need Lot account.

Lot 1760 Grave 1 Row _____ Section _____ Division 10 ~~Block~~

Invoice No. E-17807

Acct. No. _____

W.O. _____

BALANCE DUE $598.53

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

PAID

JAN 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	35 21
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	$	35.21

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1356

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

56959

Date: Dec. 3, 2003

From: Payton C. Cook Address: on record

Thirty-Five and .21 Dollars ($ 35.21)

in part Payment of Pre-need lot account.

Lot 1760 Grave 1 Row ____ Section ____ Division 10 ~~Block~~

Invoice No. LE-17807

Acct. No. ____

W.O. ____

BALANCE DUE $ 633.74

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

PAID

DEC 0 3 2003

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	35.21
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Marking &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	35.21

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1346

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

56704 #5

Date: September 22, 2003

From: Payton C. Cook Address: On record

Thirty-five and 21/00 Dollars ($ 35.21)

in part Payment of Pre-need lot account, coupon # 4

Lot 1760 Grave 1 Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E-17807

Acct. No. ____

W.O. ____

BALANCE DUE $704.16

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

1304

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

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	35.	21
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	$	35.	21

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

56858 *6

Date: 11/5 , 20 03

From: Payton C. COOK Address: on record

Thirty-five 21/100 Dollars ($ 35.21)

in part Payment of Pre-need lot account.

Lot 1760 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. E-17807

Acct. No.

W.O.

BALANCE DUE ~~$668.95~~

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check # 1333

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

PAID

NOV 0 5 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	35 21
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	$	35.21

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

56579 #4

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Aug 13 , 20 03

From: Payton Cook Address: 5282 Blue Gum St LV 89148

Thirty five & 21/100 Dollars ($ 35.21)

in part Payment of pre need lot

Lot 1760 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 17807

Acct. No.

W.O.

BALANCE DUE 739.37

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 1105

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

PAID

AUG 13 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	35	21
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	$	35	21

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

56425

Date: July 1, 20 03

From: Payton C. Cook Address: 5282 Blue Palm St. Las Vegas NV 89118

Shasta - Trie 21 Dollars ($ 35.21)

in Part Payment of Pre-need lot account Coupon #1

Lot 1760 Grave Row Section Division 10 Block

Invoice No. 10

Acct. No.

W.O. E-17807

BALANCE DUE $ 809.79

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

CREDIT	67007	
20% Sales Cash	77191	35 21
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need	69033	
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	35 21

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1141

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

56535

Date: July 31, 20 03

From: Payton C. Cook Address: 5282 Blue Gum CT. LAS VEGAS NV. ?

Thirty-Five and 21/00 Dollars ($ 35.21)

in part Payment of Pre-need Lot account-

Lot 1760 Grave 1 Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-17807

BALANCE DUE $774.58

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	35 21
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	$	35 21

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1100

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

56292

Date: May 29, 20 03

From: Patton C. Cook Address: 5282 Blue Gum Ct. Las Vegas NV. 89141

Two Hundred Fifty 00 Dollars ($ 250.00)

in PART Payment of Pre-Need Lot 25% down

Lot 1762 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17807

BALANCE DUE $845.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	250.00
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	$	250.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1083

ISSUED BY Paulette C.

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

1046

Cook, Payton C. 5282 Blue Gum Ct., Las Vegas NV 89148

E-17807

			Debit	Credit		Balance
05/29/03	Opened Pre-need lot account with 25% down.		1095.00			1095.00
	R-56292 Check No. 1083. Lot 1760, Divn 10			250.00	✓	845.00
7-[illegible]-03	R-56425	Coupon #1	2090 2190	35.21	✓	809.79
7/31/03	R-56535	" 2	8090 8760	35.21	✓	774.58
8-13-03	56579	3		35.21	✓	739.37
9/22/03	56704	" 4		35.21	✓	704.16
11-05-03	56858	" 5		35.21	✓	668.95
12-2-03	56959	" 6		35.21	✓	633.74
1-12-04	57078	# 7		35.21	✓	598.53
2-5-04	57175	# 8		35.21	✓	563.32
3-2-04	57268	# 9		35.21	✓	528.11
4-13-04	57437	# 10		35.21	✓	492.90
5-5-04	57510	# 11 & 12		70.42	✓	422.48
5-6-04	57522	13-17		176.05	✓	246.43
6-3-04	57616	18-24		246.47		246.41
						-.04

Paid in full

MT HOPE CEMETERY E-17807

Transaction History

Contract: E-17807-L

[redacted]tract Date: 05/29/2003
Purchased By: Cook, Payton C.
5282 Blue Gum Ct.
Las Vegas, NV 89148
702-222-2170

Status: Active

Dept: Mt Hope Cemetery
Counselor: PAULETTE CRAWFORD

Deferred Payment Price	**1,095.00**	**Amount Paid**	**989.37**	**Balance Due**	**105.63**
Base Price	1,095.00			Amount Financed	845.00
Interest	0.00	Downpayment	250.00	Number of Installments	24
Sales Tax	0.00	Transfer Allowance	0.00	Regular Payment of	35.21
Credit Life	0.00	Discount	0.00	Odd Payment of	35.17
		Late Charges/Fees	0.00	Date First Payment Due	06/29/2003
				Payment Plan	Monthly

Items Purchased	Quantity	Qty Fulfilled	Price
[redacted] Division 10,,, Lot 1868, Grave 1-A [redacted]ves-Resident - Division 10 SD Resident	1	0	1,095.00

Date	Transaction Type	Receipt No - Ref No	Trans	Amount	Allocations
05/29/2003	**Downpayment**	**1378 – R-56292** ✓	**0**	**250.00**	250.00 Equity
07/01/2003	**Installment Payment**	**1481 – R-56425** ✓	**1**	**35.21**	35.21 Equity
07/31/2003	**Installment Payment**	**1734 – R-56535** ✓	**2**	**35.21**	35.21 Equity
08/13/2003	**Installment Payment**	**1783 – R-56579** ✓	**3**	**35.21**	35.21 Equity
09/22/2003	**Installment Payment**	**1894 – R-56704** ✓	**4**	**35.21**	35.21 Equity
11/04/2003	**Installment Payment**	**2012 – R-56858** ✓	**5**	**35.21**	35.21 Equity
12/02/2003	**Installment Payment**	**2143 – R-56959** ✓	**6**	**35.21**	35.21 Equity
01/12/2004	**Installment Payment**	**2286 – R-57078** ✓	**7**	**35.21**	35.21 Equity
02/05/2004	**Installment Payment**	**2420 – R-57175** ✓	**8**	**35.21**	35.21 Equity
03/02/2004	**Installment Payment**	**2522 – R-57268** ✓	**9**	**35.21**	35.21 Equity
04/13/2004	**Installment Payment**	**2708 – R-57437** ✓	**10**	**35.21**	35.21 Equity
06/03/2004	**Installment Payment**	**2925 – R-57616** ✓	**14**	**246.47**	183.83 Perp. Care 62.64 Equity
[redacted]5/06/2004	**Installment Payment**	**2926 – R-57522** ✓	**16**	**176.05**	35.17 Perp. Care 35.21 Equity 105.67 Overpayment
05/05/2004	**Installment Payment**	**2989 – R-57510** ✓	**18**	**70.42**	70.42 Equity
	TOTALS:			**1,095.04**	

Transaction History Summary:

Fund Name	Original Amount	Allocations	Amount Due	Amount Cancelled
Equity	876.00	770.37	105.63	
Overpayment	105.67	105.67		
Perp. Care	219.00	219.00		
TOTALS:		1,095.04		

? transactions
11, 12, 13 & 15?

Prepaid Int't Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHHOR NAY NORINE 133963

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 155 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	—
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	46.93
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1711.66
Paid receipt number MC	1711.66
Balance due	0

PAID

MAY 29 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X I AM 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.

133962

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

Signature of recorded holder of deed

X Marlene Kun, Daniel Sr.
Signature

X 10415 Westchester Ave.
Address

X San Diego, CA 92126
City Zip Code

X 858-271-5998
Telephone

Work Order # E 17808

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moe, Dorothy (P.Guardian) 10/5/42 11 R.

in a Liner (Type of Burial Container) Funeral, date, time Monday 6/2 HO

Church, Chapel, Graveside Delivery Only ; MAYOR Mortuary.

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

will be applied and billed to undersigned.

Lot 182 Grave 2 Row Section 1 Division/Block 12

Grave space & Care Fund E-9650	0
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	0
Paid receipt number	—
Balance due	0

Fax 619-281-7587

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 All attached

City Zip Code

Telephone

Paulette

Work Order # E 17809

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17809

GRAVE BLIND CHECK FORM

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

	LEWIS					
		ARROYO	X		BERRATA	

Blind Check Initiated By: Paulette C. Date: 5/30

Interment space for: Dorothy Moe

Interment Date: 6-2-03 Time: Delivery Only!

Div: 12 Sect: 1 Blk/Row: ____ Lot: 182 Gr: 2

Grave Laid out by: Robert + Daniel

Agrees with Legal Card: ☑ Yes ☐ No flag on gr.

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kevin Date: 5/31/03

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moe, Dorothy (P.Guardian) 1058142 11-20-R in a Liner (Type of Burial Container) Funeral, date, time Monday 6/2 10:00 Church, Chapel, Gravesite Delivery Only : MAYOR Mortuary Diane

All Funeral cars 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 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	E-9650 0
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	0
Paid receipt number	
Balance due	0

FAX 619-281-7587

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.

PUBLIC ADMINISTRATOR/GUARDIAN
ESTATE OF: Dorothy Moe
BY X _____
5201 A RUFFIN ROAD
SAN DIEGO, CA 92123

Signature and name (owner of lot)

Address / Zip Code / Telephone

Revised

Work Order # E 17809

Invoice # _____

Acct. # _____

REA-104 (7-94)

This information is available in alternative formats upon request.

E-17809

APPLICATION 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
DOROTHY	-	MOR[illegible]	01/[illegible]/1906	05/24/2003	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	KIMBERLY WHITE-CONS —[illegible] 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	▶	05/27/03

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
$13.00	05/29/2003 R.MARTINEZ	2309104 ▶

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: 5-2-3	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.

PN
to AN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Dyer, 1018

in a Liner (Type of Encasement/Receptacle) Funeral, date, time Mon 6/2 2:30

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before ~~2:00~~ 5:00 p.m. of regular work day or an extra charge of $ Jerry

will be applied and billed to undersigned. Mary S. Hardy

Lot 23 Grave 9 Row ____ Section 2 Division/Block 12

Grave space & Care Fund E-17773	195 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container PAID	190 —
Handling Fees	145 —
Flower vases – Marker setting fee MAY 29 2003	
Recording and filing fee MT. HOPE CEMETARY	45 —
Sales taxes CITY OF SAN DIEGO, CA	14.73
Total Due	964.73
Paid receipt number RS6299	964.73
Balance due	0

I hereby certify I am the X Durable 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.

1017

X Mary S. Hardy
Signature

X 3221 Eichenlaub St
Address

X San Diego, Ca. 92117
City Zip Code

X 858 2737324
Telephone

Signature of recorded holder of deed

X

Invoice # ____

Work Order # E 17810

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17810

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: Pam Date: 5/29

Interment space for: Lucille Dyer

Interment Date: Mon 6/2 Time: 1:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 23 Gr: 9

Grave Laid out by: Rob & Daniel

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: KEVIN Date: 5/31/07

E-17810

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

80

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
LUCILLE	V.	DYER	01/17/1923	05/27/2003	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	MARY HARDY - D.P.O.A. 3221 KICHENLAUB STREET SAN DIEGO, CA 92117

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	▶ Aimee Crabtree	05/30/2003

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
$13.00	05/30/2003	AIMEE CRABTREE 2309131 ▶

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 6-2-3	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.

Atpd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/03

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

in a TS Vault (Type of Burial Container) Funeral, date, time Tues 4/3 11:00

Church, Chapel, Graveside : Astlan Mortuary.

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

Lot 134 Grave 3 Row _____ Section 9 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19 38
Total Due	1769.38
Paid receipt number R 56300	1769.38
Balance due	0

PAID
MAY 29 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO

Holy Cross
Cemetery
Family

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

Ron

X Wife Maria Corchon
Signature
X 6911 Mary Dr
Address
X SD 92114
City
X (619) 303 0824
Zip Code
Telephone

Work Order # E 17811

Invoice # _____

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

pre need just

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/30/03

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

in a ashvault (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 4 Grave 5 Row _____ ~~Section~~ Blk 15 Division/Block FOOF

Grave space & Care Fund "pd 1916"	-0-
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container	55 —
Handling Fees	60 —
Flower vases – ~~Marker setting fee~~	~~125~~ —
Recording and filing fee	45 —
Sales taxes	4.20
Total Due	394.20 ~~394.20~~
Paid receipt number VISA 394.20	~~394.20~~
Balance due	-0-

PAID
MAY 30 2003
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.

NANCY

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

Signature of recorded holder of deed

Pam

Signature

Address

City Zip Code

(619) 222-4136
Telephone

Work Order # E 17812

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
Transfer

Date 6-2-03

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

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 101 Grave _____ Row _____ Section IOOF Division/Block 14

Grave space & Care Fund	0
Additional spaces and care fund TRANSFER FEE	45.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording and filing fee	
Sales taxes	
Total Due	45.00
Paid receipt number R-56302	45.00
Balance due	0

PAID
JUN 2 2003
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

Paulette

Work Order # E 17813

Signature Nedra E. Zane
PoA FOR CARROL WALSH
Address _____
City _____ Zip Code _____
Telephone _____

Invoice # _____
Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1047 York St
San Francisco

№ 2930

Mt. Hope Cemetery

E-17813

The City of San Diego, California

DEED

For and In Consideration of the sum of FIFTY (50.00) Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to Mr and Mrs Charles Walsh

the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, ~~more particularly~~ described as follows:

Lots ~~100~~ and 101 in Block 14 1005 IooF

CHAS. WALSH BURIED IN 101.

according to a map of said cemetery as surveyed under the supervision of the City Engineer, San Diego, California

filed in the office of the County Recorder of San Diego County on the ____ day of ____ 19____, and recorded in Book ____ of Maps, Page ____; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of The City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or other improvement of a like nature that is already, or may hereafter be erected or placed on said lot or plat or parcel of land, but that the said Mr and Mrs Charles Walsh and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

In Witness Whereof, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 5th day of April 1943

THE CITY OF SAN DIEGO,

W. Allen Perry

Park Director.

STATE OF CALIFORNIA, County of San Diego, } ss.

On this 5th day of April 1943, before me Geo J Kenline

a Notary Public in and for said County, personally appeared W Allen Perry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same.

WITNESS my hand and official seal the day and year in this acknowledgment first above written.

Geo J Kenline

Notary Public in and for the County of San Diego, State of California.

My Commission Exp. Jan. 16-1946

Printed in San Diego

RPEGLO SHOOT GROUP

TH · S

RPEOHOOTSGL

RPEGLO TOUSH

LOOPEG

CLOTSH THOLES SHORT

CLTOSH HOTELS GROUP

HOSTEL GROUP



EGOUGY YOUGIE

Mt Hope 3151 Monkey 1-64-527-3700

Jax Tampa 579-6466

POWER OF ATTORNEY E-17813

KNOW ALL MEN BY THESE PRESENTS : That CARROLL WALSH

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE

BLOCK 14 LOT ~~[illegible]~~ 101 IOOF

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

n/a

Signature

x Carroll Walsh

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of Riverside

On August 15, 2002 before me, the undersigned, a Notary Public in and for said State

personally appeared, Carroll L. Walsh

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(SEAL)

Notary Public Signature

VILMA P. JOHNSON
Commission # 1354294
Notary Public California
Riverside County
My Comm. Expires Apr 30, 2006

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

CERTIFICATE OF DEATH

E-17813

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO, DAY, YR	2B. HOUR	3. SEX
CARRIE	Maurice	WALSH	FEBRUARY 28, 1990	2130	FEMALE

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO, DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Caucasian	☐ YES ☒ NO	August 16, 1899	90		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MO	USA	Fred Carroll	Unknown	Jane Page	Unknown

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NA
19 ___ TO 19 ___ ☒ NONE	552-14-1374	Widowed	————

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Press Operator	Aircraft	Boeing Aircraft	4	6

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
11071 Dallas St.	Garden Grove	92640

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Orange	3	California	Carroll Walsh-Son 11071 Dallas St. Garden Grove, CA 92640

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
PIONEER HOSPITAL	IP	LOS ANGELES

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
17831 PIONEER	ARTESIA		☐ YES ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiopulmonary Arrest,	½ hr
DUE TO (B)	Acute Aortic Occlusion	1 day
DUE TO (C)		

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Cerebrovascular Accident

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
1/15/90	2/28/90	▶ J Golden MD	G26683	3/1/90

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: JOEL GOLDEN M.D. 12366 E. ROSECRANS AVE. NORWALK, CA.

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶ | 28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/SEA	Scatter at Sea off the coast of Hungtington Beach, CA Co. of Orange	Mar 6, 1990	Not Embalmed	——

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION D
Pierce Bros Daly-Bartel-Spencer	F-1060	▶ Robert S. Mate	MAR 2 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
UC						01.02-0619.

VS-11 (REV. 9-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

MAR 08 1990

2

Director of Health Services and Registrar

E-17813

Bus. (619) 579-9456
Fax (619) 659-5070

Cemetery Services Agency

Discount Sales
Lots and Crypts

FRED ZARSE
Cemetery Broker

P.O. Box 2454
Alpine, CA 91903

E-17813

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 8009

1. NAME OF DECEASED—FIRST NAME: CHARLES	1a. MIDDLE NAME: THOMAS	1c. LAST NAME: WALSH	2a. DATE OF DEATH—MONTH, DAY, YEAR: December 14, 1963	2b. HOUR: 7:30 A
3. SEX: Male	4. COLOR OR RACE: White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Idaho	6. DATE OF BIRTH: December 16, 1885	7. AGE (LAST BIRTHDAY): 77 YEARS; IF UNDER 1 YEAR; IF UNDER 24 HOURS
8. NAME AND BIRTHPLACE OF FATHER: Osborn Walsh - Unknown	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Minnie McConnell - Illinois	10. CITIZEN OF WHAT COUNTRY: U. S. A.	11. SOCIAL SECURITY NUMBER: 549-05-7617	
12. LAST OCCUPATION: Bar Tender	13. NUMBER OF YEARS IN THIS OCCUPATION: 30	14. NAME OF LAST EMPLOYING COMPANY OR FIRM: Del Mar Caterers	15. KIND OF INDUSTRY OR BUSINESS: BAR	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: No	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	18a. NAME OF PRESENT SPOUSE: Carrie M. Walsh	18b. PRESENT OR LAST OCCUPATION OF SPOUSE: Housewife	
19a. PLACE OF DEATH—NAME OF HOSPITAL: Residence		19e. STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS: 4453 Keeler Avenue (X WITHIN CITY CORPORATE LIMITS; OUTSIDE CITY CORPORATE LIMITS)		
19c. CITY OR TOWN: San Diego, Calif.		19b. COUNTY: San Diego	19d. LENGTH OF STAY IN COUNTY OF DEATH: YEARS	19f. LENGTH OF STAY IN CALIFORNIA: YEARS
20a. LAST USUAL RESIDENCE—STREET ADDRESS (INCLUDE NUMBER OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 4453 Keeler Avenue	20e. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE (X)	IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ( ) ON A FARM ( ) NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): -	
20c. CITY OR TOWN: San Diego	20d. COUNTY: San Diego	20e. STATE: California	21b. ADDRESS OF INFORMANT:	

22a. PHYSICIAN (HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT ATTENDED THE DECEASED FROM ____ 19__ AND THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__)

22b. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HELD AN INVESTIGATION AS CORONER): Autopsy By: Stanley J. Boyd, M.D.

22c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: ROBERT L. CREASON, Coroner By: [signature] Deputy

22d. ADDRESS: 5555 Overland Ave. San Diego, Calif.

22e. DATE SIGNED: 12-14-63

23. SPECIFY BURIAL, CREMATION OR OTHER DISPOSITION: Burial	24. DATE: 12/18/1963	25. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery	26. EMBALMER—SIGNATURE (IF BOOT EMBALMED)—LICENSE NUMBER: [signature]	
27. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Humphrey Mortuary	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: DEC 17 1963	29. LOCAL REGISTRAR—SIGNATURE: [signature]		

30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Arteriosclerotic Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CAUSE LAST: DUE TO (B): ____ DUE TO (C): ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Generalized arteriosclerosis

31. OPERATION—CHECK ONE: (X) NO OPERATION PERFORMED; ( ) OPERATION PERFORMED WITHIN 3 MONTHS ABOVE STATED CAUSE OF DEATH; ( ) OPERATION PERFORMED WITHIN 3 MONTHS NOT RELATED TO TERMINAL ABOVE STATED CAUSE OF DEATH	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE: ( ) NO AUTOPSY; (X) AUTOPSY PERFORMED, FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH; ( ) AUTOPSY PERFORMED, FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34a. DESCRIBE HOW INJURY OCCURRED		
34b. TIME OF INJURY: HOUR, MONTH, DAY, YEAR			
35a. INJURY OCCURRED: ( ) WHILE AT WORK; ( ) NOT WHILE AT WORK	35c. PLACE OF INJURY	35b. CITY, TOWN OR LOCATION, COUNTY, STATE	

This is to certify that, if bearing the Official Seal of the San Diego Department of Public Health, this is a true and correct copy of the original document filed.

Fee Paid $2.00

Dated: DEC 17 1963

[signature] M.D. Director.
San Diego Department of Public Health

AT Need OPEN BACK GATE RC.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-2-03

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

in RC ~~Liner~~ TS. Vault Type of Burial Container Funeral, date, time Fri June 6 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

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

Lot 101 Grave 1 Row _____ Section IOOF Division/Block 14

Grave space & Care Fund	~~0~~ —
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Ts Vault PAID	250.00
Handling Fees	185.00
Flower vases – Marker setting fee JUN 04 2003	—
Recording and filing fee	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, Ca	14.36
Total Due	874.36
Paid receipt number R-56316	874.36
Balance due	0

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

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

Signature of recorded holder of deed

228935

Signature Monica B. Miller

Address 4765 Home 83

City SD 92105 Zip Code

Telephone 619-269-7421

Revisited

Work Order # E 17814

Invoice # _____

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

MOUNT HOPE CEMETERY
(619) 527-3400

56316

Date: June 4 , 20 03

From: Monica Bennett-Miller Address: 4765 Home #3 SD Ca 92105

Eight Hundred Seventy Four 36/00 — Dollars ($ 874.36)

in full Payment of Interment order for Joan Blair

Lot 101 Grave ____ Row ____ Section DOF Division Block 14

Invoice No. ____

Acct. No. ____

W.O. E-17814

BALANCE DUE ∅

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

M.O. 884881233 4

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

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	375.00
Closing	77181	
Burial	100	250.00
Containers	77182	
	100	185.00
Handling Fee	77185	
Recording &	100	45.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	19.36
	78390	
TOTAL PAID	$	874.36

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

MT HOPE CEMETERY E-17814

GRAVE BLIND CHECK FORM

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

			Edwards	Hinricks		
		Walsh	x	Voetter		

Blind Check Initiated By: Paulette C. Date: 6-4-03

Interment space for: Joan Blair

Interment Date: 6/6/03 Time: 11:00

~~Div:~~ ____ Sect: ~~100~~ ~~Blk/Row:~~ 14 Lot: 101 Gr: ____

Grave Laid out by: [signature]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: [signature] JR Date: 6/4/03

E-1784

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60

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
JOAN	L	BAIR	08/30/1942	05/27/2003	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	MONICA BENNETT-DAUGHTER 4765 HOME AVE. # 83 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 BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	Claudette Russ	06/06/2003

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
$13.00	06/04/2003 C.RUSS	▶ 2309430

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 6-6-03	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

At Need

Date 6-2-03

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

in a T.S. vault (Type of Burial Container) Funeral, date, time Weds June 4th 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 133 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-16680	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container T S vault	250.00
Handling Fees PAID	185.00
Flower vases – Marker setting fee	—
Recording and filing fee JUN - 2 2003	45.00
Sales taxes	19.38
MT. HOPE CEMETARY CITY OF SAN DIEGO, CA Total Due	874.38
Paid receipt number R-56303	874.38
Balance due	0

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

Velma West
Signature

1004 N. 39th St
Address

San Diego, CA 92102
City Zip Code

262-5844
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17815

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17815

GRAVE BLIND CHECK FORM

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

					Freeman	
	Castellanos	Gibbs	X		Ruth	

Blind Check Initiated By: Paulette C. Date: 6-2-03

Interment space for: LeRoy West

Interment Date: 6-4-03 Time: 11:00 Cho

Div: 11 Sect: 2 Blk/Row: ____ Lot: 133 Gr: 10

Grave Laid out by: Robert Chuck

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: JR Date: 6/2/03

E-17815

APPLICATION 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
Leroy	-	West	12/1922	05/30/2003	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	Velma T. West, Wife 1004 N. 39th 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Velma T. West	06/04/2003

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

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
13.00	06/09/2003 B. Campbell	2309377 ▶

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 6-4-03	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.

Premium lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sydney Gunerson 133906

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 89 Grave 15 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	376 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14 73
Total Due 2590	416.00
Paid receipt number R56305	416.00
Balance due	1248.73

PAID

JUN 05 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

133905

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

_____
Signature of recorded holder of deed

Pam

Signature

7232 Peterson Ave.
Address

San Diego, Calif. 92114
City Zip Code

Telephone

Work Order # E 17816

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need Set

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanche Washington for 133967

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 113 Grave 5+6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	2@895 — 1790 —
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording and filing fee	
Sales taxes	
Total Due	1790 —
Paid receipt number R56306	600 —
Balance due	1190 —

5/16/03 Paid in full 57841 R

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

Blanche M Washington
Signature

5580 54th pl.
Address

SD CA 92114
City

Zip Code

(619) 263 4325
Telephone

Work Order # E 17817

Invoice # _____

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

MOUNT HOPE CEMETERY
(619) 527-3400

57211

Date: Feb 12, 20 04

From: B. Washington Address: 5580-56 pl. SD 92114

Dollars ($ 100.00)

in part Payment of pr mud

Lot ~~part~~ 113 Grave 6 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E-17817

Acct. No. ____

W.O. ____

BALANCE DUE 644 00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

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

PAID

FEB 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	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	$	100 —

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

56666

Date: Sept. 11, 20 03

From: B. Washington
One Hundred

Address: 5580 56th pl SD 92114

Dollars ($ 100.00)

in cash Payment of pre need

Lot 113 Grave C Row Section 2 Division ~~Block~~ 12

Invoice No. E17817

Acct. No.

W.O.

BALANCE DUE 794.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1042

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

PAID

SEP 11 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Dan Hetzel

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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57498

Date: April 29 20 04

From: Blanche Washington Address: 5580 - 56 pl. SD 92114

Dollars ($ 100.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row _____ Lot 113 Grave 6

Invoice No. E17817

Acct. No. _____

W.O. _____

BALANCE DUE 594.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 3735

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

PAID

APR 2 9 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

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	50101		
	78390		
TOTAL PAID	$	100	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

57994

Date: Sept 9, 20 04

From: Blanche Washington Address: 5580 56th pl. 92114

Dollars ($ 200.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 113 Grave 6

Invoice No. E 17817

Acct. No.

W.O.

BALANCE DUE 394.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

10721

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

PAID

SEP 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	200	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	$	200	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-17817

58494

Date: 2/10, 2005

From: Blanche Washington Address: on record

Two Hundred Dollars ($ 200 —)

in Part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 113 Grave 6

Invoice No. E-17817

Acct. No. ____

W.O. ____

BALANCE DUE $ 94 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 3838

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

FEB - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	200 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial	100	
Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	200 —

E-17817

WASHINGTON, BLANCHE 5580 56th PL SD 92114 (619) 263-4325

				debit	credit	balance
06[redacted]-03		pre need lots R-56306				
		DIV 12 SEC 2 LOT 113 GR 566		1790.00		1790.00
		R-56306			600.00	1190.00
6/18	03	56383	9.5 ruled still to pay on gift -		296.00	894.00
9-11	03	56666	coupon #7-8		100.00	794.00
2-12	04	57211	9-10		100 -	694.00
4-29	04	57498	11-12		100.00	594.00
9-9	04	57994	NO Coupon		200.00	394.00
10-27-04		58169	NO coupon		100.00	294.00
2-9-05		58494	18-21 4 coupons		200 -	94 -
3-15-05		58625	23-24		90 -	4 -
6-16-05		R-58851	paid in full		4 -	0

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jillian Cotton 133974

Lionel ~~FS Vault~~ Type of Burial Container Funeral, date, time Sat 6/7 1:00

Church, Chapel, Graveside Kingdon Hall ; Kazsdale Mortuary.

All Funeral cars must arrive before ~~3~~ p.m. of regular work day or an extra charge of $ 300 will be applied and billed to undersigned. D.L.C.

Lot 260 Grave 8 Row ____ Section 2 Division/Block 12

Grave space & Care Fund		895 —
Additional spaces and care fund	Sat over time	600 —
Opening/Closing & Setup	PAID	375 —
Burial Container		190 — ~~250~~
Handling Fees	JUN 04 2003	145 ~~185~~
Flower vases – Marker setting fee		
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, C.	45 —
Sales taxes		19.38
Total Due		~~2264.73~~ ~~2209.38~~
Paid receipt number	R 56321	2264.73
Balance due		0

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

Patricia Holiday
Signature
4495 Illinois St #C
Address
San Diego CA 92116
City Zip Code
619-269-9928
Telephone

Work Order # E 17818

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17818

GRAVE BLIND CHECK FORM

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

			Bailey	Echeverria		
	Pon	Ramirez	x			
			Stone			

Blind Check Initiated By: Pam Date: 6/2/03

Interment space for: Lillian Cotton

Interment Date: Sat 6/7 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 200 Gr: 8

Grave Laid out by: J Warren

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-5-03

E-17818

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
Lillian	-	Cotton	03/15/1929	05/31/2003	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	Don L. Cotton, Husband 8013 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	06/04/2003

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
13.00	06/04/2003 B. Campbell	2309424 ▶

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 6-7-03	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.

AA
paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Morgan James 133971

in a Liner Type of Burial Container Funeral, date, time wed 6/4 130

Church, Chapel, Graveside _____ ; Leysdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 158 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	—
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	—
Recording and filing fee	45 —
Sales taxes	14.73 ✓
Mortuary to pay difference	R 54310 ✓ 1664.73
	R 54369 ✓
Paid receipt number	R 54308 ✓ 950.00
Balance due	714.73
	86.73
	628.00

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.

Marcia A James
Signature

5294 Rex Ave.
Address

San Diego 92105
City Zip Code

(619) 583-3556
Telephone

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

_____
Signature of recorded holder of deed

Pam

Work Order # E 17819

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-17819

GRAVE BLIND CHECK FORM

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

		Price	Grisham			
	Brown		X			
	Lobb	Wade	Hicks	Jones		

Blind Check Initiated By: Pam Date: 6/2

Interment space for: Joyce Morgan James

Interment Date: Wed 6/4 Time: 1:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 158 Gr: 11

Grave Laid out by: C. Waver & Robert Bacon

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-3-03

E-17819 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Joyce	Antoinette	James	09/08/1943	05/31/2003	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	Marana James, Daughter 5294 Rex Avenue 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	▶ I Marana Crayton	06/06/2003

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
13.00	06/04/2003 B. Campbell	2309381 ▶

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
- [X] 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 6-4-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jensen
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
~~PRE DEED~~
Father: Yehya Fouda

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (133987)
of For Nadeen Fouda (child) &

in a _____ Funeral, date, time MON 6/9/03 2:30pm
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 _____ Grave 97A Row _____ Section MUSLIM Division/~~Block~~ _____

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container "SLAB" PAID	50.00
Handling Fees	—
Flower vases – Marker setting fee JUN 09 2003	—
Recording and filing fee MT. HOPE CEMETARY	45.00
Sales taxes CITY OF SAN DIEGO, CA	
Total Due	320.00
Paid receipt number Paid by M/C	320.00
Balance due	0

Fax 641-4111

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

Paulette

Work Order # E 17820

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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PRE-DEED
Father: Yeh ya Fouda

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Nadeem Fouda (child)

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

Church, Chapel, Graveside _____ ; _____ 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 _____ Grave 97A Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	100.00
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container SLAB	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	320.00
Paid receipt number	
Balance due	

I hereby certify I am the X Social worker of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Joyce Clabaugh
Signature
X 10992 San Diego Mission Rd
Address
X San Diego CA 92108
City Zip Code
X 619-641 4100
Telephone

Paulette
Work Order # E 17820

Invoice # _____

Acct. # _____

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

MT HOPE CEMETERY E-17820

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: KEVIN Date: _____

Interment space for: Nadeen Fouda

Interment Date: 6-9-03 or 6/10 Time: TBA

Div: _____ Sect: Muslim Blk/Row: _____ Lot: _____ Gr: 97A

Grave Laid out by: NF ROBERT

Agrees with Legal Card: ☐ Yes ☐ No FLAG ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-9-03

E-17820

APPLICATION 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
HADEEN	YEHYA	FOUDA	08/01/1997	06/08/2003	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	YEHYA FOUDA - FATHER 1634 PORTOLA AVENUE 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
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Victoria Azzaro	06/09/2003

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
$13.00	VICTORIA AZZARO 06/09/2003	2309658 ▶

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 6-9-03	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.

PMed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 3 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry & Linda Humiston

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 157 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895—
Additional spaces and care fund	PAID
Opening/Closing & Setup	
Burial Container	JUN 10 2003
Handling Fees	MT. HOPE CEMETARY
Flower vases – Marker setting fee	CITY OF SAN DIEGO, CA
Recording and filing fee	
Sales taxes	
Total Due	895—
Paid receipt number R56315	895—
Balance due	-0-

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

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

_____
Signature of recorded holder of deed

Pam

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

All attached

Work Order # E 17821

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

PMPaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jun 2 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry & Linda Hemiston

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 157 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895
Additional spaces and care fund	PAID
Opening/Closing & Setup	
Burial Container	JUN 10 2003
Handling Fees	
Flower vases – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA
Recording and filing fee	
Sales taxes	
Total Due	895
Paid receipt number R56315	895
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Linda Hemiston
Signature

X 6566 Glenroy St
Address

X San Diego 92120
Zip Code

X 619 286-7810
Telephone

Work Order # E 17821

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

(IMPORTANT RECORD — SAVE IT)

OE-1.7821

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY NUMBER
HUMISTON, LARRY ALAN	671410	513 | 36 | 0863

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5a. GRADE, RATE OR RANK	b. PAY GRADE	6. DATE OF RANK	DAY	MONTH	YEAR
U. S. NAVY (USNR)	LT	O-3		01	JAN	67

7. U.S. CITIZEN	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR
[X] YES [ ] NO	WICHITA, KANSAS		24	SEP	40

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE	c. DATE INDUCTED		
		DAY	MONTH	YEAR
NA	NA		NA	

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
RELEASE FROM ACTIVE DUTY	CARAEWRON ELEVEN, NAS NORIS, SAN DIEGO, CALIF.

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
BUPERS ORDER 021098 of 6DEC66, 611, EXPIRATION ACTIVE DUTY COMMITMENT - VOLUNTARILY SERVING ON ACTIVE DUTY		14	MAR	67

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
CARAEWRON ELEVEN	HONORABLE	NA

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE
COMMANDING OFFICER, NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND 21905	NA

SERVICE DATA

16. TERMINAL DATE OF RESERVE UMTAS OBLIGATION			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
DAY	MONTH	YEAR	a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [X] OTHER COMMISSIONED ENSIGN 25 JUN 63		DAY	MONTH	YEAR
31	JAN	69		SIX	28	JUN	63

18. PRIOR REGULAR ENLISTMENTS	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
NONE	ENSIGN	KANSAS CITY, MISSOURI

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)	22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
804 COLUMBUS AVE NEWTON, KANSAS 67114	a. CREDITABLE FOR BASIC PAY PURPOSES	(1) ACT SERVICE THIS PERIOD	03	08	17
		(2) OTHER SERVICE	00	04	27
		(3) TOTAL (Line (1) plus Line (2))	04	01	14
	b. TOTAL ACTIVE SERVICE		04	00	06
	c. FOREIGN AND/OR SEA SERVICE		02	10	16

23a. SPECIALTY NUMBER & TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
8506-CARRIER AIRBORNE COMBAT INFORMATION CENTER OFFICER	0-61.60 AIRPORT-CONTROL OPERATOR (AIR TRANS.)

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

VIETNAM SERVICE MEDAL, VIETNAM CAMPAIGN WITH 3 STARS, AIR MEDALS (3), NAVY COMMENDATION WITH V, AND NATIONAL DEFENSE SERVICE MEDAL

25. EDUCATION AND TRAINING COMPLETED

OFFICER CANIDATE SCHOOL
NAVAL AIR TECHNICAL TRNG CENTER, GLYNCO, GA. AEW/AIC SCHOOLS

23441452

VA AND EMP SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)	b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (NSLI or USGLI)	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
NONE	TWENTY SEVEN (27)	[ ] YES [X] NO	$ NA	NA

28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE
C. NA	[X] $10 000 [ ] $5.000 [ ] NONE

REMARKS

31. REMARKS

NO DISCHARGE CERTIFICATE ISSUED AT TIME OF SEPARATION

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
804 COLUMBUS AVE. NEWTON, KANSAS 67114	
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
G. E. YOUMANS, LT, USN, OFFICER PERS OFFICER	

DD FORM 1 JUL 68 214N PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N 0101-800-4301

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

Pre Need Fed + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 4 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ophie Brown 13398

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 104 Grave 6 Row Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145 —
Flower vases – Marker setting fee	45
Recording and filing fee	
Sales taxes	14.73
Total Due	1664 73
Paid receipt number R56320	1664.73
Balance due	-0-

PAID

JUN 10 2003

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

Pam

Signature Public Guardian

Address Eve White

City Zip Code

Telephone

Invoice #

Work Order # E 17822

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

AT NEED

Date 6-4-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Damien G. Sinkin

in a Liner (Type of Burial Container) Funeral, date, time Friday June 6 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 $ Day

will be applied and billed to undersigned. _____

Lot 422 Grave _____ Row _____ Section _____ Division/Block 10

E-15162

Grave space & Care Fund	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 Paid by Visa	769.73
Balance due	0

PAID

JUN 04 2003

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

Paulette Paw

Work Order # E 17823

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17823

GRAVE BLIND CHECK FORM

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

	IRVING HOLLINS	CARSON ROY	X	CREHONIA BENNETT		SEABERRY
			WILLIAM HAYES		BUSH	

Blind Check Initiated By: KEVIN Date: 6-4-03

Interment space for: Damien J. Sinker

Interment Date: 6/6 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 422 Gr: ____

Grave Laid out by: D Damien

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave Thanks Kevin

Blind Check & Verified By: DAVID Date: ____

E-17823 (02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAMIEN	JOSEPH PATRICK	SENKIR	09/15/1940	05/30/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FONTANA	SAN BERNARDINO	PATRECE L. SENKIR - WIFE 16570 IRIS DRIVE FONTANA, CA 92335

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	06/04/2003

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
$13.00	06/04/2003 VICTORIA AZZARO	2731522 ▶

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 DEPT.351 N.MTN. VIEW AVE., SAN BERNARDINO,CA 92415 0010	SAN DIEGO COUNTY HEALTH DEPT. - P.O. BOX 8522 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 6-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin 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.

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

133968 13396 Date 6-6-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lucio Olmedo and Irene Olmedo

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 208 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 25% down	249.00
MO-# 06-060671 311 Balance due	746.00

PAID JUN 10 2005

PAID JUN 10 2005

MOUNT HOPE R-56324 MOUNT

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

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

_____
Signature of recorded holder of deed

X Lucio Olmedo
Signature

X 8429 Graves Ave 12F
Address

X Santee Ca 92071
City Zip Code

X (619) 596 16 62
Telephone

Paulette

Work Order # E 17824

Invoice # _____

Acct. # _____

REA-104 (7-98)

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

MOUNT HOPE CEMETERY
(619) 527-3400

58935

Date: 6/10, 2005

From: Lucio O. Vergara Address: On record

Thirty-One and 16 Dollars ($ 31.16)

in Part paid Payment of Pre-need Lot paid in full.

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X 2787

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

PAID

JUN 10

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	31.16
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	$	31.16

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

58184

Date: Nov. 2, 20 04

From: Lucio Olmedo Address: 9654 Marilla Dr. #54 Lakeside, Ca. 92040

thirty one & 00/100 Dollars ($ 31.08)

in part Payment of pre-need lot

Div 10 Sec _____ Blk/Row _____ Lot 2086 Grave 1

Invoice No. E-17824

Acct. No. _____

W.O. _____

BALANCE DUE 217.64

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2528

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 0 2 2004

MOUNT HOPE CEMETERY
ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56782

Date: Oct 10 , 20 03

From: A. Olmedo Address: 8729 Genesee ave 1F Santee 92071

Thirty one & 08/100 Dollars ($ 31.08)

in cash Payment of pre need

Lot 2880 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 17824

Acct. No.

W.O.

BALANCE DUE 621.68

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

PAID

OCT 10 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MO

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

56575

Date Aug 12 2003

From: Julio Olmedo Address: 8729 Gramercy Ave Bf San Ysi 920

Dollars ($ 31.08)

in part Payment of pre need lot

Lot 2086 Grave 1 Row Section Division Block 10

Invoice No. E 17824

Acct. No.

W.O.

BALANCE DUE 83.84

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

PAID

AUG 12 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ MO

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

56661

Date: Sept. 9, 20 03

From Lucio Olmedo Address: On record

Thirty-One and 08 Dollars ($ 31.08)

in part Payment of Pre-need lot only!

Lot 2086 Grave 1 Row Section Division Block 10

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE $652.76

Pre-Need Lot | At Need | On Acct

Pre-need Trust | Cash | Check X

M.O.# 06-0602 09193

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

PAID

SEP 09 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	31.08
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	$	31.08

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

56910

Date: Nov. 17 , 2003

From: Lucio Olmedo Address: 8729 Grama ave # 12 F Seattle 98071

Thirty one & 08/100 Dollars ($ 31.08)

in Payment of pre-need

Lot 2086 Grave Row Section Division ~~Block~~ 10

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 590.60

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓ 413

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

NOV 17 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57454

Date: April 14 , 20 04

From: Lucio Olmedo Address: 8729 Graves ave #DF Santee 92071

Dollars ($ 31-08)

in part Payment of pd-mud

Div 10 Sec Blk/Row Lot 2080 Grave 1

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 435.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2042

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

APR 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56999

Date: Dec. 15, 20 03

From: Lucio Olmedo Address: 8729 Graves ave. # 12F Santee 92071

Dollars ($ 31.08)

in part Payment of pre-need

Lot 2086 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 559.52

Pre-Need Lot / At Need On Acct

Pre-need Trust Cash Check /

2961

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 1 5 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57805

Date: July 19, 2004

From: Lucio Olmedo Address: on record

Sixty-two and 16 Dollars ($ 62.16)

in part Payment of Pre-need lot only coupons 12&13.

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E - 17824

Acct. No.

W.O.

BALANCE DUE $ 341.96

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

PAID

JUL 16 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	62 16
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	$	62 16

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2593

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

57031

Date: Dec. 24 , 20 03

From: Rucio Olmedo Address: 8129 Graves ave #25 Santee 92071

Dollars ($ 31.08)

in cash Payment of Rucio Olmedo

Lot 2086 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 528.44

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2542

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

DEC 24 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hekel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

57311

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 11, 20 04

From: Lucio Olmedo Address: 9654 Marilla dr. LS 92040

Dollars ($ 602.16)

in part Payment of pre need

Lot 2086 Grave 1 Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E17824

Acct. No. ____

W.O. ____

BALANCE DUE 466.28

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

PAID

MAR 11 2004

MOUNT HOPE C

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	602 16
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	$	602 16

Pre-Need Lot / At Need | | On Acct | |

Pre-need Trust | | Cash | | Check / 2026

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

57550

Date: May 13 , 20 04

From: Lucio Olmedo Address: 9654 Marilla dr. #54 SD 92040

Dollars ($ 31.08)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 404.12

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2043

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 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57916

Date: Aug 18 , 20 04

From: Lucio Olmedo Address: 9654 Marilla dr #54 Lakeside, 92040

Dollars ($ 31.08)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E 17824

Acct. No.

W.O.

BALANCE DUE 310.88

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2015

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

PAID

AUG 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	57007		
20% Sales Care	77184		
80% Sales	100	31	08
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	93033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	08

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

58002

Date: Sept 13, 20 04

From: Dario Olmedo Address: 8729 Graves ave #12F Santee 92071

Dollars ($ 31.08)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E17824

Acct. No.

W.O.

BALANCE DUE 279.80

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2004

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

PAID

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

SEP 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hebert

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

58496

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 2/10, 20 05

From: Lucio Olmedo Address: on record

Thirty-one 08 Dollars ($ 31.08)

in part Payment of Pre-need

Div 10 Sec ____ Blk/Row ____ Lot 2086 Grave 1

Invoice No. E-17824

Acct. No. ____

W.O. ____

BALANCE DUE ~~$ 155.48~~ 124.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2676

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

PAID

FEB - 8 2005

ISSUED BY Dcrawford MOUNT HOPE CEMETERY BY

CREDIT	67007	31.08
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	$	31 08

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

58143

From: Dulio Olmedo Address: 9654 Marsha Oct 18 ,20 04
~~8929 Gramercy dr #54 Lakeside 92040~~

Dollars ($ 31.08)

in part Payment of cremation

Div 10 Sec ____ Bld/Row ____ Lot 2086 Grave 1

Invoice No. E17824

Acct. No. ____

W.O. ____

BALANCE DUE 248.78

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

PAID

OCT 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	08
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	$	31	08

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 2516

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

58293

Date: Dec 6 , 20 04

From: Lucio Olmedo Address: 8729 Graves Ave. #12F Santee 92071

thirty-one 08/100 Dollars ($ 31 08)

in part Payment of pre-need lot

Div 10 Sec _____ Blk/Row _____ Lot 2086 Grave _____

Invoice No. E-17824

Acct. No. _____

W.O. _____

BALANCE DUE 186 56

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2657

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

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	31	08
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	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58436

Date: Jan 21 ,2005

From: Lucio Olmedo Address: 8729 Graves ave.

thirty-one 08/100 Dollars ($ 31 08)

in part Payment of pre-need lot

Div 10 Sec Blk/Row Lot 2086 Grave

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE 155 48

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X 2670

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

JAN 2 1 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	31	08
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	31	08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58598

Date: March 8, 20 05

From: Lucio Olmedo Address: on record

Thirty-One and 08/00 Dollars ($ 31.08)

in part Payment of pre-need lot.

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE ~~$~~ 93.32

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 2684

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BY THIS OFFICE.

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	31. 08
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	$	31. 08

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

58720

Date: 4-11 , 2005

From: Olmedo, Lucio Address: On record

Thirty One 08 Dollars ($31.08)

in Part Payment of Pre-need Cot

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE $62.24

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

PAID

APR 05 2005

MOUNT HOPE CEMETERY

CREDIT	67007	31 08
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	50101 78390	
TOTAL PAID	$	31 08

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 2696

ISSUED BY PCrawford

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

58854

Date: 5/18 , 20 05

From Lucio Olmedo Address: On record

Thirty-One and 08 Dollars ($31.08)

in part Payment of Pre-need Lot

Div 10 Sec Blk/Row Lot 2086 Grave 1

Invoice No. E-17824

Acct. No.

W.O.

BALANCE DUE $31.16

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2706

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 17 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	31.08
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	$	31.08

Olmedo, Lucio & Irene

~~9054 Hartland #94 Lakeside 92040~~
~~8729 Graves Ave 12F, Santee CA 92071~~

12136 Orange Crest Ct #4
Lakoside 92040
E-17824
(619) ~~596-1668~~ 443-0645

				DEBIT	CREDIT	BALANCE
6/6/03		Pre-need LOT Only. Lot 2086 Division 10		995.00		995.00
		R-56324 M.O #06-0606671311	199 - 20% 796 - 80%		249.00	746.00
7-[redacted]	03	R56491	Coupon #1		31.08	714.92
8-12	03	56575	" 2		31.08	683.84
9-9-03		56661	" #3		31.08	652.76
10-10	03	56782	4		31.08	621.68
11-17	03	56910	5		31.08	590.60
12-15	03	56999	6		31.08	559.52
12-24	03	57031	7		31.08	528.44
3-11	04	57311	8+9		62.16	466.28
4-14	04	57454	10		31.08	435.20
5-13	04	57550	11		31.08	404.12
7-19-04		57805	12+13		62.16	341.96
8-18	04	57916	14		31.08	310.88
9-13	04	58002	15		31.08	279.80
10-[redacted]	04	58143	16		31.08	248.72
11-2-04		58184	17		31.08	217.64
12-6-04		58293	18		31.08	186.56
1-21-05		58436	19		31.08	155.48
2-9-05		58496	20 Even		31.08	124.40

remaining 20% to 20%

3/8		Balance Forwarded			124.40
3/8	R-58598	coupon # 21		31.08	93.32
4-8-05	R-58720	22		31.08	62.24
5-18-05	R-58854	23		31.08	31.16
6/10/05	R-58935	24		31.16	0

PAID

JUN 10 2005

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 10-5-03

133982

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REGINALD WAYNE MOORE JR.

in a D.D. CRYPT (A) Type of Burial Container Funeral, date, time MON JUNE 9th 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 $ 150.00 will be applied and billed to undersigned. _____

Lot 148 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	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number R-56326	2044.45
Balance due	0

JUN 05 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

X Andrea N Allison
Signature of recorded holder of deed

Paulette

X Andrea N. Allison
Signature

X 6169 Wunderlin Ave
Address

X San Diego CA 92114
City Zip Code

X (619) 255-7699
Telephone

Work Order # E 17825

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17825

GRAVE BLIND CHECK FORM

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

			Boulden		Harris	Junior
			X			
			Romero			

Blind Check Initiated By: Paulette C. Date: 6-5-03

Interment space for: Reginald Moore Jr.

Interment Date: 6-9-03 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 148 Gr: 8

Grave Laid out by: Chuck & Rob

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEVIN Date: 6-5-3

E-17825

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 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
REGINALD	WAYNE	MOORE, JR.	01/07/1984	05/30/2003	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	TAMMY BRADLEY-MOTHER 3434 VALLE AVE. 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	06/03/2003

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
$13.00	06/03/2003 J TBENYARD	▶ 2309911

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 92115-5222	-

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 6 7 03	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.

P.N. Mud Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 5 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Exie Howard 133988

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 131 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795 -
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 2890	199.00
Paid receipt number R56328	199.00
Balance due	596.00

PAID
DEC 04 2003
MOUNT HOPE CEMETERY

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

Exie Howard
Signature
6407 Osler St
Address
San Diego 92111
City Zip Code
(858) 277-4670
Telephone

Work Order # E 17826

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17826

HOWARD, EXIE 6407 OSLER ST SAN DIEGO CA 92111 (858)277-4670

				DEBIT	CREDIT	BALANCE
06-05-2003	Opened Pre-need lot with 25% down					
	Div 11 Sec 2 Lot 131 Gr 6	~~636 - 80%~~		795.00		795.00
	R-56328	159 - 20%			199.00	596.00
6-25 03	56404	Coupon #1			100.00	496.00
8-6 03	56555	2			100.00	396.00
9-5 03	56647	3			100.00	296.00
10-1-03	56745	4			100.00	196.00
11-3 03	56844	17, 18, 19 + 20			100.00	96.00
12-4 03	56970	21-24			96.00	0

PAID

DEC 04 2003

MOUNT HOPE CEMETERY

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-17826

Exie HOward
6407 Osler St
San Diego, CA 92111

Payment Number:	21	Payment Due Date:	03/05/2005
Payment Amount:	**24.00**	**Amount Enclosed:**	
Payment after 03/05/2005:	24.00		
Due After This Payment:	72.00	96.00	
Payments Remaining:	3	*For answers to billing questions, please call 619-527-3400. Thank you.*	

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-17826

Exie HOward
6407 Osler St
San Diego, CA 92111

[illegible]	22
Payment Amount:	24.00
[illegible]	24.00
[illegible]	68.00
[illegible]	2

[illegible]	
Amount Enclosed:	

For answers to billing questions, please call 619-527-3400. Thank you.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-17826

Exie HOward
6407 Osler St
San Diego, CA 92111

Payment Number:	23	Payment Due Date:	05/05/2005
Payment Amount:	**24.00**	**Amount Enclosed:**	
[illegible]	24.00		
[illegible]	44.00	*For answers to billing questions, please call 619-527-3400. Thank you.*	
[illegible]	[illegible]		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-17826

Exie HOward
6407 Osler St
San Diego, CA 92111

[illegible]	24	[illegible]	06/05/2005
Payment Amount:	**44.00**	**Amount Enclosed:**	
[illegible]	44.00		
[illegible]	0.00	*For answers to billing questions, please call*	
[illegible]	0	*619-527-3400. Thank you.*	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED TRUST

Date 6-5-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Everette and Susan Shackelton

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

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1882 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-16330	~~0~~ —
Additional spaces and care fund	—
Opening/Closing & Setup 375.00 + 105.00	480.00
Burial Container T.S. Vault + Ash Vault	305.00
Handling Fees 185.00 + 60.00	245.00
Flower vases – Marker setting fee	125.00
Recording and filing fee 2 @ 45.00 each	90.00
Sales taxes 4.26	23 64
Total Due	1268.64
JUL 19 2005 receipt number R-56329	317.00
Balance due	951.64

PAID

PAID IN FULL R-59372

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

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

Signature of recorded holder of deed

Paulette Crawford

Work Order # E 17827

"See Attached"

Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17827

Down payment for 2 pre-need trusts.
Both for 2nd 1882, Div 10

T.S. Vault		Ashes	
375.00	o/c	105.00	o/c
250.00	T.S. Vault	55.00	ash vault
185.00	H.F.	60.00	H.F.
45.00	Rec fee	45.00	Rec fee
19.38	tax	4.26	tax
874.38		269.26	

874.38
269.26
125.00 marker setting fee { ashes to be placed under marker }

1268.64
- 317.00 Down payment

951.64 Balance

Everett & Sue Shackelton
9813 Jeremy St
Santee 92071

619 449-2389

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58225

Date: Nov. 10 .20 04

From: Sue Shackelton Address: 9813 Jeremy St. Santee 92071

Dollars ($ 39.65)

in part Payment of you need

Div 10 Sec Blk Row Lot 1882 Grave 1

Invoice No. E17827

Acct. No.

W.O.

BALANCE DUE 277.59

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

PAID

NOV 10 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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

ISSUED BY

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

56488

Date: July 15, 2003

From: Everett & Sue Shackelford Address: on record

Thirty-Nine 65 Dollars ($ 39.65)

in part Payment of Pre-need trust account Coupon #1

Lot 1882 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-17827

BALANCE DUE $911.99

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐ 6119

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

PAID

JUL 15 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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	39 65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39.65

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

56746

Date: October 1, 20 03

From: Susan Shackelton Address: 9813 Jeremy St., Santee CA 92071

Seventy-Nine and 30 Dollars ($ 79.30)

in part Payment of Pre-need trust account, Coupons 344

Lot 1882 Grave 1 Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E-17827

Acct. No. ____

W.O. ____

BALANCE DUE $ 793.00

Pre-Need Lot At Need On Acct

Pre-need Trust X Cash Check X

6190

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 0 1 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	79 30
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	$	79. 30

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56860

Date: Nov 5, 20 03

From: Sue Shoetelton Address: 9813 Jeremy st Santee 92071

Thirtynine & 65/100 Dollars ($ 39.65)

in paid Payment of pre need

Lot 1882 Grave 11 Row ____ Section ____ Division 10 ~~Block~~

Invoice No. E17827

Acct. No. ____

W.O. ____

BALANCE DUE 753.39

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check / 6254

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

PAID

NOV 0 5 2003

ISSUED BY 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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

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

56568

Date: Aug 8 , 20 03

From: Shackelford Address: 9813 Gueny St. Santee 92071

Thirty nine & 65/100 Dollars ($ 39.65)

in part Payment of pre need trust

Lot 1882 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E17827

Acct. No.

W.O.

BALANCE DUE 872.34

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 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

57150

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan 30 , 20 04

From: Sue Shackelford Address: 9813 Jeremy St Santee 92071

Dollars ($ 39.65)

in part Payment of pre need

Lot 1882 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 11827

Acct. No.

W.O.

BALANCE DUE 1074.09

Pre-Need Lot | At Need | On Acct

Pre-need Trust ✓ | Cash | Check ✓

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

PAID

JAN 3 0 2004

ISSUED BY 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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

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

57063

Date: January 6 , 20 04

From: Everett & Susan Starkstom Address: 9813 Jeremy St., Santee, Ca 92102

Thirty Nine 65/00 Dollars ($ 39.65)

in Part Payment of pre-need trust

Lot P 1882 Grave 1 Row _____ Section _____ Division 10 ~~Block~~

Invoice No. E-17827

Acct. No. _____

W.O. _____

BALANCE DUE $ 713.74

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 6280

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

PAID

JAN 0 6 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	39.65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39.65

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

57265

Date: March 1, 20 04

From: Sue Shackelton Address: 9813 Jeremy st. Santee 92071

Dollars ($ 39.65)

in part Payment of pre need

Lot 1882 Grave 1 Row _____ Section _____ Division _____ Block 10

Invoice No. E 17827

Acct. No. _____

W.O. _____

BALANCE DUE 634.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 6361

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

MAR 0 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

OFFICIAL RECEIPT

57369

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 26 , 20 04

From: Susan + Everette Shackelton Address: On record

Thirty - Nine 65 Dollars ($ 39.65)

in part Payment of Pre-need Trust account.

Lot 1882 Grave 1 Row ____ Section ____ Division ____ Block 10

Invoice No. E - 17827

Acct. No. ____

W.O. ____

BALANCE DUE $594.79

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

PAID

MAR 2 5 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	39.65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39.65

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 6394

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

57597

Date: May 29 20 04

From: Sue Shackelton Address: 983 Jeremy St Santee 92071

Dollars ($ 39.65)

in part Payment of per mail

Div 10 Sec Blk/Row Lot 1882 Grave 1

Invoice No. E 17827

Acct. No.

W.O.

BALANCE DUE 516.49

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 6464

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 2 8 2004

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	39 65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39 65

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57533

Date: May 10 20 04

From: Sue Shackelton Address: 983 Jeremy St Santee 92071

Dollars ($ 39.65)

in part Payment of pre paid

Div 10 Sec Blk/Row Lot 1882 Grave 1

Invoice No. E17827

Acct. No.

W.O.

BALANCE DUE 555.14

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 6439

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 10 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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57763

From: Sue Shacklton Address: 9823 Jeremy St Santee 92071 Date: July 7, 20 04

Dollars ($ 39.65)

in Cash Payment of pre-need

Div 10 Sec _____ Blk/Row _____ Lot 1882 Grave 1

Invoice No. E17827

Acct. No. _____

W.O. _____

BALANCE DUE 475.84

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 6512

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" WITH SEAL

PAID

JUL 0 7 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	39 65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39 65

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57838

Date: 7/27, 2004

From: S. Shackelton Address: on record

Thirty-Nine and 65 Dollars ($ 39.65)

in part Payment of Pre-need trust.

Div 10 Sec Blk/Row Lot 1882 Grave 1

Invoice No. E-17827

Acct. No.

W.O.

BALANCE DUE $ 436.19

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 6573

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

PAID

JUL 27 2004

ISSUED Crawford 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	39 65
Trust	77186	
Sales Tax	80101	
	78390	
TOTAL PAID	$	39 65

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

57973

Date: Sept. 3 , 20 04

From: Sue Shackelton Address: 9813 Jeremy St Santee 92071

Dollars ($ 79.30)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1889 Grave 1

Invoice No. E 17827

Acct. No.

W.O.

BALANCE DUE 350.89

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [/] Cash [ ] Check [/] 6609

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

SEP 0 3 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	79	30
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	79	30

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58081

Date: Oct 4 , 20 04

From: Susan Shackelton Address: On record

Thirty-Nine 65/100 Dollars ($ 39 65)

in part Payment of Pre-need trust

Div 10 Sec Blk/Row Lot 1882 Grave 1

Invoice No. E-17827

Acct. No.

W.O.

BALANCE DUE $ 317.24

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

PAID

OCT 04 2004

PCrawford

ISSUED BY 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	39.65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39.65

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 10659

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

12-22-04 13:00 PAID **58347**

Date: _____, 20 ____

From: Susan Shackelton Address: 9813 Jeremy St. Santee 92071

thirty nine 65/100 Dollars ($ 39 65)

in part Payment of pre-need trust

Div 10 Sec _____ Blk/Row _____ Lot 1882 Grave _____

Invoice No. E-17827

Acct. No. _____

W.O. _____

BALANCE DUE 237 44

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

PAID

DEC 22 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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	39 65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39 65

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 6745

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

58482

pay by mail

Date: 1-5-05 , 20 05

From: Everett Shackelford Address: 9813 Jeremy ST Santee CA. 92071

Sixty-Nine 65/100 Dollars ($ 39.65)

in PART Payment of TRUST

Div 10 Sec _____ Blk/Row _____ Lot 1882 Grave _____

Invoice No. E-17827

Acct. No. _____

W.O. _____

BALANCE DUE $198.79

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ #6782

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BY THIS OFFICE

PAID

FEB - 5 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58680

Date: 3-30 , 20 05

From: Sue Shackelton Address: on record

Thirty-Nine 65 Dollars ($ 39.65)

in Part Payment of Pre-need trust.

Div 10 Sec _____ Blk/Row _____ Lot 1882 Grave 1

Invoice No. E-17827

Acct. No. _____

W.O. _____

BALANCE DUE 118.99

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [ ] 6747

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

PAID

MAR 29 2005

ISSUED BY Crawford 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	39.	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39.	65

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

58811

Date: 5-3 , 2005

From: Sue Shackelton Address: on record

Thirty-Nine 65

Dollars ($ 39.65)

in part Payment of Interment Installation of Ashes

Div 10 Sec Blk/Row Lot 55 Grave 11

Invoice No. E-17827

Acct. No.

W.O.

BALANCE DUE $79.34

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

PAID

MAY 03 2005

MOUNT HOPE CEMETERY

ISSUED BY Paul Cetta

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	39 65
Sales Tax	60101 78390	
TOTAL PAID	$	39 65

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 66661

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

58900

Date: 6/2, 2005

From: Susan M Shackelton Address: 9813 Jeremy St. Santee CA 92071

Thirty-Nine and 65/00 Dollars ($ 39.65)

in part Payment of Pre-need Lot Account

Div 10 Sec ____ Blk/Row ____ Lot 1892 Grave 1

Invoice No. E-17827

Acct. No. ____

W.O. ____

BALANCE DUE $39.69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6698

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 - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY 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	39.65
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	39.65

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58568

Date: March 1, 2005

From: Sue Shackelton Address: on record

Thirty-Nine 65/00 Dollars ($ 39.65)

in Part Payment of Pre-need trust account.

Div 10 Sec Blk/Row Lot 1882 Grave 1

Invoice No. E-17827

Acct. No.

W.O.

BALANCE DUE $158.64

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [ ] 66/9

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

MAR 0 1 2005

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	39	65
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	39	65

E-17827

Shackelton, Everette & Susan 9813 Jeremy St., Santee CA 92071 (619) 449-2389

		DEBIT	CREDIT	BALANCE
6/5/2003	Opened pre-need trust account. Trust includes O/C of $375.00/$105.00, B/C's of $250/$55, H/F's of $185/60.00, Marker Setting Fee and ~~TWO~~ R/F Fee's $90.00 and Sales Taxes of $19.38 and $4.26 equal to 23.64. R-56329 Lot 1882 and Division 10.	1268.64		1268.64
			317.00	951.64
			39 65	911 99
7-15 03	R-56488 Coupon #1			
8-8 03	56568 2		39 65	872 34
10-1-03	56746 " 3 & 4		79 30	793 04
11-5 03	56860 5		39 65	753 39
1-6 04	R-57063 6		39 65	713 74
1-30 04	57150 7		39 65	674 09
3-1 04	57265 8		39 65	634 44
3-26 04	57369 9		39 65	594 79
5-10 04	57533 10		39 65	555 14
5-29 04	57597 11		39 65	515 49
7-[illegible] 04	57763 12		39 65	475 84
7-[illegible] 04	57838 13		39 65	436 19
9-3 04	57973 14 & 15		79 30	356 89
10-4 04	58081 16		39 65	317 24
11-10 04	E-17827 SHACKELTON, EVERETTE & SUSAN 58225 17		39 65	277 59

12-22-04	58347	18	39 65	237	94
2-5-05	58482	19	39 65	198	29
3-1-05	58568	20	39 65	158	
3/30/05	58680	21	39 65	118	99
5-4-05	58811	22	39.65	79.	34
6-3-05	58900	23	39 65	39	69
7/19/05	R-59372	24	39 69		

at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pedro Buratay (133985)

in a Liner (Type of Burial Container) Funeral, date, time Mon June 9th 1:00

Church, Chapel, Graveside _____ : SD Memorial Mortuary Joseph

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

will be applied and billed to undersigned. _____

Lot 73 Grave 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 R20333	1664.73
Balance due	0

PAID

JUN 06 2003

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 recorder/holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17828

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17828

GRAVE BLIND CHECK FORM

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

		Brown		Lassiter		
	Shields	Shields	X	Buell		

Blind Check Initiated By: Paulette C. Date: 6-6-03

Interment space for: Pedro Bumatay

Interment Date: 6-9-03 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 73 Gr: 12

Grave Laid out by: DAVID + KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: KEVIN Date: 6-7-03

E-17828

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
PEDRO	MEDENILLA	BUMATAY	12/02/1915	06/03/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	ROGELIO BUMATAY-NEPHEW 820 ESPERANZA PLACE CHULA VISTA, CA 91914

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	▶ Joseph Lemon Jr.	6/04/2003

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
$13.00	06/06/2003	J. LEMON JR. ▶ 2309578

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 6/13	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.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 9 03

(133995)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Massie MD 6/16 Liver

In a Liner Type of Burial Container Funeral, date, time Tue 10:45 Hill

Church, Chapel, Graveside : Featherly, Ill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 30.00

will be applied and billed to undersigned.

Lot 147 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund		845
Additional spaces and care fund	PAID	355
Opening/Closing & Setup	130.05 pd	~~355~~ 140
Burial Container	JUN 1 0 2003 pd	140
Handling Fees	pd	145
Flower vases – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, Ca	
Recording and filing fee	pd	45
Sales taxes	pd	14.73
	Total Due	1447.73
	Paid receipt number VL3a	514.73
	Balance due	1130

Mahoney pay difference

R56373

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

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

Signature of recorded holder of deed

Barry A Starke
Signature
4122 Arbor Vitae St
Address
San Diego, CA. 92105
City Zip Code
(619) 260-8503
Telephone

Work Order # E 17829

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17829

GRAVE BLIND CHECK FORM

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

	OBina		MAZURKIE		[illegible]	
			X		VARNER	
		Ray		Price		

Blind Check Initiated By: Pam Date: 6/9

Interment space for: Helen Massie

Interment Date: Fri 6/13 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 9

Grave Laid out by: N F BOB

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-10-03

Featheringill Mortuary

E-17829

1746

Inv Number	Date	Inv Amount	Comment	Payment
MASSIE	06/11/2003	1120.00		1120.00

Vendor Code:CEMCheck Date: 06/11/2003 Amount $ 1,120.00 Chk# 1746

E-17829

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

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	Irene	Massie	01/29/1912	06/06/2003	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	Barry Stark, Grandson 4122 Arbor Vitae 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
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶	06/06/2003

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
$13.00	06/10/2003 K. Zaretzka	2309689 ▶

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 6-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Lawson	
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 + trust

Date 6-9-03

133972.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jo. Delores White + Linda Ware. 133973

in a Funeral (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 249 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 R-56340	416.00
Balance due	1,248.73

PAID
SEP 02 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Paid in full R-56628

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.

133973 133972

I hereby authorize the interment in lot 12 hold under deed.

Signature of recorded holder of deed

Pauleste

x Linda Ware
x Delores White
Signature

x 312 Thrush St.
Address

x San Diego, CA 92114
City Zip Code

x 619 527 8303
Telephone

Work Order # E 17830

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

White, Delores
Ware, Linda 312 Thrush St. , San Diego, CA 92114 (619) 527-8303

E-17830

		DEBIT	CREDIT	BALANCE
6/9/03	Pre-need lot & trust account with 25% down	1664.73		1664.73
	on LOT 249, GR 3, SEC 2, DIVN 12 R-56340		416 00	1248.73
	Trust includes (1) O/C, B/C, H/F, R/F Fees		1248.73	0
	Sales Tax on the LINER.			
9-2-03	R-56628 Paid in full			

PAID

SEP 02 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C/

Attd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 9, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Rogers (133991)

in a Liner (Type of Burial Container) Funeral, date, time Fri 6/13 1:00

Church, Chapel, Graveside _____ ; At Burial Mortuary.

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

will be applied and billed to undersigned. 3:00 AR

Lot 158 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	845 —
Additional spaces and care fund	—
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	—
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R56342	1664.73
Balance due	0

PAID

JUN 09 2003

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.

X Alicia Rogers
Signature

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

X 5724 Dream St.
Address

X San Diego, 92114
City, Zip Code

Signature of recorded holder of deed

X (619) 264-7384
Telephone

Work Order # E 17831

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17831

GRAVE BLIND CHECK FORM

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

		Parker		Lasley		
			X			

Blind Check Initiated By: Pam Date: 6/9

Interment space for: Willie Rogers

Interment Date: Fri 6/13 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 158 Gr: 5

Grave Laid out by: N F Rds

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-10-03

E-17831

PERSON

7. U. S. CITIZEN	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR
[X] YES [ ] NO	Mindenhall, MS		29	May	49

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER	10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE	c. DATE INDUCTED DAY	MONTH	YEAR
043 404 915 44	LB #140 San Diego, San Diego, CA92101		NA	

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	11b. STATION OR INSTALLATION AT WHICH EFFECTED
Release from Active Duty	Forbes AFB, Topeka, KS

11c. REASON AND AUTHORITY	11d. EFFECTIVE DATE DAY	MONTH	YEAR
AFM 39-10, Chap 3 Sec A (SIN 203) Expiration Term of Service	4	Jun	73

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	13b. TYPE OF CERTIFICATE ISSUED
3301 School Sq (ATC)	HONORABLE	NA

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE
USAFR	1

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMTRS OBLIGATION DAY	MONTH	YEAR	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	17b. TERM OF SERVICE (Years)	17c. DATE OF ENTRY DAY	MONTH	YEAR
5	May	75	[X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER AFQT 603	4	5	Jun	69

18. PRIOR REGULAR ENLISTMENTS	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
None	Airman Basic E1	Los Angeles, CA

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)	22a. SPECIALTY NUMBER & TITLE	22b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
5724 Dream St., San Diego, San Diego, CA 92114	43250-Jet Eng Mech	621.281-Acft Eng Mech

23. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04	00	00
	(2) OTHER SERVICE	00	00	29
	(3) TOTAL (Line (1) plus Line (2))	04	01	23
b. TOTAL ACTIVE SERVICE		04	01	23
c. FOREIGN AND/OR SEA SERVICE		02	06	17

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NDSM, AFOCM (5 Jun 69-4 Jun 72)
AFLSA (4 Jun 73)

25. EDUCATION AND TRAINING COMPLETED

Jet Eng/Mech Crse ABR 43230 Compl 69.
Jet Eng Techn Crse 4AMF 43270-12 Compl 72.

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS TIME LOST (Preceding Two Years)	26b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (NSLI or USGLI)	27b. AMOUNT OF ALLOTMENT	27c. MONTH ALLOTMENT DISCONTINUED
No Time Lost	SEE ITEM 30	[ ] YES [X] NO	NA	NA

28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE
C- NONE	[X] $15,000 [ ] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS

High School Graduate/BLOOD GROUP: O Pos/AQS: M50 A95 O45 E45/LNAC, 26 Jun 69, DODNACC, Wash., D.C./DAFSC-99015/Indochina-No Vietnam-No Korea-No. I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment/reenlistment standards in effect at the time of his application. PAYS ACCRUED LEAVE UNKNOWN

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Same as item 21.	
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
GLENN E. MILLER, SMSgt, USAF NCOIC, Port Separation Section	

DD FORM 1 JUL 70 214 PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

E-17831

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
WILLIE	LEE	ROGERS, JR.	05/29/1949	06/04/2003	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	ALICIA ROGERS-DAUGHTER 5724 DREAM STREET SAN DIEGO, CALIFORNIA 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]	06/11/2003

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
$13.00	06/11/2003 J. BENYARD	▶ 2309813

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 6-13-03	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.

Attest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 10, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 20031567 (133999)

in a pat 2nd Type of Burial Container Funeral, date, time Thurs 6/12 9:00

~~Church, Chapel, Graveside~~ Del Oaks : 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 15 Grave ~~31~~ 1 Row B Section _____ Division/Block 13

Grave space & Care Fund 1200

Additional spaces and care fund ..... _____

Opening/Closing & Setup 425

Burial Container 123 00

Handling Fees ..... _____

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

Recording and filing fee 45

Sales taxes 961

PAID Del Oaks by Check 6/10/03 JH. 23 1563

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Total Due 726.61 ~~726.00~~ PH

Paid receipt number 4705880 726.61

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 of recorded holder of deed

X _____ Signature

X Jane Doe Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 17832

Invoice # 381594

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Attest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 10, 03

You are hereby authorized and requested, subject to your rules and regulations, to inter the remains of Jane Doe 20031507

in a pine box Funeral, date, time Thurs 6/12 9:00

Church, Chapel, Graveside Del Mar : 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 15 Grave H/6 Row ____ Section ____ Division/Block 13 126

Grave space & Care Fund ____ ____

Additional spaces and care fund ____ ____

Opening/Closing & Setup ____ 423

Burial Container ____ 123.01

Handling Fees ____ ____

Flower vases – marker setting fee ____ ____

Recording and filing fee ____ 45 9 00

Sales taxes ____ ____

Total Due ____ 726.00

Paid receipt number ____ ____

Balance due ____

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

Glen L Elsner - Deputy PA
3520-1 Ruffin Rd
San Diego 92123
858 654 3519

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

Signature of Interment Rights Owner of Deed

Work Order # E 17832

Invoice # ____

Acct. # ____

This information is available in alternative formats upon request.

E- 17832

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANE	-	DOE	UNKNOWN	06/22/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	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
MAYER MORTUARY 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424	▶	06/10/2003

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
$13.00	06/10/2003 R.MARTINEZ	2309715 ▶

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 6-12-03	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

AT NEED

Date 6-10-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josefina Bedoy 133993

in a D.D. Crypt (A) Type of Burial Container Funeral, date, time Friday June 13th 1:00

(Church) Chapel, Graveside _____ ; AZTLAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. M.H.B.

Lot 44 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container D.D. Crypt	380.00
Handling Fees PAID	320.00
Flower vases – Marker setting fee	
Recording and filing fee JUN 10 2003	45.00
Sales taxes MT. HOPE CEMETARY	29.45
CITY OF SAN DIEGO, CA Total Due	2044.45
Paid receipt number Visa Card	2044.45
Balance due	0

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

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

Marial Martinez Bedoy
Signature of recorded holder of deed

x Ursula Martinez Bedoy
Signature

x 842 La Presa Ave
Address

x Spring Valley CA. 91977
City Zip Code

x (619) 469 3466 Call 5 7 1 5 10 6
Telephone

Paulette

Work Order # E 17833

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17833

GRAVE BLIND CHECK FORM

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

Roberts	Starks	Ponce	x			

Blind Check Initiated By: Paulette C. Date: _____

Interment space for: Josefina Bedoy ? ?

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: — Lot: 44 Gr: 8

Grave Laid out by: NE Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: David Date: 6-10-03

E 17833

APPLICATION 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
Josefina	-	Bedoy	12/18/1942	06/09/2003	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	Marcial Martinez-Son 842 La Presa Ave. 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
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	▶ Leah A Mata	06/13/03

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
$13.00	Leah A. Mata 06/13/2003	▶ 2309936

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 6/13/03	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

pre-need lot/trust

Date 6-11-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Anna M. Jackson

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 112 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-56355 for M.O.	600.00
Balance due	1064.73

PAID

APR 30 2004

MOUNT HOPE CEMETERY

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 134001 I hold under deed.

_____
Signature of recorded holder of deed

Anna M Jackson
Signature
670 F. Street #49
Address
Chula Vista Ca 91910
City zip Code
_____
Telephone

Paulette

Work Order # E 17834

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17834

Jackson, Anna M. 670 F Street #49, Chula Vista CA 91910

				DEBIT	CREDIT	BALANCE
6/11/03		Opened pre-need lot & trust account with down payment. Trust includes: One O/C, B/C, H/F, R/F Fee, Tax on Liner. R-56355. 12,2,,112/2		895.00		895.00
				769.73		1664.73
7-3	03	R56441	coupon #1		600.00 sent to trust	1064.73
7-30	03	56527	2		300.00	764.73
9-4	03	56634	3		100.00	664.73
10-2	03	56751	4		300.00	364.73
11-7	03	56869	5		44.36	320.37
12-5	03	56978	6		44.36	276.01
1-2-04		57048	7		44.36	231.65
2-5	04	57172	8		44.36	187.29
3-2	04	57272	9		44.36	142.93
3-29-04		57376	10		44.36	98.57
4-30	04	57500	11		44.36	54.21
					54.21	0

PAID

APR 30 2004

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57500

From: Anna Jackson Address: 670 F St. #49 CV 91910 Date: April 30 20 04

Dollars ($ 54.21)

in full Payment of pre-need

Div 12 Sec 2 Blk/Row ____ Lot 112 Grave 12

Invoice No. E17834

Acct. No. ____

W.O. ____

BALANCE DUE -0-

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" AT THIS OFFICE

PAID

APR 3 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Holzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	54 21
Sales Tax	60101 78390	
TOTAL PAID	$	54 21

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

57376

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: March 29, 20 04

From: Anna M Jackson Address: On Record

Forty Four and 36 Dollars ($ 44.36)

in Part Payment of pre-need lot/trust.

Lot 112 Grave 12 Row ____ Section 2 Division 12 Block

Invoice No. E-17834

Acct. No. ____

W.O. ____

BALANCE DUE $ 54.21

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

PAID

MAR 2 9 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	44	36
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	44	.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MO. # 8850084567 5

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

57272

Date: March 2, 20 04

From: Anna Jackson Address: 1070 F St. #49 CV 91910

Dollars ($ 44.36)

in part Payment of pre need

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

Invoice No. E17834

Acct. No. ____

W.O. ____

BALANCE DUE 98.57

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check ☐ #6

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

PAID

MAR [illegible]

ISSUED BY Pam Hood

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	44	36
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	44	36

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

57172

Date: Feb. 5 20 04

From: Anna Jackson Address: 670 F St. #49 CD 91910

Dollars ($ 44 36)

in part Payment of pr need

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

Invoice No. E 17834

Acct. No. ____

W.O. ____

BALANCE DUE 142.93

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ MO

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

PAID

FEB 0 5 2004

ISSUED BY MOUNT Patricia Hebert

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	44	36
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	44	36

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

57048

Date: Jan 2 , 2004

From: Anna M. Jackson Address: On record

Forty-four 36 Dollars ($ 44.36)

in part Payment of pre-need lot + trust account

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

Invoice No. E-17834

Acct. No. _____

W.O. _____

BALANCE DUE $ 187.29

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MO 9322-9291611

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

PAID

JAN - 2 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	44.36
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	44.36

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

56978

From: Anna Jackson Address: 670 Fst. #49 CV 91910 Date: Dec. 5 20 03

Dollars ($ 44.36)

in Part Payment of pre-need

Lot 112 Grave 12 Row _____ Section 2 Division Block 2

Invoice No. E7834

Acct. No. _____

W.O. _____

BALANCE DUE 231.65

Pre-Need Lot / At Need | On Acct |

Pre-need Trust / Cash | Check /

MD

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 05 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Helzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	44	30
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	44	36

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56869

Date: Nov. 7 20 03

From: Anna Jacksen Address: 620 F. St. #49 CV 91910

Forty Four + 36/100 Dollars ($ 44.36)

in part Payment of pre-need

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

Invoice No. E 17834

Acct. No. _____

W.O. _____

BALANCE DUE 276.01

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED "PAID" IN THE SPACE.

PAID

NOV 0 7 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	44 36
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust / Cash ☐ Check /

AC-212 (Rev. 10-02) MD

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

56751

Date: Oct 2 , 20 03

From: Linnea Jackson Address: 670 J St. # 49 CV 91910

Forty four 36/100 Dollars ($ 44 36)

in Part Payment of pre need

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

Invoice No. E 17834

Acct. No. ____

W.O. ____

BALANCE DUE 300.37

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

PAID

OCT 02 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA.

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	44	36
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	44	36

Pre-Need Lot / At Need ___ On Acct ___

Pre-need Trust / Cash ___ Check / #0

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

56634

Date: Sept 4 , 20 03

From: Anna Jackson Address: 670 Fst. #49 CV 91910

Three Hundred & 00/100 Dollars ($ 300.00)

in part Payment of pre need lot & trust

Lot 112 Grave 12 Row Section 2 Division Block 12

Invoice No. E 17834

Acct. No.

W.O.

BALANCE DUE 304.73

Pre-Need Lot / At Need On Acct

Pre-need Trust / Cash Check / MO

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 0 4 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Rev 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	300	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	300	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56527

Date: July 30 20 03

From: Anna Jackson Address: 670 F St #49 CV 91910

One Hundred & 00/100 Dollars ($ 100.00)

in part Payment of pruned lot + trust

Lot 112 Grave 12 Row Section 2 Division Block 12

Invoice No. E 17834

Acct. No.

W.O.

BALANCE DUE 464.73

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☐ #10

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

PAID

JUL 30 2003

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

ISSUED BY

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

56441

Date: July 3, 20 03

From: Anna Jackson Address: 670 Est #49 CV 91910

Three Hundred dollars, 00/100 Dollars ($ 300.00)

in part Payment of pre need lot trust

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

Invoice No. E 17834

Acct. No. _____

W.O. _____

BALANCE DUE 764.73

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

MD

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 03 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

ISSUED BY _____

CREDIT	67007	189	00
20% Sales Care	77184		
80% Sales	100	116	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	5	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	300	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid Public Guardian Case

Date 6/12/03

1324008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Carmela Mascola

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 164 Grave 3 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-56360	1664.73
Balance due	Ø

PAID
JUN 13 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Public Guardian
Greg Brown
858-694-3508

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.

Case No. 2001158716

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

_____
Signature of recorded holder of deed

Probate no. P 179892

Paulette
Work Order # E 17835

See copies of receipt "

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-17835

ESTIMATE SHEET ONLY

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102 # 20011587
527-3400

6-5-03
Date

for Carmela Mascola
(FIND LOCATION)

Lot	Gr.	Row	Sec.	Blk/Div	$ 895.00

Opening and Closing	$ 375.00
Vault/Liner/Double Crypt/Ash Vault	$ 190.00
Handling Fee	$ 145.00
Recording Fee	$ 45.00
Sales Tax	$ 14.73
Sub-Total	$ 1664.73
Marker Setting Fee	$
Flower Vase and Installation	$
Total:	$ 1664.73

Check coming in mail

Paulette C.
Estimate Given By:

Public Guardian:
Greg Brown
858-694-3508

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

THIS INFORMATION SHEET DOES NOT CONSTITUTE ANY BURIAL ARRANGEMENT. THIS IS FOR INFORMATION PURPOSES ONLY.

REA-103 (9-00)
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

56360

MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 13, 2003

From: Co of S.D. Public Admin Public Guardian Address: 5201-A Ruffin Rd. S.D. CA 92123

One Thousand Six Hundred Sixty-four and 73/100 Dollars ($ 1664.73)

in full Payment of pre-need lot & trust for Carmela Mascola

Lot 164 Grave 3 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-17835

BALANCE DUE Ø

Pre-Need Lot X | At Need | On Acct

Pre-need Trust Y | Cash | Check X 252977

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 13 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184	179.	00
80% Sales	100	716.	00
of Lots	77184		
Opening/	100	375.	00
Closing	77181		
Burial	100	190.	00
Containers	77182		
	100	145.	00
Handling Fee	77185		
Recording &	100	45.	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390	14.	73
TOTAL PAID	$	1664.	73

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

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

U.S. BANK
600 West Broadway, Suite 100
San Diego, CA 92101-3302

90-3582/1222

CHECK NO. 252977

DATE OF ISSUE
06/06/2003

ESTATE OF MASCOLA, CARMELA
CASE NO. P20011587G
PROBATE NO. P 179892
REASON FOR PAYMENT PRE- NEED

AMOUNT OF CHECK
1664.73

ONE THOUSAND SIX HUNDRED SIXTY-FOUR.....DOLLARS
and SEVENTY-THREE CENTS

PAY TO THE ORDER OF:
MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102
ATTN: PAULETTE

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈252977⑈ ⑆122235821⑆ 16184321914⑧

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francis Guevara in a TS Vault (Type of Burial Container) Funeral, date, time Mon 6/16 2:00 Church (Chapel) Graveside ; Humphreys Mortuary.

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

Lot 181 Grave 1 Row _____ Section 3 Division/Block 6

Grave space & Care Fund E 14444	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number	
Balance due	0

I hereby certify I am the X 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.

Monty

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

_____
Signature of recorded holder of deed

Pam

X Mark R
Signature
X 518 Oneonta Ave
Address
X Imperial Beach CA
City
Zip Code 91932
Telephone 619-857-7064

Work Order # E 17836

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-17836

GRAVE BLIND CHECK FORM

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

			Elmer	Elmer		
	Madam	Hale	x	Goodwin		
		Hale	Land			

Blind Check Initiated By: Pam Date: 6/13

Interment space for: Francis Guevara

Interment Date: Mon 6/16 Time: 2:00

Div: 10 Sect: 3 Blk/Row: ____ Lot: 181 Gr: 1

Grave Laid out by: NF Robert

Agrees with Legal Card: ☐ Yes ☐ No flag in grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEY/ Date: 6-16-03

E-17836

38038

APPLICATION 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	R.	GUEVARA	08/08/1928	06/11/2003	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	DAVID GUEVARA (SON) 141 GUAVA AVE. 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
HUMPHERY CHULA VISTA MORTUARY FD 964 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ M Dominguez	06/16/2003

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

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
13.00	06/16/2003 M. DOMINGUEZ	2310016 ▶

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 6/16/03	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.

at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/03

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

In a Liner (Type of Burial Container) Funeral, date, time Friday June 20 11:00

Church, Chapel, Graveside St. Pauls Lutheran church ; Pacific Mortuary. John 558-483-4465

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

Lot 949 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund B-158	-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 JUN 16 2003	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO	14.73
Total Due	769.73
Paid receipt number R-56369	769.73
Balance due	-0-

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

I hereby authorize the interment in lot I hold under deed. 229047

Signature of recorded holder of deed

Clayton T Brandt
Signature
2944 mt View Dr
Address
Laguna Beach Ca 92651
City Zip Code
949 497 1925
Telephone

Paulette

Work Order # E 17837

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-17837

GRAVE BLIND CHECK FORM

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

		Ray	Swing	[illegible]		
Johnson	X	BRANDT	x	Kemin	Cobb	

Blind Check Initiated By: Paulette C Date: 6-16-03

Interment space for: Leroy Brandt

Interment Date: 6-20-03 Time: 11:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 949 Gr: ____

Grave Laid out by: KEN & CHUCK

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave

Blind Check & Verified By: KEVIN Date: 6/17/03

E-17831

APPLICATION 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
LEROY	CHESTER	BRANDT	06/22/1912	06/13/2003	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	VIOLA S. BRANDT - WIFE 1880 MALDEN ST 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
EL CAMINO MEM-PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109	FD-815	▶ Pamela Valentine	06/16/2003

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
$13.00	06/17/2003 P VALENTINE	2310061 ▶

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	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.

Altered

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13, 03

(134806)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Cornelius Peoples~~ Gloria Ball

in a TS vault (Type of Burial Container) Funeral, date, time Wed 6/18 11:00

Church, Chapel, Graveside ____; Rogosdale Mortuary.

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

will be applied and billed to undersigned. ____

Lot 123 Grave 4 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895 -
Additional spaces and care fund	
Opening/Closing & Setup	375 -
Burial Container	250 -
Handling Fees	185 -
Flower vases – Marker setting fee	
Recording and filing fee	45 -
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R-56387	1769.38
Balance due	0

PAID

JUN 17 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, Ca

Mortuary to pay

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

Pam

Signature Pam Pyles

Address 5043 Elm St

City San Diego 92102

Telephone (619) 264 5573 Zip Code

Cell 829-5565

Work Order # E 17838

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY C-1738

GRAVE BLIND CHECK FORM

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

	Pigott					
	Watts		X	Gray		
				Trapp		

Blind Check Initiated By: Pam Date: 6/13

Interment space for: Gloria Ball

Interment Date: 6/18 Wed Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 123 Gr: 4

Grave Laid out by: NF Rob

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-17-03

E-17838

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(12)

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gloria	Ann	Ball	02/01/1941	06/12/2003	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	Patricia Pyles, Daughter 5043 Elm Street 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]	06/16/2003

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
$3.00	06/16/2003 B. Campbell	2310042 ▶

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 6-18-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/17/03

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

in a DD. Crypt (B) Funeral, date, time Wed 6/18 11:30

(Type of Burial Container)

Church, Chapel, Graveside _____ : San Diego 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 156 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund E-6593	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	420.00
Paid receipt number R56374	420.00
Balance due	0

PAID
JUN 16 2003
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.

SD Memorial

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

Sheila A Williams
Signature

Address

City Zip Code

Telephone

Signature of recorded holder of deed

Paulette Pam

Invoice # _____

Work Order # E 17839

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17839

GRAVE BLIND CHECK FORM

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

		McNulty		Wolfe		
Murray	+	Williams	x	Saimon		

Blind Check Initiated By: Paulette C Date: 6/17/03

Interment space for: Elsie Williams

Interment Date: ? Time: ?

Div: 11 Sect: 1 Blk/Row: ____ Lot: 156 Gr: 5

Grave Laid out by: NF RoBERT

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 6-17-03

E 17839

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
ELSIE	BIRDA	WILLIAMS	12/18/1921	06/11/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WESTMINSTER	ORANGE	PAMELA GAYLE-DAUGHTER 2220 E. TREMONT PL. #19-105 CORONA, CA 92879

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	▶ Joseph Lemon Jr	06/13/2003

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
$13.00	DD/MM/YYYY 06/13/2003 J. LENON JR.	Nancy L Cowan 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
P.O. BOX 234 SANTA ANA, CA 92702-0234	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 6-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Jensen	
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.

Adjud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13 03

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

In a Ash vault Funeral, date, time Mon 6/16 12:30

Type of Burial Container

Church, Chapel, Graveside : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4 Grave 5 Row _____ ~~Section~~ Blk 15 Division/Block IOOF

Grave space & Care Fund E17812	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container ..... Top	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number _____	
Balance due	0

I hereby certify I am the 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

Ken

X Nancy A. Wolff
Signature

X 4270 Del Monte Ave
Address

X San Diego, 92107
City Zip Code

X 619-222-4136
Telephone

Work Order # E 17840

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY 17840

GRAVE BLIND CHECK FORM

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

			Schaffhausen	Fisher		
			X		Smith	Smith
		Eton		Clinton		

Blind Check Initiated By: Pam Date: 6/16

Interment space for: Eleanor Anderson ⊗

Interment Date: Mon 6/16 Time: 2:30

Div: IOOF Sect: ____ Blk/Row: F Lot: 4 Gr: 5

Grave Laid out by: NF Robert

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY I Date: 6-16-03

E- 17840

Mr. and Mrs. Sydney Hammond Smith

announce the marriage of their daughter

Eleanor Ruth

to

Mr. James Walter Anderson

on Tuesday, September the first

nineteen hundred and thirty-one

Santa Ana, California

E-17840

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 91

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
ELEANOR	S.	ANDERSON	05/17/1912	06/05/2003	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	NANCY WOLFF - DAUGHTER 4270 DEL MONTE 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
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Diana Lewis	06/09/2003

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
$13.00	DIANA LEWIS 06/10/2003	2309688 ▶

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	11B. DATE BURIED 6-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 06/11/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ RBT	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

Preneed lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gabriel Gutierrez (956)

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 189 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895—
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	895—
Total Due 2340	224—
Paid receipt number R 563600	671.—
Balance due	

PAID
NOV 14 2003
MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam

(13 Knoz)

X Norma Gutierrez
Signature

X 2618 Nina Rd
Address

X Lemon Grove Calif 91945
City Zip Code

X
Telephone

Work Order # E 17841

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17841

GUTIERREZ, NORMA 2618 NINA RD. LEMON GROVE 91945

06-13-2003 Div 12 Sec 2 Lot 189 Gr 9
Lot only Pre-need w/ 25% down R-56366

			debit	credit	balance
			895.00	224.00	671.00
7-11-03		R-56486 Coupon #1		28.00	643.00
8-13-03	56582	2		28.00	615.00
9-11-03	56604	3		28.00	587.00
10-20-03	56805	4		28.00	559.00
11-6-03	56803	5		28.00	531.00
11-14-03	56899	6-24		531.00	-0-

PAID

NOV 14 2003

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Randolph Washington Jr (133999)

in a liner (Type of Burial Container) Funeral, date, time Wed 6/18 1100

Church, Chapel, Graveside _____ : 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 55 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	895 –
Additional spaces and care fund	PAID
Opening/Closing & Setup	375 –
Burial Container	JUN 13 2003 190 –
Handling Fees	145 –
Flower vases – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, C
Recording and filing fee	45 –
Sales taxes	14.73
Total Due	1664 73
Paid receipt number R563607	1664/73
Balance due	0

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

Signature

525 "L" Street

Address

San Diego, California 92102

City Zip Code

(619) 236 8469

Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17842

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-17842

GRAVE BLIND CHECK FORM

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

			Wightman	James	Fitzgerald	
	Wallace	Innis	X		Sale	
		Balsley	King	Gibson		

Blind Check Initiated By: Pam Date: 6/17

Interment space for: Randolph Washington

Interment Date: Wed 6/18 Time: 11:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 55 Gr: 7

Grave Laid out by: KEN & CHUCK

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No flag on grave

Blind Check & Verified By: KEVIN Date: 6/17/03

E - 17842

APPLICATION 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
RANDOLPH	LAWRENCE	WASHINGTON	10/22/1980	06/04/2003	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	ELAINE WASHINGTON-MOTHER 3251 L. ST., 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	[signature]	06/12/2003

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
$ 13.00	06/12/2003 J. BENYARD	2309880

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 6-18-03	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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Pineda (133998)

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 6/18 9:00

Church, Chapel, Graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before ~~3:00~~ 2:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 212 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	250 —
Handling Fees	185 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	19.38
Total Due	1769.38
Paid receipt number R50371	1769.38
Balance due	0

PAID
JUN 1 6 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to pay.

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

Pam

X Jorge Pineda
Signature
X 1110 30Th ST
Address
X San Diego CA. 92102
City Zip Code
X (619) 235-9278
Telephone

Work Order # E 17843

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17843

GRAVE BLIND CHECK FORM

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

		Benjamin	Benjamin		Manuel	
	Elijah		X			
		Sam				

Blind Check Initiated By: Pam Date: 6/13

Interment space for: Jose Pineda

Interment Date: Wed 6/18 Time: 9:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 212 Gr: 10

Grave Laid out by: NF Rob

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARRYL Date: 6-16-03

E 17843

APPLICATION 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
JORGE	-	PINEDA-NUNEZ	04/23/1933	06/13/2003	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	JORGE PINEDA-SON 1110 30th ST. 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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	Selene Chavez	06/16/2003

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

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
$13.00	06/16/2003	SELENE CHAVEZ 2310035

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 6-18-03	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

AT NEED

NEED PALBEARERS

INTERMENT ORDER

City of San Diego

Date 6-16-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HILDA JEAN WILSON

In a T.S. VAULT (Type of Burial Container) Funeral, date, time THURS JUNE 19, 11:00

Church, Chapel, Graveside: Cypress View Mortuary.

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

Lot 620 Grave / Row _____ Section _____ Division/Block 10

PAID

JUN 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Grave space & Care Fund	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-56382	874.38
Balance due	0

Fax
Joal Schroeder
541-347-4331 / 541-347-2907

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

V _____
Signature

V _____
Address

X _____
City Zip Code

X _____
Telephone

Packette

Work Order # E 17844

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17844

GRAVE BLIND CHECK FORM

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

		EGAN	SNEED			
	DEFREESE	SINEGAL	X	KANEHAN		
		DEISCOL	CALLOWAY			

Blind Check Initiated By: Paulette C. Date: 6/17/03

Interment space for: HILDA JEAN WILSON

Interment Date: 6/19/03 Time: 11:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2620 Gr: _____

Grave Laid out by: KEN A CHECK

Agrees with Legal Card: ☒ Yes ☐ No Flagonflag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN TURNER Date: 6/19/03

E 17844

S9

APPLICATION 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
HILDA	JEAN	WILSON	06/14/1913	06/12/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
COOS BAY	OR	JAMES WILSON - SON PO BOX 975 BANDON OR 97411

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
ECK-BERBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104	FD-480	▶ Pamela Valentine	06/18/2003

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
$13.00	06/18/2003 P VALENTINE	2310147 ▶

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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Donald 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.

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 16, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Etta Smith 134004

In a liner Type of Burial Container Funeral, date, time Wed 11:30

Church, Chapel, Graveside : Abeua Mortuary. Loyalto

All Funeral cars must arrive before ~~9:00~~ 3:00 p.m. of regular work day or an extra charge of $ 22.50

will be applied and billed to undersigned.

Lot 218 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-56375	1664.73
Balance due	0

PAID

JUN 16 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to pay

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.

134003

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

Signature of recorded holder of deed

Signature

3891 Gamma St
Address

San Diego CA
City

Zip Code

297-0497
Telephone

Work Order # E 17845

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17845

GRAVE BLIND CHECK FORM

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

Hallman Graves		Farley			Willis	
			X			

Blind Check Initiated By: Pam Date: 6/16

Interment space for: Etta Smith

Interment Date: Wed 6/18 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 218 Gr: 8

Grave Laid out by: N. F ROBER

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Plot on grave

NO COPY OF MAP W/ PAPERWORK

Blind Check & Verified By: [illegible] Date: 6-16-03

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

E 17845

Glove 7

CERTIFICATE OF DEATH 3 200337 008851

ETTA	LORRAINE	SMITH					
		08/18/1952	50				F
MI	351-48-1389		MARRIED	Fd 06/06/2003	1910		
HS. GRADUATE			AFRICAN AMERICAN				
HEALTHCARE COORDINATOR		CONVALESCENT HOSPITAL			5		
3929 KANSAS ST. #39							
SAN DIEGO	SAN DIEGO	92104	30	CA			
JAMES SMITH-HUSBAND		3952 IDAHO ST.#1 SAN DIEGO, CA 92104					
JAMES	A.	SMITH					
NORFLEET	-	YOUNG					II.
KATHRYN	-	BAXTER					MI
06/16/2003	MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102						
BU		Mark Gomez			8260		
CALIFORNIA CREMATION & BURIAL		F-1257	Nancy A Cannon MD		06/11/2003		
Pound, Apartment							
San Diego	3929 Kansas Screet, Apt. 39				San Diego		
R99	Pending toxicology/cultures						
R99							
1545							

E-17845

50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETTA	LORRAINE	SMITH	08/18/1952	06/06/2003	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	JAMES SMITH-HUSBAND 3952 #1 IDAHO 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ Claudette Russ	06/11/2003

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
$13.00	06/11/2003 C. RUSS	▶ 2309705

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 6-18-03	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.

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 16 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Son Tu 134011

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 391 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300 -
Additional spaces and care fund	
Opening/Closing & Setup	105 -
Burial Container	PAID
Handling Fees	
Flower vases – Marker setting fee	JUN 16 2003
Recording and filing fee	MT. HOPE CEMETARY 45 -
Sales taxes	CITY OF SAN DIEGO, CA
Total Due	450 -
Paid receipt number MC	450 -
Balance due	0

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.

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

_____
Signature of deed holder of deed

MEASUREMENTS OF URN PER JEANNETTE 7½ L x 9W x 8¾ H

X Rudy Fish 134010
Signature

X 2532 RIDGE VIEW DR
Address

X SAN DIEGO, CA 92105
City Zip Code

X 619-266-2849
Telephone

Work Order # E 17846

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-03

134012

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAMMi-BEARDSLEY (A) P.A.# 20031671

In a D.D. Crypt (A) Funeral, date, time THURS. JUNE 19th 10:30

Type of Burial Container

Church, Chapel, Graveside Delivery ; McLeod Mortuary: Melissa

760-745-2400

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

will be applied and billed to undersigned. _____

Lot 15 Grave 2A Row _____ Section _____ Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	123.00
Burial Container	123.01
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.61
Total Due	726.62
Paid receipt number	726.62
Balance due	-0-

PAID

JUL 31 2003

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

P.A. Marco DelaTorre 858-694-3500

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

Paulette

Work Order # E 17847

Invoice # 382000

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17847

APPLICATION 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
TAMMI	LOU	BEARDSLEY	08/28/1968	06/10/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Valley Center	San Diego	Marco Bela Toba - Deputy PA 3501-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
McLeod Mortuary 1919 E. Valley Pkwy. - Escondido, CA 92027	FD299	▶	06/12/2003

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
$13.00	M. Mittlehauser 06/12/2003	2309907 ▶

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 San Diego, CA 92101	11B. DATE BURIED 6-14-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Attached w/fuel

Date June 17 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fujie Nakagawa ⊗ 1:30

in a DD 2nd Type of Burial Container Funeral, date, time Sat 6/21 ~~2:00~~ PM

Church, Chapel, Graveside : Neels Brea Mortuary

Brian 714) 529 2194 Fx 714) 529 5549

All Funeral cars must arrive before ~~3:00~~ 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 165 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	-0-
Additional spaces and care fund	PAID OT 600
Opening/Closing & Setup	315
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	
Total Due	960
Paid receipt number MC	960
Balance due	-0-

JUN 17 2003

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 per attached Address
X _____ City Zip Code
X _____ Telephone

Work Order # E 17848

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 17 03

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

In a DD 2nd Type of Burial Container Funeral, date, time Sat 6/21 2:00

Church, Chapel, Graveside Neels Bros Mortuary

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

Lot 165 Grave 2 Row 3 Section 11 Division/Block 7

Grave space & Care Fund		
Additional spaces and care fund	PAID OT	600
Opening/Closing & Setup		345
Burial Container	JUN 17 2003	
Handling Fees		
Flower vase – Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	
Recording and filing fee		45
Sales taxes		
Total Due		1920
Paid receipt number MC		1920
Balance due		0

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

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

Signature of deed holder

X Yuki Nakagawa
Signature
X 2089 Calle Feliz
Address
X Thousand Oaks CA 91360
City, State, Zip Code
X 805 499 6621
Telephone

Work Order # E 17848

Invoice # _____

Acct. # _____

MEA-101 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ pad

MT HOPE CEMETERY E-1 7848

GRAVE BLIND CHECK FORM

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

edge of uprights

	Watanabe		Yada			
	Nishimiya		X	Nakagawa		
	Imamura		U. Yada	Yamaguchi		

Blind Check Initiated By: Pam Date: 6/17

Interment space for: Fujie Nakagawa

Interment Date: Sept 6/21 Time: 2:00

Div: 7 Sect: 11 Blk/Row: ____ Lot: 165 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6/18/03

E-17848

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
FUJIE	-	NAKAGAWA	01/23/1916	06/16/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Placentia	Orange	Wayne Nakagawa - Son 1089 Calle Pecos Thousand Oaks CA 91360

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
Neels Brea Mortuary 835 South Brea Blvd., Brea CA 92821	FD 623	▶ Irene C. Clark	06/18/2003

ACKNOWLEDGEMENT 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
$13.00	06 / 18 / 2003	▶ Mark B. Horton M.D.

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 334, Santa Ana CA 92702	P.O. Box 85222, San Diego CA 92110

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 6-21-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Loma Vista Memorial Park 701 E. Bastanchury, Fullerton CA 92835	12B. DATE CREMATED 6-18-03	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.

Pre Need lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 13 03

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

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 816 Grave 10 #9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup 375 x 2	750 —
Burial Container	380 —
Handling Fees	320 —
Flower vases – Marker setting fee	
Recording and filing fee 45 x 2	90 —
Sales taxes	29.45
Total Due	2464.45
Paid receipt number 2590 RS6305	616.00
Balance due	1848.45

Cemetery Deed No Interment included

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

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

Signature of recorded holder of deed

Oscar J Gutierrez
Signature
3157 LA PAZ DR
Address
SDIEGO 92114
City Zip Code
619-266-4492
Telephone

Work Order # E 17849

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

Att Need pre need lot + Post

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 18, 03 6-17-03

B4014

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katrina Washington Salvador

in a DD Crypt (Type of Burial Container) Funeral, date, time Thes 6/24 11:00

Church, Chapel, Graveside _____ : Graveside Mortuary.

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

will be applied and billed to undersigned. _____

Lot 113 #925 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	E 17817	296.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID	380.00
Handling Fees		320.00
Flower vases – Marker setting fee	JUN 18 2003	
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	45.00
Sales taxes		29.45
Total Due		1444.45
Paid receipt number	R56383	1445.45
Balance due		0

Mortuary to bury Crypt

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

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

_____
Signature of recorded holder of deed

Dan

Diane Washington
Signature
5580 56 PL
Address
City
6192634325
Telephone
Zip Code

Work Order # E 17850

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17850

GRAVE BLIND CHECK FORM

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

			Daniels	Smith		
		Dessan	X			Cotton
				Lykins		

Blind Check Initiated By: Pam Date: 6/24

Interment space for: Katrina Washington

Interment Date: Tues 6/24 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 113 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No flag on grave

Blind Check & Verified By: David Noriega Date: 6-24-03

E 17850

APPLICATION 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
KATRINA	DENISE	SALVADOR	11/22/1954	06/17/2003	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	KATRINA QUESDADA S.-HALL-DAUGHTER 5580 56TH 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
CALIFORNIA CEMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	[signature]	06/20/2003

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
$13.00	06/20/2003 J. [illegible]	2310329

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 6-24-03	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 June 19, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karl Klaus 134013

In a dd 1st Type of Burial Container Funeral, date, time Fri 6/20 1:00 PM

Church, Chapel, Graveside del Cerro Featheringill Mortuary.

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

will be applied and billed to undersigned.

Lot 15 Grave 2 Row 6 Section Division/Block 13

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	423.00
Burial Container	123.08
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	9.54
Total Due	726.62
Paid receipt number R56707	726.62
Balance due	0

PAID JUL 31 2003 MT. HOPE CEMETERY CITY OF SAN DIEGO, CA

Mortuary to bury

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 17851

Invoice # 382031

Acct. # 000952

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

Printed on recycled paper

Featheringill Mortuary

E-17851

1790

Inv Number	Date	Inv Amount	Comment	Payment
KRAUS	06/20/2003	726.62		726.62

Vendor Code:MTHOPECheck Date: 06/20/2003 Amount $ 726.62 Chk# 1790

E-17851

APPLICATION 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
KARL	-	KRAUS	06/16/1926	04/29/2003	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	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 92115-2699	FD-1083	▶ Sandra M Sulka	06/17/2003

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
$13.00	06/18/2003	▶ Thomas J Gallagher

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. #L-1 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 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 ▶ David Navarro
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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/19/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Hayes 1340 29 (2:30)

In a liner (Type of Burial Container) Funeral, date, time Thurs 6/26 11:00

Church, Chapel, Graveside ____; JD 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 12 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	PAID
Opening/Closing & Setup	375 —
Burial Container	JUN 2 1 2003 140 —
Handling Fees	MT. HOPE CEMETARY 145 —
Flower vases – Marker setting fee	CITY OF SAN DIEGO, Ca
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number	R56403 1664.73
Balance due	0

mortuary to pay

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.

X Tanesha Lonergan (Signature)

X 3601 1/2 Billman St. (Address)

X San Diego, CA. 92115 (City, Zip Code)

X (619-229-8128 (Telephone)

Signature of recorded holder of deed

Invoice # ____

Work Order # E 17852

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17852

GRAVE BLIND CHECK FORM

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

	Lawson	Kreuter				
			X			
		Wilson	Wilson			Free

Blind Check Initiated By: Pam Date: 6/19

Interment space for: Karen Hayes

Interment Date: Thurs. 6/19 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 89 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: David Noriega Date: 6-29-03

E-17852

APPLICATION 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
KAREN	ROCHELLE	HAYES	01/14/1957	06/17/2003	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	DUANE EARL-BROTHER 3041 J ST. 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	06/24/2003

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
$13.00	06/24/2003 J. LEMON JR.	▶ 2310457

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 92186-85222	

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 6/26/03	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

At Need

Date June 19. 03

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

in a Ash vault (Type of Burial Container) Funeral, date, time Sat 6/28 3:00

Church, Chapel, Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before ~~3:00~~ 2:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. MB

Lot 1689 top middle Right Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund	B 824	
Additional spaces and care fund	OT	✓250 —
Opening/Closing & Setup	family to bring	105 —
Burial Container		✓55 —
Handling Fees	PAID	✓60 —
Flower vases - Marker setting fee	Dawn MC 46.93	✓
Recording and filing fee	JUN 19 2003	✓45 —
Sales taxes		4.26
	MT. HOPE CEMETARY	
	CITY OF SAN DIEGO, Total Due	519.26
15-20 chairs	Paid receipt number MC	519.26
	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. 22886

Signature of recorded holder of deed

Mary L Bryant
Signature
4108 Loma Alta Dr
Address
San Diego CA 92115
City Zip Code
619 229-1057
Telephone

Per Ray stupid animals allowed in vault.

Work Order # E 17853

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Paul

MT HOPE CEMETERY E-17853

GRAVE BLIND CHECK FORM

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

		Oriol	Mostee	Roney		
		Bryant	X		Klein	
	Byrnes				Henderson	

Blind Check Initiated By: Pam Date: 4/19

Interment space for: Ruth Bryant ☒

Interment Date: Sat 4/28 Time: 3:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1689 Gr: 1

Grave Laid out by: DARREYL

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Noriega Date: ____

E 17853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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
RUTH	EMMA	BRYANT	01/16/1917	06/19/2003	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	PAUL BRYANT - HUSBAND 3023 55TH STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Diana Lewis	06/21/2003

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
		$13.00	DIANA LEWIS 06/23/2003	2310386

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 6-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kimi F. Jimson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 06/25/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION RJS	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edword Stone 1340llc

in a Liner (Type of Burial Container) Funeral, date, time 6-23-03 Mon 12:30

Church, Chapel, Graveside _____ : Sal Memorial Joseph Mortuary.

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

will be applied and billed to undersigned. _____

Lot 36 Grave 3 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-56393	1664.73
Balance due	—

PAID
JUN 19 2003
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

Paulette

Work Order # E 17854

Signature ~~See the Attached~~ "

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17854

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 X	4	5	
	6 Moore	7	8	9	10	

Blind Check Initiated By: Paulette C. Date: 6/19/03

Interment space for: Edward Stone

Interment Date: 6-23-03 Time: 12:30

Div: 12 Sect: 1 Blk/Row: — Lot: 36 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave

Blind Check & Verified By: DAVID Date: 6-19-03

E - 17854

57

APPLICATION 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
IRWIN	EDWARD	STONE	05/23/1946	06/12/2003	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	STUART CURTIS WALKER-FRIEND 1732½ MYRTLE ST. 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	▶ Joseph Lemon Jr	06/19/2003

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

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
$13.00	06/19/2003	J. LEMON JR. ▶ 2310281

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222
SAN DIEGO, CA 92104

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 ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-23-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kathy F Lemon
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christine L. Wilkinson 134018

in a Liner Type of Burial Container Funeral, date, time Tues. June 24 11:00

Church, Chapel, Graveside King of Kings ; 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 72 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 – Market setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-56392	1664.73
Balance due	0

PAID

JUN 19 2003

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 "See the attached"

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17855

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17855

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Young	2 [illegible]	3 X	4 Hayward	5 Grooms
	Pennyger 7		8 X	9	10	11

Blind Check Initiated By: Paulette C. Date: 6-19-03

Interment space for: Christine Wilkinson

Interment Date: 6-24-03 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 72 Gr: 8

Grave Laid out by: N FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-20-03

David Norris

E 17855

APPLICATION 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
CHRISTINE	LOVE	WILKINSON	08/07/1951	06/14/2003	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	LANSING WILKINSON-SPOUSE 5848 #15 STREAMVIEW 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 92114	FD-1575	▶ Joseph Lemon Jr	06/20/2003

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

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
$13.00	06/20/2003	J. LEMON JR. ▶ 2310360

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 6-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim Lemon
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 June 20, 03

Pin # 230098

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danielle A. Postel-Goldberg

In a 4th vault (Type of Burial Container) Funeral, date, time AYD Mon 23

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 189 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E16847 -0-

Additional spaces and care fund _____

Opening/Closing & Setup 105-

PAID

Burial Container 55-

Handling Fees JUN 20 2003 60-

Flower vases – Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 45

Sales taxes 4.20

mid - Center

Total Due 269.20

Paid receipt number R-56390 269.20

Balance due -0-

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

Peggy Heasley
Signature

1967 Elenora Dr
Address

Pleasant Hill, CA 94523
City Zip Code

925-825-1952
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17856

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

in grave of Michelle

Mid/Center MT HOPE CEMETERY E-17856

GRAVE BLIND CHECK FORM

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

		LaMare	Snellgrove			
Alexander			X			
	Figueroa					Johnson

Blind Check Initiated By: Pam Date: 6/20

Interment space for: Danielle & Michael

Interment Date: Monday Time:

Div: 12 Sect: 9 Blk/Row: ____ Lot: 189 Gr: 4

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Darren Date: 62323

THE CITY OF SAN DIEGO

PAULETTE CRAWFORD
Docket Clerk
Planning and Development Review
(619) 236-6879 • (619) 236-6478 (FAX)

E-17856

MEMO

I, TERESA L. ISLE, give permission for Danielle Postil-Goldberg and Michael Winsell to be buried with my daughter, Michelle Lynn Johnson.

Teresa L. Isle

6-20-03

DIVERSITY

E-17856

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Danielle	Larie	Postil-Goldberg	07/16/1972	08/22/2002	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	Jack W. Goldberg - Husband 1301 Medical Ctr. Dr. #518 Chula Vista, 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
All Faiths Mortuary & Crematory Services 9840 Caminito Cuadro, San Diego, CA 92129	FD-1733	▶ [signature]	05/15/2003

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
$13.00	05/19/2003	▶ Nancy L Bowen MD for

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 6/23/03	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.

A-Reed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 20, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Winsell Ⓐ 230097

in a _____ Funeral, date, time At 10 Mon 6/23
Type of Burial Container

~~Church, Chapel, Graveside~~ _____ ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot 189 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID _____

Burial Container ..... _____

Handling Fees ..... JUN 20 2003 _____

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY _____

Recording and filing fee ..... CITY OF SAN DIEGO, CA 45 —

Sales taxes ..... _____

Total Due ..... 45 —

Paid receipt number R 56390 45 —

Balance due 0

I hereby certify I am the 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 hold under deed.

_____
Signature of recorded holder of deed

Peggy Measley
Signature
1967 Elnora Dr
Address
Pleasant Hill, CA 94523
City Zip Code
925-825-1952
Telephone

Work Order # E 17857

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17857

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14 days

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	HOUSTON CHRISTIAN	WINSELL	05/04/2002	05/30/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PHOENIX	ARIZONA	PEGGY HEASLEY - GRANDMOTHER 1967 ELINORA DRIVE PLEASANT HILL, CA 94523

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	06/20/2003

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
$13.00	VICTORIA AZZARO 06/20/2003	2310351 ▶

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 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/23/03	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

AT Need
* see special instructions on schedule

Date 6/20/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilda Marie Lorenzen 134022

in a Liner (Type of Burial Container) Funeral, date, time Weds June 25 10:00

Church, Chapel, Graveside : Conrad Gary Mortuary.

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

will be applied and billed to undersigned. ____

Lot 2916 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Liner & vase P.C.	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	1788.51
Paid receipt number Paid by credit card	1788.51
Balance due	0

PAID
JUN 20 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

Paulette

X Christine Tomaschke (Signature)
X 8999 Rovelstoke Terrace (Address)
X San Diego, CA 92126 (City)
X 858 566-0905 (Telephone) Zip Code

Work Order # E 17858

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-17858

GRAVE BLIND CHECK FORM

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

			Hill			
COFFINBERGER	X	SAUCEDA	x	Petersen Stewart	Coleman	

Blind Check Initiated By: Paulette C. Date: 6/20/03

Interment space for: Hilda Marie Lorenzen

Interment Date: 6-25-03 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: ____ Gr: 2916

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/23/03

17858

APPLICATION 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
BRUNHILDA	MARIA LUCIA	LORENZEN	03/01/1922	06/19/2003	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	GERHARD F. LORENZEN - HUSBAND 4262 BLACKTON 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]	06/20/2003

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
$13.00	Grace K. Conrad 06/25/2003	2310529 ▶

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 6-25-03	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 cash Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains for Gerhard F. Lorenzen

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 2916 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-17858	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container ASH Vault	55.00
Handling Fees PAID	60.00
Flower vases – Marker setting fee	
Recording and filing fee JUN 20 2003	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	4.26
Total Due	269.26
Paid receipt number Paid by Credit Card	269.26
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Christine Tomaschke
Signature
X 8979 Rovelstoke Terrace
Address
X San Diego, CA 92126
City Zip Code
X 858 566-0905
Telephone

Barbette

Work Order # E 17859

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

At need

Date 6-23-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Travis J. Thomas 134020

in a Liner Funeral, date, time Tues June 24th 11:00
Type of Burial Container

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 98 Grave P.O. #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 donated by Bennet family	Ø
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee PAID	45.00
Sales taxes	Ø
Total Due	1960.00
Paid receipt number R50399	1460.00
Balance due	Ø

JUN 23 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Rogsdale To pay

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

Paulette/Pam

Work Order # E 17860

Marilyn A. Ransom
Signature
1957 Knollwood rd
Address
San Diego Ca 92114
City Zip Code
619-463-8055
Telephone

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17860

GRAVE BLIND CHECK FORM

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

	Snowden					
	Kirkpatrick					
	Jefferson White		X			

Blind Check Initiated By: Paulette C. Date: _____

Interment space for: Travis Thomas

Interment Date: 6/24/03 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 98 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag on Grave

Blind Check & Verified By: Kenneth Collins Date: 6/23/03

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61292

Date: November 7, 2008

From: Frances Ransom Address: ~~DAfterPC~~ Walk-in Relative

Thirty-three and 09/00 Dollars ($ 33.09)

in full Payment of Galvanized vase for Travis Tyrone Thomas.

Div 12 Sec 2 Blk/Row ~ Lot 98 Grave 5

Invoice No. E-17860

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge machine has no tape
☐ Check

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

PAID

NOV 7 2008

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	18.00 H/F
Recording &	100	14.00 MISC.
Misc. Fees	77183	
Sales Tax	60101	1.09 TAX
	78390	
TOTAL PAID	$	33.09

AC-212A (11-05)
This information is available in alternative formats upon request.

BATCH #038

E-17860

23

APPLICATION 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
Travis	Tyrone	Thomas	09/13/1979	06/15/2003	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	Marilyn Ransom, Mother 7957 Knollwood 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Rggsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶	06/20/2003

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
13.00	06/20/2003 B. Campbell	2310350 ▶

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 6-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F Jenner	
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.

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/23/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ann I. Johnson in a Liner (Type of Burial Container) Funeral, date, time Thurs. 9/26 1100 Church, Chapel, Graveside : Eternal Hills Mortuary.

All Funeral cars must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 232 Grave 3 Row _____ Section 2 Division/Block GAR

Grave space & Care Fund	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375
Burial Container	190
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	769.73
Paid receipt number RS6411	769.73
Balance due	0

PAID
JUN 26 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mortuary to pay

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 Del Hatch Address
X _____ City Zip Code
X _____ Telephone

Work Order # E 17861

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

printed on recycled paper

MT HOPE CEMETERY E-17861

GRAVE BLIND CHECK FORM

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

		Antrobus	Antrobus			
					Cloud	
Luick		Thiel	Thiel			Gillman
		Kelley	Kelley			

Blind Check Initiated By: Pam Date: 6/23

Interment space for: Ann Johnson

Interment Date: Thurs 4/26 Time: 11:00

Div: GAR Sect: 2 Blk/Row: ____ Lot: 232 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noreiga Date: 6-24-03

Approved

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 6/23/03

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

of Ann L. Johnson Thurs. 9/26 11:00

in a Liner Funeral, date, time Eternal Hills Mortuary.
Type of Burial Container

Church, Chapel Graveside

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

will be applied and billed as undersigned. _____

Lot 232 Grave 3 Row _____ Section 2 Division/Block GAR

Grave space & Care Fund	375
Additional spaces and care fund	190
Opening/Closing & Setup	145
Burial Container	
Handling Fees	45
Flower vases – Marker setting fee	
Recording and filing fee	14.75
Sales taxes	169.75
Total Due	
Mortuary to pay	
Paid receipt number	
Balance due	

I hereby certify I am the X GRANDSON of the above named decedent and that is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 _____

I hereby authorize the interment in lot 1 held under deed.

_____
Signature of registered holder of deed

X 3884 Palomar Oaks
Address
Fallbrook Ca 92028
City, State Zip Code
(760) 271-2827
Telephone

Invoice # _____

Acct. # _____

E 17861

Available in alternative formats upon request.

E-17861

No. 11763216

DESCRIPTION	REFERENCE	AMOUNT
OUTSIDE FUN. DIR. EXP - JOHNSON, ANN IRENE	408917	769.73

COR-0009 (11/00)

E- 17861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

94

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
ANN	IRENE	JOHNSON	09/26/1908	06/20/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSBAD	SAN DIEGO	JOHN A. ZUBLIN, GRANDSON 3884 PALOMAR DR. FALLBROOK, CA 92028

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
ETERNAL HILLS MORTUARY, 1999 EL CAMINO REAL, OCEANSIDE, CA 92054	FD-234		6/23/03

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
$ 13.00	06/23/2003	2310428 S.CHRISTENSEN ▶

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 6-26-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F Jennings	
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 23, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Lamb ⊗

in a ash vault Type of Burial Container Funeral, date, time AYP upon del

Church, Chapel, Graveside AYP ; Goodbody Mortuary.

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

will be applied and billed to undersigned. _____

Lot 953 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	105 —
Burial Container	55 —
Handling Fees	60 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	9.26
Total Due	269.26
Paid receipt number L56396	269.26
Balance due	0

PAID

JUN 23 2003

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CA

I hereby certify I am the X 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.

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

_____
Signature of recorded holder of deed

X Arno Hughes
Signature

X 5090 Derby Dr
Address

X SD CA 92115
City Zip Code

X 619 5836719
Telephone

Invoice # _____

Work Order # E 17862

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

W Lester

MT HOPE CEMETERY E-17862

GRAVE BLIND CHECK FORM

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

tree	Peterson	Christy	Runkam	Runkam		
	Bradfield	Bradfield	X	Tank	Tank	
		Labeta	Sylva	McOnell		

Blind Check Initiated By: Pam Date: 7/2

Interment space for: Lucille Tank ⊗

Interment Date: _____ Time: AYD

Div: 8 Sect: 1 Blk/Row: ____ Lot: 953 Gr: 1

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

Flag on grave

E 17862

APPLICATION 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
LUCILLE	JOYCE	TANK	03/20/1940	06/21/2003	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	JOANN HUMPHUS - D.P.O.A. 5090 DEBBY DRIVE SAN DIEGO, CA 92115

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

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
		▶ JoAnn Lewis	06/24/2003

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
$13.00	DIANA LEWIS 06/24/2003	2310468 ▶

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 7/3/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 06/26/03	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 6/23/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geronimo Diaz 34027

in a Type of Burial Container Funeral, date, time Thurs 6/26 10:00

Church, Chapel, Graveside ; Acacia Mortuary.

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

will be applied and billed to undersigned. _____

Lot 82 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup	375 [illegible]
Burial Container	140
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	1665 [illegible]
Paid receipt number R56397	1665.00
Balance due	-0-

PAID

JUN 23 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the X David T. Diaz (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 David T. Diaz
Signature
X 340 S. 37th ST.
Address
X SAN DIEGO
City
X CALIFORNIA 92113
Zip Code
Telephone (619) 264-3445

Work Order # E 17863

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17863

GRAVE BLIND CHECK FORM

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

			Ludwick			
tree			X			Pierson
						Davenport

Blind Check Initiated By: Pam Date: 6/23

Interment space for: Geronimo Diaz

Interment Date: Thurs 6/26 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 82 Gr: 10

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-24-03

E-17863

APPLICATION 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
Geronimo	-	Diaz Garcia	09/29/1922	06/21/2003	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	Trinidad Diaz-Wife 340 S. 37th St. 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
Funeraria Aztlan 7856 La Mesa Blvd La Mesa, CA 91941	FD-1658	▶ Leah A Mabb	6/25/2003

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
$13.00	Leah A. Mabb 06/25/2003	▶ 2310599

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/26/03	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.

Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-03

134007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lora Claretha Ashe

In a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; CA BURIAL Mortuary. Elcajon Blvd

All Funeral cars 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 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	1664.73
Paid receipt number R-56400	1664.73
Balance due	0

PAID

JUN 23 2003

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.

134007

Signature of recorded holder of deed

Paulette

Claretha Ashe
Signature
4354 Amethyst St.
Address
San Diego CA. 92114
City Zip Code
619-264-8173
Telephone

Work Order # E 17864

Invoice #

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

Date June 23, 03

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

in a _____ Funeral, date, time Fri 6/27 3:00

Type of Burial Container

Church, Chapel, Graveside Witness ~~Home~~ CA Burial Mortuary. Gloria

All Funeral cars must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 391 Grave 1 Row _____ Section 4 Division/Block 8

E 17846

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

Address _____

City _____ Zip Code

Telephone _____

Work Order # E 17865

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17865

Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 16 03

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

In a _____ (Type of Burial Container) Funeral, date, time Fri 6/27 3:00

Church, Chapel, Graveside ~~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 391 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300 -
Additional spaces and care fund	
Opening/Closing & Setup	105 -
Burial Container PAID	
Handling Fees	
Flower vases – Marker setting fee JUN 16 2003	
Recording and filing fee MT. HOPE CEMETARY	45 -
Sales taxes CITY OF SAN DIEGO, CA	
Total Due	450 -
Paid receipt number MC	
Balance due	

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.

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

_____
Signature of recorded holder of deed

X Baby Fish
Signature
X 2532 Ridge view DR
Address
X San Diego, CA 92[illegible]
City Zip Code
X 619-206-2549
Telephone

Work Order # E 17846

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 17865

GRAVE BLIND CHECK FORM

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

			L02			
				Damm		
	Belford		X			Derrick
		Booker				

Blind Check Initiated By: Pam Date: 6/23

Interment space for: Son Tu ⊗

Interment Date: ~~Fri~~ 6/27 Time: 3:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 391 Gr: 1

Grave Laid out by: DARRELL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag m grave

Blind Check & Verified By: David Noriega Date: 6-26-03

1911940 E-17865

APPLICATION 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
SON	DUC	TU	02/24/1964	06/18/2003	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	PHUONG TU-BROTHER 2532 RIDGEVIEW DR. SANDDIEGO, 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	FD-1357		06/20/2003

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
$13.00	06/20/2003 J.BERARD	▶ 2310331

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

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [X] 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 3761 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-27-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORIUM 4300 IMPERIAL AVE SAN DIEGO, CA 92102	12B. DATE CREMATED 06/21/03	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.

Amend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 22, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Williams 134057

in a liner Type of Burial Container Funeral, date, time July 7 12:00

Church, Chapel, Graveside ; Rogsdale Mortuary Desmond

All Funeral cars must arrive before ~~2:00~~ 3:30 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

Lot 89 Grave 7 Row ____ Section 1 Division/Block 12

Grave space & Care Fund (Ord 145.7 to 20%)	895 pd
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R56412	250.00
R-56416	914.73
Balance due R-56415	527.00
	387.73

PAID

JUN 26 2003

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.

Signature Emma Williams

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

Address 1647 Ballantyne

City Escondido State Zip Code 92026

Telephone 334-6884

Signature of recorded holder of deed Pam Paulette

Invoice # 44425906

Work Order # E 17866

Acct. # 334 0384

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17866

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.

			Davenport		Minor	
	Lantz		X			

Blind Check Initiated By: Pam Date: 6/24

Interment space for: Joe Williams

Interment Date: Mon 7/7 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 89 Gr: 7

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Morgan Date: 7-1-03

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
(1-800-827-1000)
8810 Rio San Diego Drive
San Diego CA 92108

E 17866

June 24, 2003

In Reply Refer To: 377/217
WILLI, J L

JOE L WILLIAMS
467 BALLANTYNE #34
EL CAJON CA 92020

To Whom It May Concern:

The records of the Department of Veterans Affairs (VA) disclose that JOE L WILLIAMS served in the Armed Forces of the United States as follows:

Entered On Active Duty: May 1958

Released From Active Duty: April 1961

Branch of Service: US ARMY

Character of Discharge (As certified to VA by military branch of service or shown on official military documents): HONORABLE

Service Serial Number:

Rank and Organization:

Date of Birth: June 5, 1940

Sincerely yours,

M. Daniels

M. Daniels
Veterans Service Center Manager

Email us at: sandiego.query@vba.va.gov

06/24/2003 16:15 6194005505 VSD PAGE 01
6194005505

E 17866

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

63

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
Joe	Louis	Williams	06/05/1940	06/28/2003	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	Emma T. Williams, Wife 467 Ballantyne Street San Diego, 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
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [signature]	07/01/2003

ACKNOWLEDGEMENT 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
13.00	07/01/2003 B. Campbell	2310877 ▶

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 7-7-03	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.

Affixed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jun 24, 03

134032

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danny Thompson AA2003

in a DO Type of Burial Container Funeral, date, time Fri 4/27 9:00

~~Church, Chapel, Graveside~~ all only ; Featheringill ~~Mortuary~~ Ed

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

will be applied and billed to undersigned. _____

Lot 15 Grave 23 Row 5A 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	9.61
Total Due	726.62
Paid receipt number	726.62
Balance due	

PAID

JUL 31 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Overpaid by $1.27

Nancy Hobbs

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 of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 17867

Invoice # 382422

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17867 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
Danny	C.	Thompson	02/04/1956	06/24/2003	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	Brenda Thompson, Wife 299 17th St., San Diego, CA 92101

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 ▶	8B. DATE SIGNED
		[signature]	06/24/2003

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
$13.00	06/24/2003 K. Zaretzka	2310516 ▶

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 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 6-27-03	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 rest w/ Johanna

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 24, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Peterson Ø

In a Ash vault (Type of Burial Container) Funeral, date, time TUES 6/25

Church, Chapel, Graveside AYD : Featherly's Mortuary.

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

will be applied and billed to undersigned. _____

Lot 74 Grave 4 Row _____ Section 4 Division/~~Block~~ 5

Grave space & Care Fund ..... D 7210 E 00540

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... middle chr 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 _____

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

Jerry Hendricks
Signature
5322 Reservoir Blvd.
Address
San Diego CA 92116
City Zip Code
619 583-9511
Telephone

Work Order # E 17868

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

W Johnson Josie I Lila

MT HOPE CEMETERY C-17868

GRAVE BLIND CHECK FORM

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

		Peterson		McTaggart	Metzgar	
		Peterson	X		MACK	
		Weaver				

Blind Check Initiated By: Pam Date: 6/25

Interment space for: Ruth Peterson ⊗

Interment Date: Wed 6/25 Time: AMD

Div: 5 Sect: 4 Blk/Row: ____ Lot: 74 Gr: 4

Grave Laid out by: DARREL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morgan Date: 6-25-03

E17868 245-62

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
Ruth P	Annette	Peterson	10/21/1915	06/16/2003	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	Randy McKelly, Conservator 6741 Rosefield Dr., 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
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	06/16/2003

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
$13.00	06/18/2003	K. Zaretzka 2310165 ▶

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)
- [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 ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory, 601 D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 6/17/03	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.

Attached Request for Lot 1 Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel White 134036

in a Type of Burial Container Funeral, date, time Fri 6/27 12:00

Church, Chapel, Graveside ; Bishop Mortuary.

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

will be applied and billed to undersigned. _____

Lot 10 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	190 —
Handling Fees	145 —
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	14.73
Total Due	1664.73
Paid receipt number RS6405	1664.73
Balance due	-0-

PAID
JUN 25 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the Ambassadors For Christ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 baptist church

Address 310 S. 31st St

City SD 92113 Zip Code

Telephone 619 531 8734

Work Order # E 17869

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17869

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 6/25

Interment space for: Sam White

Interment Date: Fri 6/27 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 70 Gr: 2

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No flag in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/25/07

E-17869

APPLICATION 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
Sammy	Gene	White	01/10/1953	06/18/2003	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	Clarissa Danae White, Daughter 3536 Sweetwater Springs #A13 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
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD-1673		06/25/2003

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

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
$13.00	G. Mitchell 06/25/2003	2310562

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
- [ ] 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 6-27-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
In the grave of
Theodore + ARTHUR
steele

Date 6-25-03

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

In a ASH VAULT Funeral, date, time Wed. July 2 (11:00)
Type of Burial Container

Church, Chapel, Graveside CA Burial Mortuary Sandiette

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

will be applied and billed to undersigned. _____

Lot 58 Grave 1 Row _____ Section 15 Division/Block 7

Grave space & Care Fund ..... E-17734 / A-7102	0
Additional spaces and care fund	0
Opening/Closing & Setup	0
Burial Container ..... ASH VAULT	0
Handling Fees	0
~~Vault upgrade~~ ~~Liner setting fee~~ SALV. VASE / MARKER FEE	PND
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	—
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

X Guendolyn Bynnom
Signature
X [redacted] 286 - Encinitas Ave.
Address
X San Diego 92114
City Zip Code
X 619-472-1312
Telephone

Sandiette

Work Order # E 17870

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY 1787D

GRAVE BLIND CHECK FORM

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

Tallie Fields	Weatherall		Johnson			
			X	Jones	Jones	
			Jones	Jones	Robinson	

Blind Check Initiated By: Paulette C. Date: 6/25/03

Interment space for: CARL STEELE ⊕

Interment Date: July 2, 2003 Time: 11:00 CHAPEL

Div: 7 Sect: 15 Blk/Row: ____ Lot: 58 Gr: 1

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-17870

Certificate of Cremation

This certifies that Carl Steele, who died on June 25, Two Thousand Three, was cremated at Cremation Services, Inc. Crematory, 2570 Fortune Way, Vista, California on June 30, Two Thousand Three.

S. W. Schoch

Director of Operations

E 17870

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

67

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
CARL	–	STEELE	03/10/1936	06/25/2003	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	GWENDOLYN BYNNOM-SISTER 286 ENCINITAS 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 BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY,CA 91950	FD-1689	▶ [signature]	06/27/2003

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
$13.00	06/27/2003 C.RUSS	▶ 2310741

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 ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-2-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Jerrell L. Fomby	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 6/30/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S. W. Schrock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bobby J. Chambers 134038

In a Lined (Type of Burial Container) Funeral, date, time Fri. June 27 12:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

Lot 248 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-56406	1664.73
Balance due	0

PAID
JUN 25 2003
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.

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

Signature of recorded holder of deed

Pam Pawlette

Signature

943 Woodrow Ave
Address

San Diego CA. 92114
City Zip Code

619-698-3033
Telephone

Work Order # E 17871

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17871

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			Lopez
	Bailey	Edwards	Price	Watson		

Blind Check Initiated By: Pam Date: 6/25

Interment space for: Bobby Chamber

Interment Date: Fri 6/27 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 10

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-25-03

E 17871

APPLICATION 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
BOBBY	JAMES	CHAMBERS	05/06/1942	06/22/2003	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	BOBBY CHAMBERS JR.–SON 943 WOODROW AVE. SAN DIEGO, CALIFORNIA 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 5080 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	06/25/2003

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
$13.00	06/25/2003 J. BENYARD	▶ 2310568

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	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Ann Gonzales 134034

in a Liner (Type of Burial Container) Funeral, date, time Friday June 27th 11:30

Church, Chapel, Graveside _____ : J.D. Morbeck Mortuary.

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

will be applied and billed to undersigned. _____

Lot 251 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	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-56410	1664.73
Balance due	0

PAID
JUN 25 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

Joseph Lemon Jr.
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Joseph Lemon Jr.
Signature

2491 UNIVERSITY AVE.
Address

S.D. CA 92104
City Zip Code

619.692.3090
Telephone

Charlotte

Work Order # E 17872

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17872

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NO MARKERS IN AREA

			X			

Blind Check Initiated By: Paulette C. Date: 6-26-03

Interment space for: Patricia Ann Gonzalez

Interment Date: 6/27/03 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 251 Gr: 2

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: C Owen Date: 6-26-03

E-17872

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
PATRICIA	ANN	GONZALEZ	03/15/1959	06/17/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
YUMA	ARIZONA	KAREN L. HUFF-SISTER 8215 #6 ORCHARD AVE. 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	06/27/2003

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
$13.00	06/27/2003	J. LEMON JR. ▶ 2310704

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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-27-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Lemmon
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 Rud

Date June 26 23

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

in a liner (Type of Burial Container) Funeral, date, time Wed 7/2 11:00

(Church) Chapel, Graveside ____; Rogdale Mortuary.

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

will be applied and billed to undersigned. ____

Lot 97 Grave 12 Row ____ Section 3 Division/Block 12

Grave space & Care Fund E12204	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	
Paid receipt number	
Balance due	0

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

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

____
Signature of recorded holder of deed

X ____ all attached
Signature
Address
City Zip Code
Telephone

Work Order # E 17873

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 26 03

Ref Red

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

of Viola Richardson

in a Linen Type of Burial Container Funeral, date, time Wed 7/2 11:00

(Church) Chapel, Graveside : Rosedale Mortuary.

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

will be applied and billed to undersigned.

Lot 97 Grave 12 Row ____ Section 3 Division/Block 12

E 12204

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

I hereby certify I am the [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 1 hold under deed.

Signature of recorded holder of deed

Signature [signature]

Address 3848 HEMLOCK STREET

SAN DIEGO, CA 92113 Zip Code

Tel (619) 264-5279 Telephone

Invoice # ____

Work Order # E 17873 Acct. # ____

This information is available in alternative formats upon request.

FAX'd 6/26/2003 @ 1:30p

527-3403

E 17873

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.

	Butler			Poplst	Hanson	
Brewster			X	Parker		
			Taylor			

Blind Check Initiated By: Pam Date: 6/26

Interment space for: Viola Richardson

Interment Date: Wed 7/2 Time: 11:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 97 Gr: 12

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Norenga Date: 6-30-03

E 17873

APPLICATION 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
VIOLA	BEATRICE	RICHARDSON	12/12/1927	06/24/2003	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	JOHNNIE RICHARDSON, HUSBAND 3848 HEMLOCK STREET 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
ANDERSON-RACSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD-1329	▶ [signature]	07/01/2003

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
13.00	07/01/2003 B. CAMPBELL	2310895 ▶

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 7/2/03	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 CREMAT ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 June 27, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Caruso (X) 134040

in a _____ Funeral, date, time Mon 6/30
Type of Burial Container

Church, Chapel, Graveside AYD : Featherhill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 185 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 MC	450.00
Balance due	-0-

PAID

JUN 27 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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.

Cour / Van Valkenburg

X Cour Van Valkenburg
Signature

X 6468 KANGAROO CT.
Address

X BOISE ID 83714
City Zip Code

X (208) 853-1734
Telephone

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

_____
Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 17874

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17874

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.

	-	Eronaw	Dickson	Connell		
	Path		x		Coors	
		Hopper				
				Evans		

Blind Check Initiated By: Pam Date: 6/27

Interment space for: Michael & Frances

Interment Date: Mon 6/30 Time: AM

Div: 8 Sect: 4 Blk/Row: ____ Lot: 185 Gr: 1

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY! Date: 6-30-05

E-17874

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
Frances	Peace	Caruso	02/05/1955	07/01/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Sara Curfman, Sister 10880 Hwy 67 #22 Lakeside, CA 92040

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	▶	06/26/2003

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
$13.00	06/26/2003 K. Zaretzka	2310672 ▶

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 6-30 03	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 June 27 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Keenan 134041

In a _____ (Type of Burial Container) Funeral, date, time Mon 6/30

Church, Chapel, Graveside AYD ; Featherhill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 185 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... PAID

Flower vases ~~Marker setting fee~~ 125-

Recording and filing fee ..... JUN 27 2003 45-

Sales taxes ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, C.

Total Due 170-

Paid receipt number MC 170

Balance due 0

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

Carl VanValkenburg

X Carl Van Valkenburg
Signature

X 6489 W. KANGAROO CT
Address

X BOISE, ID 83714
City Zip Code

X (208) 853-1734
Telephone

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

_____
Signature of recorded holder of deed

Pam

Work Order # E 17875

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17875

39

APPLICATION 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	Ray	Keenan	07/30/1960	09/14/1999	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 Keenan, Wife 3838 Marlborough Ave., #4 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
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083		06/26/2003

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
$13.00	06/26/2003 K. Zaretzka	2310673

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 6-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F Kenny	
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

134024

Date 6-27-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Manuel Gonzalez Becerra

in a ASA Vault Funeral, date, time

Type of Burial Container

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Lot 5150 Grave Row Section Division/~~Block~~ 10

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ASA VAULT	55.00
Handling Fees	60.00
Flower vases – Marker setting fee JUN 27 2003	—
Recording and filing fee	45.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, Ca	4.26
Total Due	569.26
Paid receipt number Credit Card	569.26
Balance due	Ø

134025

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.

134023

I hereby authorize the interment in lot * EMMA BECERRA GONZALEZ / BERTHA A. BECERRA hold under deed.

Signature

Address

City Zip Code

Telephone

Signature of recorded holder of deed

Paulette

Work Order # E 17876

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 27, 03

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

in a liner (Type of Burial Container) Funeral, date, time Tues 7/1 11:00

Church, Chapel, Graveside _____ : Reagdale Mortuary.

All Funeral cars must arrive before ~~3:00~~ 9:00 p.m. of regular work day or an extra charge of $ GT will be applied and billed to undersigned.

Lot 2135 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	140
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	14.73
Total Due	769.73
Paid receipt number R56420	769.73
Balance due	~~0~~

PAID
JUN 27 2003
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.

Gerlinde Allen

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

_____
Signature of recorded holder of deed

X Gerlinde A. Allen
Signature
3636 CHURCH ST.
Address
EVANSTON IL. 60203
City Zip Code
847-329-1228
Telephone

Work Order # E 17877

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 17877

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.

			Campbell			
	PRATT	+	x	SEGUIN		

Blind Check Initiated By: R. Pam Paulette Date: 4/27

Interment space for: Elvira Lipscomb

Interment Date: Tues 7/1 Time: 11:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 2135 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: DARKEY1 Date: 6-30-03

E-17877

APPLICATION 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	Katharina	Lipscomb	06/20/1928	06/26/2003	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	Hugh Lipscomb, Husband 7319 Prairie Mound Way 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	▶	06/30/2003

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
13.00	07/01/2003 B/ Campbell	2310832 ▶

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 7-1-03	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.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Columbus Hayslett 134052

in a Liner (Type of Burial Container) Funeral, date, time July 3, Thurs. 11:00

Church, Chapel, Graveside _____ : S.B. Memorial Joseph Mortuary.

All Funeral cars 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 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	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	135.00
Recording and filing fee	43.00
Sales taxes	14.73
Total Due	1789.73 ~~1664.73~~
Paid receipt number R56424	1789.73
Balance due	-0-

PAID
JUN 30 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Mortuary to Pay

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 Del Hayslett
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17878

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

At need

Date 6-30-03

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

of Columbus Hayslett

in a liner Funeral, date, time July 3, Thurs. 11:00

Church, Chapel, Graveside S.D. Memorial Mission Joseph

All Funeral cars must arrive before 3:30 p.m. of regular work day or additional charges

will be applied and billed to undersigned.

Lot 138 Grave 2 - Space 2 Interment 1/2

Grave space & Care Fund	895.00
Additional space 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	40.00
Sales taxes	14.73
Total Due	1664.73
Paid (specify method)	
Balance due	

Will pay 1/4/04

I hereby certify I am the mortuary representative of the next of kin and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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 held under deed.

X Joseph Lumanog Jr.
Signature
8441 University Ave.
Address
S.D. CA 92104
City
619-692-3090
Zip Code
Telephone

Work Order # E 17878

Invoice #

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17878

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.

			Green			
			Clark	Heath		
			x	Gambrell		Gambrell

Blind Check Initiated By: Paulette C. Date: 6-30-03

Interment space for: Columbus Hayslette

Interment Date: 7-3-03 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 138 Gr: 2

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-1-03

E- 17878

APPLICATION 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
COLUMBUS	-	HAYSLETT	02/22/1917	06/25/2003	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	ALEXANDER HAYSLETT-SON 3088 MARTIN AVE. 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 filing permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	07/03/2003

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 ISSUED NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/03/2003 J. LEMON JR.	▶ 2311016

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 HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-3-03	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.

x Fer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 30, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hugh Lipscomb 134043

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 2135 Grave 1 (+2134) Row _____ Section 3 Division/Block 8

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... Transfer fee 45.00

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

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
JUN 27 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 45.00

Paid receipt number R56454

Balance due _____

Gerlinda Allen daughter

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

broker

Signature

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

Address

City Zip Code

Telephone

Signature of recorded holder of deed

Sam

Invoice # _____

Work Order # E 17879

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

E-17879

CERTIFICATE OF DEATH

3[illegible]3002258

Frederick	Theodore	Seguin, Jr.					M
			12/14/1938	64			
VT	555-52-1618		Married	03/01/2003	0541		
Some College			White				
Administrator	Petroleum Products				32		
9239 Robinson Lane							
Corona	Riverside	92883	4	CA			
Carolyn Seguin - Wife	9239 Robinson Lane, Corona, CA 92883						
Carolyn	Lee	Randall					
Frederick	Theodore	Seguin, Sr.		VT			
Kathleen	-	Theriault		VT			
03/06/2003	Holy Sepulcher Cemetery, 7845 E. Santiago Cyn Rd, Orange, CA 92869						
Burial	L. Roy Miller			5281			
Thomas Miller Mortuary	FD 66	Gary Feldman MD		03/03/2003			
Own Residence							
Riverside	9239 Robinson Lane			Corona			
Myocardial Infarction			(a) 1 Day		2003-1385		
Hypertension			(b) 2 Yrs				
			(c)				
			(d)				
Tobacco Use							
No							
Richard Cho MD		3055251	03/03/2003				
03/01/2002	03/01/2003	Richard Cho, MD, 3010 W. Orange Ave, Anaheim, CA 92804					
1246305					039130		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } ss

This is a true and exact reproduction of the document officially registered and placed on file in the Office of County of Riverside, Department of Health.

03/12/2003

Gary Feldman M.D.
Gary Feldman M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

DEPARTMENT OF PUBLIC HEALTH
REGISTRAR OF VITAL STATISTICS
COUNTY OF RIVERSIDE

POWER OF ATTORNEY E-17879

KNOW ALL MEN BY THESE PRESENTS : That _____

CAROLYN SEGUIN

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY
DIVISION 8 SECTION 3
GRAVES 2134 / 2135

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

_____ X Carolyn L Seguin

Signature Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of CALIFORNIA County of RIVERSIDE

On APRIL 11 ~~19~~ 2003 before me, the undersigned, a Notary Public in and for said State

personally appeared, CAROLYN Lee SEGUIN

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(~~ies~~), and that by ~~his/her/their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

WITNESS my hand and official seal

X _____ (SEAL)
Notary Public Signature

T. JOHNSON
Comm. # 1379082
NOTARY PUBLIC - CALIFORNIA
Riverside County
My Comm. Expires Oct. 8, 2006

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT ___Power Of Attorney___
DATE OF DOCUMENT _____ NUMBER OF PAGES_____
SIGNER(S) OTHER THAN NAMED ABOVE_____

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/1/1968

DEED

E-1787

3660

OWNERSHIP AND INTERMENT PRIVILEGES

TO Fred T. & Carolyn L. Seguin for the sum of $ 240.00 (DOLLARS)

LEGAL DESCRIPTION Lots 2134 & 2135 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-5760

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

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

2 x 1 Flush Marker Only

R. W. Dehne
Cemetery Manager

Public Works Director

FORM PW-584

Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 30, 03

MR 62-1306 13403

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 2003 1703

in a P+ DD Type of Burial Container Funeral, date, time Mon 7/30 1:00

~~Church, Chapel, Graveside~~ del ; Preferred 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 15 Grave 3 Row _____ Section _____ Division/~~Block~~ B

Grave space & Care Fund	126 —
Additional spaces and care fund	
Opening/Closing & Setup	423 —
Burial Container	123.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45 —
Sales taxes	9.53
Total Due	726.53
Paid receipt number	726.53
Balance due	0

JUL 31 2003
MT. HOPE CEMETERY
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.

X _____
Signature of recorded holder of deed

Pam

X Del attached
Signature
Address
City Zip Code
Telephone

Invoice # 382491

Work Order # E 17880

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Att Read

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 30, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe 2003 1703

in a Redwood Type of Burial Container Funeral, date, time June 30 1:00

Church, Chapel, Graveside ; Referred 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 15 Grave 3 Row ____ Section ____ Division/Block B

Grave space & Care Fund	1200
Additional spaces and care fund	
Opening/Closing & Setup	423
Burial Container	123.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45
Sales taxes	
Total Due	728.00
Paid receipt number	
Balance due	

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

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

3094 →

Signature of recorded holder of deed

Mark Jah
Signature
3094 El Cajon Blvd
Address
S.D. CA 92104
City Zip Code
584-7000
Telephone

Work Order # E 17880

Invoice # ____

Acct. # ____

REA-104 (7-99)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17880

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fnd.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jane	-	Doe	Unknown	07/11/2002	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Darnell Price-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
Preferred Cremation and Burial 3094 El Cajon Blvd.,Ste.A, San Diego, CA 92104	FD-1746	▶ Leah A Mata	06/30/2003

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

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
$13.00	Leah A. Mata 06/30/2003	▶ 2310803

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lemm
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 June 30, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wanda E. Williams 134045

in a Urn Type of Burial Container Funeral, date, time Tues 7/1 1:00

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 198 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895 —
Additional spaces and care fund PAID	
Opening/Closing & Setup	375 —
Burial Container JUN 27 2003	140 —
Handling Fees	145 —
Flower vases – Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO	31 50
Recording and filing fee	45 —
Sales taxes	14 73
Total Due	1696.23 ~~1667.73~~
Paid receipt number R504623	1696 23
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.

X _____
Signature

X 745 Hearst Way
Address

X Corona CA 92882
City Zip Code

X (909) 372-8247
Telephone

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

_____
Signature of recorded holder of deed

Pam

Work Order # E 17881

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17881

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
				Govan		
	M.F. Daniels		X		Brooks	
		Bennett			Smith	

Blind Check Initiated By: Pam Date: 6/30

Interment space for: Wanda Williams

Interment Date: June 7/1 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 148 Gr: 11

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-30-03

E-17881

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
WANDA	ELAINE	WILLIAMS	06/05/1952	06/25/2003	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	KASHKA A. JONES-SON 742 JEWELL DR. 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	Jeanette Bayard	06/30/2003

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
$13.00	06/30/2003	2310802 J. BENYARSIK

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS—PO BOX 85222
SAN DIEGO CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [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 7-1-03	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.

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 30, 03

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

in a Vinyl (Type of Burial Container) Funeral, date, time Wed 7/9 9:00

Church, Chapel, Graveside del Cerro ; Humphreys 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 46 Grave 11 Row _____ Section 16 Division/Block 7

Grave space & Care Fund D 4613	0
Additional spaces and care fund	
Opening/Closing & Setup	375 —
Burial Container	140 —
Handling Fees	145 —
Flower vases – Marker setting fee	125 —
Recording and filing fee	45 —
Sales taxes	14.73
MT. HOPE CEMETARY CITY OF SAN DIEGO, CA Total Due	169.73
Paid receipt number MC	169.73
Balance due	0

PAID

JUN 30 2003

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 Philip Fondaw
Signature
574 Jamacha Rd #345
Address
El Cajon CA 92019
City Zip Code
619-440-4671
Telephone

Work Order # E 17882

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

7434

6/13/1974

DEED E-17882

OWNERSHIP AND INTERMENT PRIVILEGES

TO Oscar A. & Grace B. Fondow for the sum of $ 240.00 (DOLLARS)

LEGAL DESCRIPTION Lot 66 Graves 11 and 12 Section 16 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4613

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

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

Flush marker only

R. W. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PW-584 (REV. 12-72)

MT HOPE CEMETERY E-1788Z

GRAVE BLIND CHECK FORM

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

		Olson	Lozano	Smith		
	Fellows		X	Fondaw	Anderson	
		Higgins		Lawrence		

Blind Check Initiated By: Pam Date: 6/20

Interment space for: Grace Fondaw

Interment Date: Wed 7/9 Time: 9:00

Div: 7 Sect: 16 Blk/Row: ____ Lot: 66 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Flanigan Date: 7-8-03

Map in grave

E-17882 38081

APPLICATION 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
GRACE	BUCHENAU	FONDAW	01/20/1919	06/27/2003	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	PHILIP FONDAW (SON) 514 JAMACHA RD. #34J EL CAJON, CA 92019

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	▶ Th Dongo	07/02/2003

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
13.00	07/02/2003 M. DOMINGUEZ	2310941 ▶

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 7-9-03	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.

Afted

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 30, 03

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

in a DD 2nd Type of Burial Container Funeral, date, time Wed 7/2 11:00

~~Church, Chapel,~~ Graveside ; Rasdale Mortuary.

All Funeral cars must arrive before ~~9:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 4556 Grave 1 Row _____ Section _____ Division/Block 10 KO

Grave space & Care Fund E9579 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup 375

Burial Container ..... PAID .....

Handling Fees ..... _____

Flower vases – Marker setting fee ..... JUN 30 2003 ..... _____

Recording and filing fee ..... MT. HOPE CEMETARY 45

Sales taxes ..... CITY OF SAN DIEGO, C.A. .....

Total Due 420.00

Paid receipt number MC 420.00

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.

X Michael A. Estes
Signature

X 1560 Av. Alcachofa, Apt. G
Address

X San Diego CA 92128
City Zip Code

X 858.613.5227
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 17883

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Joseph

MT HOPE CEMETERY E-17883

GRAVE BLIND CHECK FORM

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

		Meatery				
[illegible]		Kapitalou	X			
..		[illegible]				

Blind Check Initiated By: Pam Date: 6/30

Interment space for: Addie Estes

Interment Date: Wed 7/2 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4556 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blog M grave

Blind Check & Verified By: ____ Date: ____

E- 17883

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

109

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
Addie	-	Estes	06/26/1923	06/25/2003	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	Michael Estes, Son 15605 Avenida Alcachofa #G San Diego, CA 92128

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]	06/27/2003

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
13.00	06/27/2003 B. Campbell	2310754 ▶

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 7-2-3	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 June 30, 03

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

In a Ashvault Type of Burial Container Funeral, date, time Sat 7/5 2:00

Church, Chapel, Graveside _____ ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Lot 15 Grave 5 Row _____ Section 4 Division/Block 6

Grave space & Care Fund		0
Additional spaces and care fund	OT	250
Opening/Closing & Setup		105
Burial Container	oversize	55
Handling Fees	PAID 51 left =	9.60
Flower vases – Marker setting fee		
Recording and filing fee	JUL 02 2003	45
Sales taxes		4.24
Total Due	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	519.26
Paid receipt number	MC	259.00
Balance due	MC	260.26

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

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

_____
Signature of recorded holder of deed

X _____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 17884

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17884

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 DUG TOP / RIGHT

			X			

Blind Check Initiated By: Pam Date: 6/30

Interment space for: Susan Kehn

Interment Date: Sept 7/5 Time: 2:00

Div: 6 Sect: 4 Blk/Row: ____ Lot: 15 Gr: 5

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

play in grave

Blind Check & Verified By: David Arroyo Date: 7-3-03

PRINCE AND KEATING
ATTORNEYS AT LAW

E-17809

REPLY TO: CORIANNE F. DANN
E-Mail: CDANN@PrinceKeating.com

June 23, 2003

Via Facsimile Only @ (619) 527-3403

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

Attn. Pam

Re: Arrangements for Susan Johnson-Kehn

Dear Pam:

Thank you for speaking with me this morning regarding arrangements for my mother's burial at Mt. Hope Cemetery. Pursuant to your request, this correspondence is sent to confirm that I am the only child of Chester L. Kehn, Jr., and Susan Johnson-Kehn, and the Executrix of my mother's estate. It was my mother's last wish that she be buried with my father at Mt. Hope at the time of her death. It is my wish that her cremains be placed with my father's ashes in the same grave.

This will also confirm that my paternal grandmother, Lula Ann Kehn's cremains were scattered over the ocean at the time of her death many years ago.

I have reviewed your faxed estimate sheet and it looks fine to me. Please proceed accordingly. I would like it if you are able to provide maps of the cemetery for me to give to family and friends for Saturday, July 5th.

Finally, this will confirm that we intend to have a very private memorial for my mom at Mt. Hope at graveside on Saturday, July 5, 2003, at 2:00 p.m. I anticipate about 10-20 people at this time will join me in doing that. If there is any additional permit or logistics I need to accomplish prior to July 5th, please let me know.

Sincerely,

PRINCE AND KEATING, LLP

Corianne F. Dann

:cfd

E-17884

APPLICATION 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
Susan	Johnson	Kehn	07/06/1927	02/24/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Folsom	Sacramento	Corianne Dann - Daughter 9999 W Katie Ave. #1142 Las Vegas, NV 89147

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
Lind Brothers Mortuary, 4221 Manzanita Ave., Carmichael, CA 95608	FD 1141	▶ Joseph Munn	07/01/2003

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
$13.00	J Murray 07/02/2003	▶ Fax Auth. #0237

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
7001 E Parkway #650 Sacramento, CA 95823	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 7-5-03	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 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 lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

134032

Date 6-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Oliver Wayne Flagg

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 1356 + 1357 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... 2 @ 995.00	1990.00
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	1990.00
Paid receipt number L-56427	250/0 500 ~~499.50~~
Balance due	Down 1492.50 1490.00

PAID
OCT 31 2005
MOUNT HOPE CEMETERY

pd Dec 1992 @ 1-593dd

I hereby certify I am the Y self r 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. PC.

MARY ~~EDITH~~ FLAGG
I hereby authorize the interment in lot I hold under deed.

134031
Mary E. Flagg
Signature of recorded holder of deed

134030
X Oliver Wayne Flagg
Signature
7232 HAGMANN ST
Address
S.D CA 92114-3040
(CA) 306-1495
Telephone HOME 619-697-0943
Zip Code

Paulette

Work Order # E 17885

Invoice # _____

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

MOUNT HOPE CEMETERY
(619) 527-3400

56700

Date: Sept. 19, 20 03

From: _____ Address: _____

Sixty two 09/100 Dollars ($ 62.09)

in part Payment of pre need

Lot 1356 & 1357 Grave 1 Row _____ Section _____ Division/~~Block~~ 10

Invoice No. E7885

Acct. No. _____

W.O. _____

BALANCE DUE 1303.23

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 9963404465

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

PAID

SEP 19 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	09
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	$	62	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

56888

Date: November 12, 2003

From: Clark - Flagg Address: Merced

One Hundred Twenty-four 18/00 Dollars ($ 124.18)

in Part Payment of Pre-Need lot

Lot 1356 & 1357 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. E-17885

Acct. No. ____

W.O. ____

BALANCE DUE $ 1,118.55

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 767425962

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

PAID

NOV 12 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	124 18
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	$	124.18

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

57002

Date: Dec. 16, 20 03

From: Oliver & Mary Flagg Address: 7232 Hagmann St. SD 92114

Dollars ($ 62.09)

in part Payment of pre need

Lot 1356 | 1357 Grave 1 Row _____ Section _____ Division 10 ~~Block~~

Invoice No. E 17885

Acct. No. _____

W.O. _____

BALANCE DUE 1056.46

Pre-Need Lot / At Need On Acct

Pre-need Trust Cash Check / 9002 5689

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

PAID

DEC 16 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 09
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	$	62 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

57251

Date: Feb 20 , 20 04

From: Flags Address: 7232 Hagmann st SD 92114

Dollars ($ 62.09)

in part Payment of pre-need

Lot 1356 + 1357 Grave 1 Row Section Division ~~Block~~ 10

Invoice No. E 17885

Acct. No.

W.O.

BALANCE DUE 932.28

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

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

PAID

FEB 2 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	62	09
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	62	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

57138

Date: Jan 28 , 20 04

From: Mr & Mrs Flagg Address: 7232 Hegmann St SD 92114

Dollars ($ 62.09)

in Part Payment of pd mtd

Lot B26 & 1857 Grave 1 Row _____ Section _____ Division 10 ~~Block~~

Invoice No. E 17885

Acct. No. _____

W.O. _____

BALANCE DUE 994.37

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

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

PAID

JAN 28 20[illegible]

MOUNT HOPE

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	09
of Lots	77184		
Opening/	100		
Closing	77181		
Bunal	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	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

57453

Date: April 16, 20 04

From: Glagg Address: 7232 Hagmann St. SD 92114

Dollars ($ 62.09)

in part Payment of cu-mud

Div 10 Sec Blk/Row Lot 1356 1357 Grave 1

Invoice No.- E-17885

Acct. No.

W.O.

BALANCE DUE 870.19

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

8720 7784

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" THEREON

PAID

APR 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	09
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	$	62	09

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57521

Date: May 6, 20 04

From: Alice W. & Mary Flagg Address: 7232 Hazenann St SD Ca 92114

Sixty-two and 09 Dollars ($ 62.09)

in _____ Payment of Re-need lot account

Div 10 Sec _____ Blk/Row _____ Lot 1356 & 1357 Grave 1

Invoice No. E-17885

Acct. No. _____

W.O. _____

BALANCE DUE $ 808.10

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

8704708898

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 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 09
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	$	62 09

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57648

Date: June 11, 20 04

From: Flagg Address: 7232 Hagmann St. SD 92114

Dollars ($ 132.18)

in part Payment of pre need

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E17885

Acct. No.

W.O.

BALANCE DUE 675.92

Pre-Need Lot / At Need On Acct

Pre-need Trust Cash Check /

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

PAID

JUN 11 2004

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	132	18
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	$	132	18

AC-212 (Rev. 4-04) 73167830

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

57833

Date: July 26, 2004

From: Oliver & Mary Flagg Address: 7232 Hegman St SD 92114

Dollars ($ 67.00)

in Part Payment of Pd Paid

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E 17885

Acct. No.

W.O.

BALANCE DUE 608.92

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 56781

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 26 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebb

CREDIT	67007		
20% Sales Care	77184	67	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	$	67	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57928

Date: Aug 20 , 20 04

From: Flagg Address: 7332 Hagman st SD 92114

Dollars ($ 67.00)

in part Payment of pd cmtd

Div 10 Sec Blk/Row Lot 1356 & 1357 Grave 1

Invoice No. E17885

Acct. No.

W.O.

BALANCE DUE 541.92

Pre-Need Lot / At Need On Acct

Pre-need Trust Cash Check 7248 0000

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

PAID

AUG 2 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	67 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	$	67 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

58019

Date: Sept 16, 20 04

From: Oliver Flagg Address: 7232 Neigmann St. SD 92114

Dollars ($ 67.00)

in Part Payment of pre-need

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E 17885

Acct. No.

W.O.

BALANCE DUE 474.92

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

AC-212 (Rev. 4-04) 14069580

This information is available in alternative formats upon request.

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

PAID

SEP 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Heled

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	67	00
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101 78390		
TOTAL PAID	$	67	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Jan 19 584205

From: Mary Clark Address: 7232 Hagmann St. S.D.

sixty-seven 00/100 Dollars ($ 67 —)

in part Payment of pre-need lot

Div 10 Sec ____ Blk/Row ____ Lot 1356/1357 Grave ____

Invoice No. E-17885

Acct. No. ____

W.O. ____

BALANCE DUE 407 92

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

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

JAN 19 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	67 —
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	$	67 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58791

Date: 4/ .2005

From: Mary E Clark-Flagg Address: on record

Sixty-Seven and 00 Dollars ($ 67-)

In part Payment of pre need lots

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E-17885

Acct. No.

W.O.

BALANCE DUE $340.92

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

PAID

APR 29 2005

MOUNT HOPE

ISSUED BY

CREDIT	67007	67 -
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	$	67 -

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

5640350 37

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

58989

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6/21, 2005

From: Oliver + Mary Flagg Address: on record

Sixty-Seven Dollars ($ 67—)

in Part Payment of Pre-need Lots

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No: E-17885

Acct. No.

W.O.

BALANCE DUE $273.92

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

PAID

JUN 21 2005

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	67—
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	67—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

ISSUED BY Paulette

AC-212 (Rev. 4-04) 335885126

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59376

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-19 , 20 05

From: Mary/Wayne Flagg Address: on record

Sixty-Seven and 00 Dollars ($ 67.00)

in Part Payment of Pre-need lots.

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E-17885

Acct. No.

W.O.

BALANCE DUE $ 206.92

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

PAID

JUL 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	67 —
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	$	67 —

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 4-04) 32483402

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59097

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/19, 2005

From Oliver W + Mary E. Flagg Address: on record

Sixty SEVEN AND 00 Dollars ($ 67.00)

in Part Payment of Pre-need Lots

Div 10 Sec Blk/Row Lot 1356/1357 Grave 1

Invoice No. E-17885

Acct. No.

W.O.

BALANCE DUE $139.92

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

PAID

AUG 19 2005

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	67 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	$	67 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 19152732

ISSUED BY P. Crawford

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

59246

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9/30 , 20 05

From: Olivera Mary E. Flag Address: on record

Sixty-Seven 00/00 Dollars ($ 67 —)

in Part Payment of pre-need lot account

Div 10 Sec ____ Blk/Row ____ Lot 1356/1356 Grave 1

Invoice No. E-17885

Acct. No. ____

W.O. ____

BALANCE DUE $ 72.92

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

1604915984

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

SEP 3 0 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	67 —
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	69033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	67. —

R-59366

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/31, 20 05

From: Oliver W. & Mary E. Flagg Address: on record

Seventy-two and 92/100 Dollars ($ 72.92)

in part Payment of Pre-need

Lot 1356 Grave 1 Row ____ Section ____ Division Block 10

Invoice No. E-17885

Acct. No. ____

W.O. ____

BALANCE DUE ____

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X]

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

PAID

OCT 31 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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	63033 77186	72	92
Sales Tax	60101 78390		
TOTAL PAID	$	72	92

AC-212 (Rev. 10-02) 06742109

This information is available in alternative formats upon request.

134030 134031 Contract Expires June 2005 E-17885

FLAGG, OLIVER WAYNE & MARY E. 7232 Hagmann St., San Diego CA 92114-3040 (619)697-0943

				DEBIT	CREDIT	BALANCE
6/30/03	Opened pre-need lot w/25% down R-56427			995.00		995.00
	(TWO) Lots 1356 & 1357 Division 10			995.00		1990.00
	Down Payment	398	20%		500.00	1490.00
7/30/03	2 payment 142	492	20%		124.18	1365.82
9-14-03	R-56900	No coupon			62.09	1303.73
11-5-03		MC			61.00	1242.73
11-12-03		R-56888	No Coupon		124.18	1118.55
12-15-03	57002	"			62.09	1056.46
1-28-04	57138	"			62.09	994.37
2-26-04	57251	"			62.09	932.28
4-16-04	57453	"			62.09	870.19
5-6-04	57521	"			62.09	808.10
6-11-04	57648	"			132.18	675.92
7-26-04	57833	"			67.00	608.92
8-20-04	57928	"			67.00	541.92
9-16-04	58019	"			67.00	474.92
1-19-05	58420	no coupon			67.00	407.92
4-29-05	58991	"			67.—	340.92
6/21/05	59089	"			67.—	273.92
7/ /05	59376	"			67.00	206.92

E-17885

Oliver & MARY Flagg

Division - Lot 1356 + 1357

		DEBIT	CREDIT	BALANCE
8/19/05	BALANCE FORWARDED			206 92
8/19/05	R-59097 Coupon # ?		67.00	139 92
9/30/05	R-59246 " # ?		67 -	72 92
10/31/05	R-59366 pd in full		72 92	0

PAID

OCT 31 2005

MOUNT HOPE CEMETERY

OCT - 1 2005

MOUNT HOPE CEMETERY

pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lora Della Odom

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 199 Grave 2 Row _____ Section 1 Division/Block 1

Grave space & Care Fund C-3284	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container PAID	55.00
Handling Fees	60.00
Flower vases – Marker setting fee JUL 01 2003	—
Recording and filing fee MT. HOPE CEMETARY	45.00
Sales taxes CITY OF SAN DIEGO, CA	4.96
Total Due	269.96
Paid receipt number R-564266	269.96
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. "See attached"

Signature

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

Signature of recorded holder of deed

Address

City Zip Code

Telephone

Paul Otte

Work Order # E 17886

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 17886

SAN DIEGO REGIONAL CENTER
FOR THE DEVELOPMENTALLY DISABLED
4355 RUFFIN ROAD, SUITE 205, SAN DIEGO, CALIFORNIA 92123 (858) 576-2996

630787

INVOICE NUMBER	CLIENT NUMBER / SERVICE CODE	CLIENT NAME / SERVICE PROGRAM	SERVICE MONTH	AUTHORIZATION NUMBER	AMOUNT
00050	6212626	DELLA L ISOM	06-03		269.96
		INTERNMENT ORDER			

CHECK DATE	VENDOR NUMBER	CHECK NUMBER	CHECK TOTAL
6/20/03	PQ2965	0630787	269.96

E-17886

San Diego Regional Center for the Developmentally Disabled

135 Vallecitos de Oro, Suite F, San Marcos, CA 92069 • (760) 736-1200 • FAX (760) 736-1262

June 26, 2003

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

Attn: Paulette Crawford

Re: Pre-need Internment Order
Della L. Isom
DOB 01/18/35

Dear Ms. Crawford:

As per our phone conversation of June 16, I am sending pre-payment for a pre-need internment order to reserve space for Ms. Della Isom's ashes to be placed in with her mother, Lucy Ann Isom, who is buried at Mt. Hope. Enclosed, please find a check from the San Diego Regional Center in the amount of $269.26, to cover the full cost of the opening and closing, ash vault, handling, recording and tax.

In return, would you please acknowledge receipt of payment, provide a copy of the contract, internment order and map locating the space where Ms. Isom's ashes will eventually rest with her mother. Please send requested items to my attention at the following address:

San Diego Regional Center
135 Vallecitos De Oro Ste. F
San Marcos, CA 92069

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me at 760-736-1200.

Sincerely,

Patricia Christie-South

Patricia Christie-South
Associate Social Work Counselor

Enclosure

xc chart

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 1, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cora Lee Webb

In a linen Type of Burial Container Funeral, date, time Mon 7/7 1:00

(Church) Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before ~~3:00~~ 5:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 1353 Grave 1 Row _____ Section _____ Division/Block D

Grave space & Care Fund ..... E 5737 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID 675

Burial Container 209

Handling Fees ..... JUL 07 2003 160

Flower vases – Marker setting fee .....

Recording and filing fee ..... MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 50

Sales taxes 16.20

Mortuary to pay Total Due 848.20

Paid receipt number A56447 848.20

Balance due 0

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

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

X _____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 17887

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17887

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.

	Hutchinson	Hutchinson	Moore			
	Vera		X		Stephens	
		Prettyman	Carson		Garcia	

Blind Check Initiated By: Pam Date: 7/2

Interment space for: Cora Webb

Interment Date: Mon 7/7 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1353 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

place on plane

Blind Check & Verified By: David Noriega Date: 7-3-03

E-17887

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cora	Lee	Webb	03/03/1913	06/28/2003	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 Ringgold, Pastor 2061 Oriole 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 taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	07/03/2003

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
13.00	07/03/2003 B. Campbell	2311083 ▶

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 7-7-03	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

At Need

Date 7-1-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert Feuer 134050

In a Liner (Type of Burial Container) Funeral, date, time Thurs July 3 10:3

Church, Chapel, Graveside _____ Mortuary Deferred

858 488 0229 Patricia or Taylor

All Funeral cars 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 17 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	P 103	1095.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		162.00
Recording and filing fee		4.50
Sales taxes		14.73
Total Due		2026.23
Paid receipt number R-56430		2026.73
Balance due		0

PAID

JUL 01 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

584-707

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

Courtland Young Jr.

I hereby authorize the interment in lot(s) hold under deed.

X Courtland Young
Signature

X 8910 Brentford Ave
Address

X San Diego CA 92126
City Zip Code

X 858-349-6420
Telephone

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17888

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17888

GRAVE BLIND CHECK FORM

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

Tami	Reed	Taylor	X			Ezzo

Blind Check Initiated By: Paulette C. Date: 7-2-03

Interment space for: Albert Fever

Interment Date: 7-3-03 Time: 10:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4617 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-2-03

E-17888

APPLICATION 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
Albert	Jean'Jacques	Feurer	06/17/1939	07/01/2003	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 Jolla	San Diego	Napolean Taylor-Step Son 5241 Chelsea St. La Jolla, CA 92037

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
Preferred Cremation and Burial 3094 El Cajon Blvd., Ste A, San Diego, CA 92104	FD-1746	▶ Mark Jenkins	07/02/2003

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
$13.00	Mark Jenkins	▶ 2311011

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 37512Market St. San Diego, CA 92102	11B. DATE BURIED 7-3-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jenkins
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.

[redacted] [redacted]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 7-1-03

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs July 3, 11:00

Church, Chapel, Graveside Faith Apostolic : 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~~ K Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund LE-7282 0

Additional spaces and care fund ..... PAID .....

Opening/Closing & Setup 375.00

Burial Container ..... JUL 01 2003 ..... 190.00

Handling Fees 145.00

Flower vases Marker setting fee MT. HOPE CEMETARY 125.00

Recording and filing fee ..... CITY OF SAN DIEGO, C 45.00

Sales taxes 14.75 15.00

Total Due 895.00

Paid receipt number R-56431 ..... 895.00

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 _____

Pam + Paulette

Work Order # E 17889

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17889

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	Rodriguez Index		

Blind Check Initiated By: Paulette C. Date: 7-2-03

Interment space for: Johnson, Marcella

Interment Date: 7-3-03 Time: ~~P~~ 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 134 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: _____ Date: _____

17889

APPLICATION 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
MARCELLA	JUANITA	JOHNSON	11/08/1922	06/26/2003	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	LAURA ANN JOHNSON-DAUGHTER 3243 SAGEFLOWER DR. 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	FD-1357	[signature]	07/02/2003

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

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
$13.00	07/02/2003 J BENYARD	▶2310967

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 7-3-03	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

AT Need

Date 7-2-03

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

in a D.D. Crypt (B) Type of Burial Container Funeral, date, time Thurs 3rd 2:00

Church, Chapel, Graveside : Featherngill Mortuary.

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

Lot 28½ Grave 1 Row _____ Section 3 Division/Block 1

Grave space & Care Fund E-9396	0
Additional spaces and care fund PAID	—
Opening/Closing & Setup	413.00
Burial Container JUL 02 20[illegible]	—
Handling Fees	—
Flower vases – Marker setting fee MT. HOPE CEMETERY CITY OF SAN DIEGO	—
Recording and filing fee	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number R-56434	463.00
Balance due	0

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

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

Luis Raphael Diaz Linare 229202
Signature

38902 Canyon Bridge Circle
Address

Murrieta, CA 92563
City Zip Code

(909) 894-5779
Telephone

#Disconected 4/2004

Signature of recorded holder of deed

Paulette

(951)

Work Order # E 17890

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-17890

GRAVE BLIND CHECK FORM

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

		ORTLIEB JR.				
	Gillin	Heck	X	ALLEN	ALLEN	

Blind Check Initiated By: [illegible] Date: 7/2

Interment space for: Eloina Diaz (B)

Interment Date: 7/3 Time: 2:00 Graveside

Div: 1 Sect: 3 Blk/Row: ____ Lot: 28 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flagon grave

Blind Check & Verified By: _____ Date: _____

E 17890

APPLICATION 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
Eloina	-	Diaz	12/16/1927	06/27/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Murrieta	Riverside	Dora Diaz, Daughter In-Law 38902 Canyon Bridge Circle, Murrieta, CA 92563

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	▶	07/02/2003

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
$13.00	07/02/2003 K. Zaretzke	Nancy L Bowen MD MS ▶

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 7600, Riverside, CA 92513-7600	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: 7-3-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Setting fee pd by visa + trim vase by visa 4-10-06

Date 7-2-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for pre-need

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 149 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	88.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	6.82
Total Due	557.82
Paid receipt number Credit Card	557.82
Balance due	0

PAID
JUL 02 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

CDLC4050496
8-17-55/05

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.

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

X _____ Signature

X 600 CONCORD PLACE Address

X SAN MARCOS, CA 92069 City Zip Code

(760) 473-0606 Telephone

_____ Signature of recorded holder of deed

Work Order # E 17891

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 July 2, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carrie L. Miller 134075

In a Liner Funeral, date, time Tues 7/8 11:00
Type of Burial Container

Church (Chapel) Graveside Bayview ; SD Memorial Mortuary.

All Funeral cars must arrive before ~~3:00~~ 5:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 112 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895
Additional spaces and care fund	
Opening/Closing & Setup — PAID	413
Burial Container	209
Handling Fees — JUL 07 2003	140
Flower vases – Marker setting fee — MT. HOPE CEMETARY	
Recording and filing fee — CITY OF SAN DIEGO, CA	50
Sales taxes	16.20
Total Due	1723.20
Paid receipt number R56435	1723.20
Balance due	0

I hereby certify I am the Y. 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 deceased holder of deed

Signature: Gwendolyn L Miller
Address: 1034 Leland #26
City: SV CA 91977
Telephone: 619 4664268 Zip Code

Work Order # E 17892

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17892

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.

		towner	Bryant	Robertson		
		Gilbert	X	Miller		
		Unk				Hawkins

Blind Check Initiated By: Pam Date: 7/2

Interment space for: Carrie Miller

Interment Date: Tues 7/8 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 112 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

plaque on grave

Blind Check & Verified By: Mark Noriega Date: 7-7-03

E-17892

APPLICATION 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
CARRIE	LeBLANC	MILLER	11/06/1924	07/02/2003	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	GWENDOLYN MILLER-DAUGHTER 1034 #26 LELAND ST. 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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	07/07/2003

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
$13.00	07/08/2003	J. LEMON JR. ▶ 2311192

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 GREENWOOD MEMORIAL PARK 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-5-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ C Owen
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 7-7-03

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

in a D.D. Crypt (A) Type of Burial Container Funeral, date, time Tues. July 8th 1:00

Church, Chapel, Graveside Modena : 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 75 Grave 5 Row _____ Section 15 Division/Block 7

Grave space & Care Fund	1535.00 PK
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	
Recording and filing fee	50.00
Sales taxes	32.40
Total Due	2800.40
Paid receipt number R56448	2800.40
Balance due	

PAID

JUL 07 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

Mortuary to bring check.

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 Signature

X Address

X City Zip Code

Telephone

Paulette

Work Order # E 17893

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17893

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.

				Fowler	Welch	
Rosier			x	Porter		
	Jones	Daniels		Wyse		

Blind Check Initiated By: Paulette Crews Date: 7-7-03

Interment space for: Gerry Bullard

Interment Date: Tues July 8th Time: _____

Div: 7 Sect: 15 Blk/Row: ____ Lot: 75 Gr: 5

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave

Blind Check & Verified By: David Mayo Date: 7-7-03

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-7-03

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

in a D.D. Crypt (A) Type of Burial Container Funeral, date, time Tues July 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 75 Grave 5 Row ____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund	1535.00 PC
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases ~ Marker setting fee	
Recording and filing fee	50.00
Sales taxes	32.40
Total Due	2800.40
Paid receipt number	
Balance due	

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 decedent holder of deed

X

Signature

X 5089 Westover Place

Address

X San Diego, CA 92102

City Zip Code

X 266-8602

Telephone

Paulette

Work Order # E 17893

Invoice # ____

Acct. # ____

REA-104 (7-00)

This information is available in alternative formats upon request.

E-17893

APPLICATION 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
Gerry	Glenn	Bullard	06/08/1949	06/28/2003	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	Debra R. Bullard, Wife 5089 Westover Place 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	07/07/2003

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
13.00	07/08/2003 B. Campbell	2311188 ▶

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 7/8/03	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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-17893

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
Gerry	Glenn	Bullard	06/08/1949	06/28/2003	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	Debra R. Bullard, Wife 5089 Westover Place 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
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶	07/07/2003

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
13.00	07/08/2003 B. Campbell	2311188 ▶

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	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 4 IS TO BE RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

at Rad

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 3/03

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

in a ash Vault Funeral, date, time Thurs 7/8 10:00
Type of Burial Container

~~Church, Chapel, Graveside~~ witness : Family Mortuary.
Melvin 858 453 1065

All Funeral cars must arrive before ~~3:00~~ 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 172 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... C 3388 —0—

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... PAID 116—

Burial Container ..... 161—

Handling Fees ..... JUL 08 2003 66—

Flower vases – Marker setting fee ..... MT. HOPE CEMETARY —

Recording and filing fee ..... CITY OF SAN DIEGO, CA 50—

Sales taxes 4.73

Total Due 297.73

Paid receipt number RS60456 297.73

Balance due —0—

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

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

_____
Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17894

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17894

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.

		ITO		Watanabe		
	Weidig	Ninomiya	X	Nakagawa		
	Harvey	Imamura		Ueda		

Blind Check Initiated By: Pam Date: 7/7

Interment space for: Musaye Ninomiya ⊗

Interment Date: Tues 7/8 Time: 10:00

Div: 1 Sect: 11 Blk/Row: ____ Lot: 172 Gr: 3

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No flag in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 7-7-03

C-17894

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS LBC 16024

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
Masaye	E.	Ninomiya	06/24/1913	06/25/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Torrance	Los Angeles	Neomi Tamura - daughter 5107 N. Pinnacle Cove Dr. Tucson, AZ 85749

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 Bch. Chapel 4710 Cass St., San Diego, CA 92109	FD 0815		07/01/2003

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
13.00	07/02/2003	Thomas Y Gauthreaux 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
313 N. Figueroa St. Los Angeles, CA 90012	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 Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-8-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Long Beach Crematory Long Beach, CA 90806	12B. DATE CREMATED 7/02/03	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

AT NEED

Date 7-7-03

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs. July 10 1:00

Church, Chapel, Graveside DELIVERY ; ERICKSON-ANDERSON (Mortuary) JOHN

FAX 466-9643

All Funeral cars 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 1 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund C-1283	-0-
Additional spaces and care fund	—
Opening/Closing & Setup PAID	413.00
Burial Container	209.00
Handling Fees JUL 08 2003	160.00
Flower vases – Marker setting fee	—
Recording and filing fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-56454	848.20
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.

X "See attached" (Signature)

X 229048 (Address)

X _____ (City) _____ (Zip Code)

X _____ (Telephone)

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17895

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17895

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.

		GARNETT		GLASCOCK		BELL
			x	BRYAN		CRAWFORD

Blind Check Initiated By: Paulette C. Date: 7-7

Interment space for: John C. BRYAN

Interment Date: July 10th Time: 1:00

Div: 6 Sect: 4 Blk/Row: — Lot: 149 Gr: 1

Grave Laid out by: Norm & Robert

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kim E. Jones Date: 7-9-03

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-7-03

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs. July 10 1:00

Church, Chapel, Graveside DELIVERY : ERICKSON-ANDERSON Mortuary JOHN

FAX 466-9682

All Funeral cars 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 1 Row _____ Section 4 Division/Block 6

Grave space & Care Fund C-1283	⊖
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	5.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number	—
Balance due	—

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 Christine Leyden

3574 Poe St.

San Diego, Ca 92106

619-223-3474

Paulette

Work Order # E 17895

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E-17895

APPLICATION 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
JOHN	CRAWFORD	BRYAN	12/06/1910	07/04/2003	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	CHRISTINE SEIGLER - NIECE 3574 POE 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
ECM-ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941	FD296	▶ Michelle Candelaria	07/08/2003

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
$13.00	07/09/2003 M.CANDELARIA	2311275 ▶

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 7-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E 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.

[redacted] [redacted]

AT Desert

In the casket with John & Bryan at the Church

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kimberline Carol Jordan

in a Ash Vault (B) Type of Burial Container Funeral, date, time Thurs 7/10 1:00

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 149 Grave 1 Row _____ Section 4 Division/Block 6

Grave space & Care Fund C-1283	0
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees PAID	—
Flower vases – Marker setting fee	—
Recording and filing fee JUL 08 2003	50.00
Sales taxes MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	—
Total Due	50.00
Paid receipt number R-36964	50.00
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

Paulette

X "See Attached"
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 17896

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT Dean
In the casket
With John J. Buyer
At the Church

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kimberline Carol Jordan

in a Oak Vault (O) Funeral, date, time

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 149 Grave 1 Row _____ Section 4 Division/Block 6

Grave space & Care Fund	C-1283 Ø
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	—
Total Due	50.00
Paid receipt number	—
Balance due	—

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

X Kimberline Seigler
Signature
X 3574 Poe St.
Address
X San Diego Ca 92106
City Zip Code
X 619-223-3479
Telephone

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed

Paulette

Work Order # E 17896

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E 17896

APPLICATION 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
KIMBERLINE	CAROL	JORDAN	08/12/1963	11/24/1997	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	ELMER C. JORDAN - FATHER 40534 DUTTON ST CHERRY VALLEY CA 92223

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
ECM ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941	FD-296	▶	07/08/2003

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

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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.
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
$13.00	07/09/2003 L CASTRO	2311311 ▶

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
- [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 7-10-03	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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dejzhon Pope (8 months fetal)

In a Inf. liner Funeral, date, time Wednesday July 9th 1:00
Type of Burial Container

Church, Chapel, Graveside : CA BURIAL Mortuary.
286-2674

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

Lot 1071 Grave _____ Row — Section 1 Division/Block 9

Grave space & Care Fund	110.00
Additional spaces and care fund	—
Opening/Closing & Setup	138.00
Burial Container Inf. Liner 22.375 L	77.00
Handling Fees OUTSIDE 11.875 W 1.5 H	28.00
Flower vases – Marker setting fee	—
Recording and filing fee JUL 08 2003	50.00
Sales taxes 5.97	408.97
MT. HOPE CEMETARY CITY OF SAN DIEGO, CA Total Due	408.97
Paid receipt number R-56455	408.97
Balance due	0

PAID

MO

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.

X Dominique Pope
Signature

233 N. Mollison Ave #65
Address

El Cajon CA 92021
City Zip Code

619-441-8871
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 17897

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17897

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.

			DECARLO	LESLEY BABY	RISH	
			X		MADRID	

Blind Check Initiated By: Paulette Date: 7-7

Interment space for: Dejzhon Pope

Interment Date: Weds July 9th Time: 1:00

Div: 9 Sect: 1 Blk/Row: — Lot: 1071 Gr: ____

Grave Laid out by: Norman FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morgan Date: 7-8-03

E-17897

APPLICATION 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
DEJZHON	TOMMY	POPE	07/02/2003	07/02/2003	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	DOMINISHA A. POPE-MOTHER 233 N. MOLLISON AVE. #65 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	[signature]	07/08/2003

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.

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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
$13.00	07/08/2003 J.BENYARD	▶ 2311208

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 7-1-03	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

D.I.P

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-03

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

In a Liner (Type of Burial Container) Funeral, date, time Thurs July 10 11:00

Church, Chapel, Graveside ; Featherwell Mortuary. Rick

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

Lot 171 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	E-9208	0
Additional spaces and care fund		1
Opening/Closing & Setup	E-9208	0
Burial Container	"	.00
Handling Fees	"	0
Flower vases – Marker setting fee		0
Recording and filing fee	"	0
Sales taxes	"	0
Total Due		0
Paid receipt number		
Balance due		0

I hereby certify I am the 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

Paulette

X Joyce W. Dawson Rodriguez
Signature

X 1293 Marline Ave El Cajon Ca
Address

X El Cajon Ca 92021
City Zip Code

X 619-440-0204
Telephone

Work Order # E 17898

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-17898

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.

		DAN GEHLFELD				
AMEZQUITA		GRINSTEAD	X			
			DURST	DURST		

Blind Check Initiated By: Paulette C. Date: 7-7

Interment space for: Evelyn Hanks D.I.P.

Interment Date: 7-10-03 Time: 11:00

Div: 12 Sect: 1 Blk/Row: — Lot: 171 Gr: 12

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: _____ Date: _____

E-17898

APPLICATION 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
Evelyn	Joyce	Hanks	03/12/1927	07/05/2003	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	Joyce W. Dawson, Daughter 1293 Marline Ave., 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]	07/07/2003

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
$13.00	07/10/2003 K. Zaretzka	▶ 2311429

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 7-10-03	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys HOLT AKA Salaamah Mohammad in a D.D Crypt (B) Type of Burial Container Funeral, date, time Friday July 11th 1:00

Church, Chapel, Graveside ; Rogosdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 133 Grave 8 Row — Section 3 Division/Block 12

Grave space & Care Fund E-10207	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container D.D Crypt (B)	Ø
Handling Fees	—
Flower vases – Marker setting fee PAID	—
Recording and filing fee	50.00
Sales taxes JUL 07 2003	—
MT. HOPE CEMETARY Total Due	463.00
CITY OF SAN DIEGO Paid receipt number A 56452	463.00
	Balance due Ø

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.

X _____ Signature of recorded holder of deed

X Jerry O. Holt Signature

X 1746 Ridgeview Dr. Address

X San Diego City 9205 Zip Code

X 264-1569 Telephone

Paulette

Work Order # E 17899

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17899

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.

			ASHCRAFT	Long		
		ARELLANO	X	STAFFORD		Roberts
			Stevenson			

Blind Check Initiated By: Paulette Date: 7-7

Interment space for: Gladys Holt (DD Crypt B)

Interment Date: 7-11-03 Time: 1:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 133 Gr: 8

Grave Laid out by: KEN & CHUCK

Agrees with Legal Card: ☑ Yes ☐ No Flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nougier Date: 7-10-03

E-17899

APPLICATION 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
Gladys	Gertrude	Holt	11/02/1912	07/05/2003	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	Leroy O. Holt, Son 1764 Ridgeview Drive 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]	07/10/2003

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

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
13.00	07/10/2003 B. Campbell	2311443 ▶

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 7-11-03	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 CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.