Project

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Date Jels	y 1,Q
You are hereby authorized and instructed, sub	bject to your rule	s and regulations, to in	ter the remains
of Raymond	Moth	er 13404	8
in a TS Vault	uneral, date, tin	ne	8/
Church, Chapel, Graveside	- 15		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work o	lay or an extra charge	of \$
will be applied and billed to undersigned			
Loi3588 Grave Flow	Section	Division/84	eck /O
Grave space & Care Fund	25520	P203	1095
Additional spaces and care fund			
Opening/Closing & Setup	עו		416-
			275-
Burial Container	ACC 400 (ACC) (ACC) (ACC)		204-
Handling Fees			201
Flower vases – Marker setting fage :: HOPE Recording and filing fee	CEMETA	F	
Recording and filing feeCITY OF 5	IN OILT-		_50
Sales taxes			21.31
		Total Due	20161.3
Paid r	ecelpt number_	RS6449	2061.3
No.	200	Balance due	0
I hereby certify I am the Brothe	Λ	127.900.0000.0000.000	amed decedent
and this is your authority to make disposition	of remains as a	bove indicated. I certify	and represent
that I have the right to make this authorization any liability on account of said authorization a	nd interment.	old Mt. Hope Cemetery	narmiess from
	orger (natilee	
I hereby authorize the interment in lot I hold under deed.	Signature	tel	
	Address	Me no	
Signature of recorded holder of deed	CID JO	0. 6	Zio Code
	Telephone	DV 1	
- 47000	Invoice #_		
Work Order # E 17900	Acct. #		

E-17900

Charles R. Matzker 3017 Fascination Circle Colorado Springs, CO 80917

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

Dear Pam,

Enclosed is the check in the amount of \$2061.31 for the purchase of lot number 3588 for my brother, Raymond L. Matzker.

Arrangements will be made through Featheringill Mortuary. This could happen within the next month.

If you have any questions, please call me at 719 570-1247.

Sincerely,

Charles R Matzker

Otpul

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

nd instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Aapel, Graveside Mortuary All Funeral cars must arrive before 2005 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup..... Burial Container..... Handling Fees MT. HOPE CEMETARY Flower vases - Marker setting fee Recording and filing fee CITY OF SAN DIEGO, CA 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 integring. I hereby authorize the interment in lot I hold under deed. Invoice # 17901 Acct. #

© Printed an respeled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY F17901

GRAVE BLIND CHECK FORM

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u	12	4	5 x			
F					9	
Interme	ent space	for:	Pam Inthon	4 (Date:	1
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Blind C	heck & \	/erified B	w de 1	Me		· · · / / / / / / / / / / / / / / / / /

E-17901

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	TAC LAST STATES		2. DATE OF BIRTH 3. D	ATE OF DEATH	4. SEX
		IC. LAST (FAMILY)			01/2003	
Anthony	Leon	Oliver				M
SA. CITY OF DEATH		ENTER STATE	ATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP	CODE
San Diego			San Diego	Lois Walton, Mother		
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON		CALIF. LICENSE NUMBER	4390 Mayberry Street		
Bishop Mo	Control of the Contro		UNIX TRUBERS	San Diego, CA 92113		
3444 C1tr	us Street, Lemon Grove, CA	Control of the Contro	PD-1673	BA. SIGNATURE OF APPLICANT—Person to	ing permit 68. DATE	SIGNED
ACKNOWLEDGMENT OF A	Section juste of the renam and Sawin Code, and was along	riged pursuant to Section 7100 o	If the Health and Safety Code.	·	07/09	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	9A. AMOUNT OF FEE	G. Mitch	TISSUED SC. SIGNATURE OF LOCAL RI	EGISTRAR ISSUING	PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$13.00				
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	NEW TORK	07/09/20	AND THE RESERVE OF THE PARTY OF		
ANY CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA			OF DISTRICT OF DISPOSITION—		
	San Diego County Health Dept					
DISPOSITION.	Box 85222, San Diego, CA 921	86-5222				_
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY	
A. BURIAL (INCLU	UDES ENTOMBMENT)	E. TEMPORARY EN	IVAULTMENT	1. DISPOSITION PENDI		CATED AT
B. CREMATION		F. DISINTERMENT		(Name and Address		
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CAL	IFORNIA	-		
D. SCIENTIFIC U		H. TRANSIT TO OU	TSIDE OF CALIFORNIA	R		
T	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	RY	118. DATE BURIE	D 11C. SIGNATURE OF PERSON I	CHARGE OF BU	RIAL A
- BURIAL	Mount Hope Cemetery, 3751 N	arket Stree	E .	-11/	2	•
	San Diego, CA 92102		17-11-0	3 - Sugar - F	Lames	_
2	12A. NAME AND ADDRESS OF CALIFORNIA CREMATI	DRY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSONA	CHARGE OF CRE	MATION
CREMATION			i		55	
			!			
5	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECE	IVED 19C. SIGNATURE OF PERSON II	CHARGE OF FA	CILITY .
SCIENTIFIC			i			
USE			1	! -		
<u> </u>	14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	14B, DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE	OF PERSON IN	CHARGE
TRANSF	REMAINS OR CREMATED REMAINS ARE TO BE	SHIPPED	i	OF PLACING WITH THE CA	ARIER	
THANSA				l l		
5	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT	HER DESCRIPTION SUF	15B. DATE OF	15C. SIGNATURE OF PERSON II	150. UCENSE	NUMBER
SCATTERING AT SEA	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		DISPOSITION		OF CREAT	ATED RE-
DISPOSITION OTHER THAN IN A CEMETERY	4		i		-IF APPL	
CONTRACTOR OF THE PARTY OF THE	Ų.		3	2D 2	- 100	

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 8,03

	l, subject to your rules and regulations, to i	nter the remains
a woon to	any 1340-	13
na line	_ Funeral, date, time 1hus 7/	10 9:30
Church, Chapei, Graveside	: CA burial	Mortuary.
All Funeral cars must arrive before 350 g	m. of regular work day or an extra charge	of\$
will be applied and billed to undersigned.		
Lot 44 Grave 8 Row	Section DivisionAB	tock D
Grave space & Care Fund		985-
Additional spaces and care fund	PAID	
Opening/Closing & Setup		43-
Burial Container	JUL 0 8 2003	209-
Handling Fees	NT UODE OFWERAL	140
Flower vases - Marker setting fee(OHY OF SAN DIFGO C	. — =
		50
Sales taxes		1000
martially to pay	7-5-1457	1833.20
ь Р	aid receipt number 4-56151	7
×	Balance du	• 42
I hereby certify I am the / and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizati	ition of remains as above indicated. I certi ation and I agree to hold Mt., Hope Çemete	named decedent ity and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Address Company	
Signature of moonted bakter of deed Dom	Takeshoose	Zip Code
F 17902	Invoice #	
Work Order # E 17702	Acct. #	

MT HOPE CEMETERY [-17902

GRAVE BLIND CHECK FORM

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Grave Laid	out by: NoRw	IAW F	ERGUS	۰.	3
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Blind Check	& Verified By:	Vail 7	louis.	Date:	-9-03

E-17902

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OTH	ER ALTERATIONS	W	
IA. NAME OF DECEDE DOAN	NT—FIRST (GIVEN) 18 MIDDLE NHAT	IC. LAST (FAMILY) HOANG		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA CITY OF DEATH		58. COUNTY OF DEATH	Spanish and a second	NAME, RELATIONSHIP, FULL OF INFORMANT IUAN HOANG-MOTE	MAILING ADDRESS AND Z	P CODE
CALIFORNI	DORESS OF CALFORMA—FUNERAL DIRECTOR OR PERSON AS A CREMATION & BURIAL CHAPEL 5 BLVD. SAN DIEGO CA 92115	880	IF, LICENSE NUMBER	79 ALTADENA AV IN DIEGO CA 921 IL SIGNATURE OF APPLICANT-	E. #4 15	E SIGNED
"NORMOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposi Section 10376 of the Health and Salety Code, and was authorize			6 2 J-	07/0	7/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT GHES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-	\$13.00	K JONES	SUED 9C. SIGNATURE OF L 03 > 2311322 F DISTRICT OF DISPOSITION—		IG PERMIT
ANY EHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSP.O. BOX 8522. SAN DIEGO CA 92186-5222	! IF C		IN ANOTHER DISTRICT IN CALIF		
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Name and	PENDING—REMAINS L(Address)	
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET SAN DIEGO CA 92102	555	118. DATE BURIED	11C SIGNATURE OF PE	RSON IN CHARGE OF BU	URIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY.	12B. DATE CREMATED	12C SIGNATURE OF PER	RSOMIN CHARGE OF CRI	EMATION
SCIENTIFIC	13A: NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PE	rson in Charge of F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		148. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		NATED RE- DISPOSER

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

MT. HOPE CEMETERY INTERMENT ORDER

Dity of San Diego

O in	Furnismed, date, time Theres 7/10 9:30
Type of Busing Controller	044
Austri, Office Graveside	Martin
It Funeral care must arrive before some m.	of regular work day or an extra charge of \$
illi be applied and billed to undersigned	
ot 44 Greva 8 Aow_	Section 2 Division/Mark 19
rave space & Care Fund	983
additional spaces and care fund	
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landing Face	160
lower vases - Marker setting les	
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	1Ca. 30
mortuary & part	Total Due
* Church	Belance due
hereby cartily I am the	of the shove named decadent of remains as above indicated. I certify and represent and I agree to hold Mr. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot (old under deed.	CHUAN HOANG
gration of methodal boline of dead	X SANDIEGO MA 921

MT. HOPE CEMETERY

INTERMENT ORDER

y of San Diego		CANCEL STATE OF THE STATE OF TH
		7-8-03
	Date	1-0-00

	AT \$28 (55%)		
MT	T. HOPE CEMETER	iY .	
INTE	ERMENT ORI	DER	
at need inte	City of San Diego	<u> </u>	X-^2
(134065)		Date	000
You are hereby authorized and instruct		s and regulations, to	inter the remains
or - mable	steph	egg ooder	16/21
ina Lines	Funeral, date, tin	ne Tue	aly 11. 1
Church, Chapel, Graveside	Delivery Only	Roopdal	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	say or an extra charge	of \$
will be applied and billed to undersigne	d		
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Additional spaces and care fund	······	*******************	
Opening/Closing & Setup			413.00
Burial Container			209.00
rianding rees	****************************		160.00
Flower vases - Marker setting fee		***************************************	######################################
Heccording and hind tee			50.00
Sales taxes MT.	HOPE CEMETARY	Y	16.20
CITY	OF SAN DIEGO, G	برر Total Due	1723.20
and to for	Paid receipt number	RSUHLE8	1723.20
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I hereby certify I am the		of the above	named decedent
and this is your authority to make disport that I have the right to make this authoriany liability on account of said authorizations.	ization and I agree to h	bove indicated. I certi	fy and represent
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I hereby authorize the interment in lot I hold under deed.	Signature	Melder	ned-
	Address P	alter	
Signature of recorded holder of deed	E	CV .	Zip Code
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Work Order # E 17903	7978565-1001		
Service of the servic	Acct.#		
REA-104 (7-96) This is	nformation is available	in alternative forma	ts upon request.

@ Printed on recycled paper

MT HOPE CEMETERY F17903

GRAVE BLIND CHECK FORM

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E-17903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)				ATE OF DEATH	4. SEX
	Mable	-	Stephens		04/0	7/1922 07	06/2003	F
5/	CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.,	B. NAME, RELATION OF INFORMAN	DNSHIP, FULL MAILING	ADDRESS AND Z	IP COD6
	Chula V		Sa	n Diego		e A. Lyle,	Daughter	§ §
7.6	Anderson-	opress of California—funeral director of Person Ragedale Mortuary, 5050 Fede	ral Blvd	APPLICABLE	1735 Me	lrose Aven	ue #53	
	San Dieg	o, CA 92102	The state of the s		BA. SIGNATURE C	F APPLICANT Person to	Aing permit 8B. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disp Section 10376 of the Health and Solety Code, and was author	prized sursuset to Section 7100 of the	Health and Safety Code.	> lu	An lu	STATE OF THE PARTY	5/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRIS NO MIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PA	07/15/20 B. Campbe	03 231	NATURE OF LOCAL F	REGISTRAR ISSUM	IG PERMIT
AN		90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA VITAL Records, P.O. Box 852	IF D	PRESS OF REGISTRAR ISPOSITION IS TO OCCU				
10	AUTHORIZED DISP	San Diego, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS				FOR CORONE	R'S USE ONL	Υ
-	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS			(Name and Addres		
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE Mt. Hope Cemetery, 3751 Ma San Diego, CA 92102		7-16-03		TURE OF PERSON	IN CHARGE OF B	URIAL
WELLE STEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY			TURE OF PERSON I	N CHARGE OF CR	EMATIC
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGN/	TURE OF PERSON	IN CHARGE OF F	ACILITY
OMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPI		ess and signatur Lacing with the C		CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTR</u>		158, DATE OF DISPOSITION		TURE OF PERSON GE OF DISPOSITION	OF CREA	MATED RE-

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

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at wild interment order

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nd this is your authority to make disposite	en of remains as above indicated. I certify and represent
by hability on account of said authorization	ion and I agree to hold Mr. Hope Cemetery framilies from
	x01000 14- 1-15
hereby authorize the interment in lot I old under good.	Parana Pratito
	San Diego, CA 92154
service of theoretic bodies of thing	Zip Goda
	× 429-0494
E 17903	TAIRPANA

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	70.7	
- contractor	1-2-01	
Dale	7-8-03	

In a MUSIM Ab Fige of hotel Conserver Church, Chapel, Graveside Funeral, date, time About Mortuary. All Funeral cars 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 Musim Division/Week Musim Div	~ LO, C. 스타트 C. 스타트 () 그리고 있었다. 네트리아 () 프라트 (***) # () 프라트 (***) # () # () # () # () # () # () #	d, subject to your rules and regulations, to inter the remains
Church, Chapel, Graveside : A Bruil Omega Mortulary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot/50 Grave Row Section Must be bivision/alleek US/M Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Burial Container SUAB US 0.8 2003 88.00 Handling Fees MT. HOPE CEMETARY Flower vases - Marker setting fee CITY OF SAN DIEGO, CA Recording and filing fee Sales taxes Tetal Due 557.82 Paid receipt number Suffagnet 57.82 Paid receipt number Suffagnet 570.00 Thereby certify I am the X August August Of the above named deposition and largee to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MARION All RASH DED I hereby authorize the Interment in lot I hold under deed.		Thurs Soiler 10th 11:00
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 229-270	ina Musim Slab	Funeral, date, time title day with
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	Church, Chapel, Graveside	: CA Brick Morniary
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container SUAS Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CITY OP SAN DIEGO, CA Sales taxes Tetal Due S57,92 Paid receipt number Sugage 500,00 Flower value for the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MARION AND RASHED I hereby authorize the interment in lot I agrature L2575 Im factor A 45	All Funeral cars must arrive before 3:30 p	ر کا کی .m. of regular work day or an extra charge of \$
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Burial Container. SLAB WITHOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Fetal Due. SST 1,9,2 Paid receipt number Suffament 57,82 Paid receipt number Suffament 57,82 Fretal Due. SST 1,9,2 Paid receipt number sand this above named depositor of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. Mariner State Sta	will be applied and billed to undersigned.	- A/2
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Burial Container. SLAB WITHOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Sales taxes. Fetal Due. SST 1,9,2 Paid receipt number Suffament 57,82 Paid receipt number Suffament 57,82 Fretal Due. SST 1,9,2 Paid receipt number sand this above named depositor of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MARIN AN RAH DO I hereby authorize the Interment in lot I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. Mariner State Sta		al 1 1'C wherely
Opening/Closing & Setup	Lot 50 Grave Row	Section WUS IM Division/Bleek US IM
Dening/Closing & Setup	Grave space & Care Fund	
Dening/Closing & Setup	Additional spaces and care fund	PAID
Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CFTY OF SAN DIEGO, CA Recording and filing fee So.00 Sales taxes Sale		1112 00
Handling Fees MT. HOPE CEMETARY Flower vases – Marker setting fee CITY OF SAN DIEGO, CA Recording and filing fee So.00 Sales taxes Sales	Burlal Container SLAB	<u>98.00</u>
Recording and filing fee	Handling Fees	
Paid receipt number 15 4 4 5 7 8 2 Paid receipt number 15 4 4 5 7 8 2 Paid receipt number 15 4 4 5 7 8 2 Paid receipt number 15 4 5 7 8 2 Paid receipt number 15 4 5 7 8 2 Paid receipt number 15 4 5 7 8 2 Balance due 5 7 8 2 Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MAPION AN HARD SAME BY Signature 125 75 Impendice A 45	Flower vases - Marker setting fee	MT. HOPE CEMETARY
Paid receipt number 15 of the shore named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MAPLIN ALL RAHED I hereby authorize the interment in lot I signature / 25 75 Im figure A 45		
Paid receipt number 15 of the shore named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cernetery harmless from any liability on account of said authorization and interment. MAPLIN ALL RAHED I hereby authorize the interment in lot I signature / 25 75 Im figure A 45	Sales taxes	_ 6,82
I hereby certify I am the X AND A Company of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MARION AND RASH CED I hereby authorize the interment in lot I signature A MAN AND AND RASH CED Signature A CE Signature A CE		
I hereby certiny I am the 1 Country I am the 2 Coun	P	aid receipt number Usagayment 57.82
I hereby authorize the interment in lot I hold under deed.	•	Balance due 500.00
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. MACION ALL RACHES I hereby authorize the interment in lot I signature A Signature 1 25 75 Im FSURC A SE	I hereby certify I am the X	TV Of the above named decadent L/
I hereby authorize the interment in lot I Separate X Manage A Company I for I will be a company authorize the interment in lot I separate X I will be a company authorize the interment in lot I separate X 25 75 I will be a company of the company o	and this is your authority to make dispos	ition of remains as above indicated. I certify and represent
hold under deed. /2575 IMPSURC A 45	any liability on account of said authorizati	ion and interment.
	I hereby authorize the Interment in lot I	× marowataly
	hold under desd.	12575 IMPGLIAC AG
Standary of recorded holder of Good 2102	Stansture of recorded holder of deed	SANDIEGO CA 92102
Signature of recorded holder of deed ZinCode City C15- Z64-3004 ZinCode	V.)	619- 264-3004 ZACOO
764-1323 Wy	The	214-1323 Wife
(ID)	- 17004	COUNTRY AND
Work Order # E 17904 Acct. #		Acct. #

MT HOPE CEMETERY F- 17904

GRAVE BLIND CHECK FORM

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		X			
Blind Check In Interment spac Interment Date	e for: HAK	in R	ASHIP		7 % -0.
Div: Se	The second secon			150 G	:
Grave Laid out					Shows - S
Agrees with Le	gal Card: 🗹 Y	es C	J No	7la0	1 - Va
Agrees with Ma Blind Check &		1) L
DITIO CHECK O	vermed by	00 /1	nulga	Date	H

E-17904

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. I	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAS	ALY)	2. DATE OF		E OF DEATH	4. SEX
HA	KIM /		-	RASH	ID	02/13/1	939 07/0	8/2003	M
5A.	CITY OF DEATH		0.		DEATH-OUTSIDE CALIF.	8. NAME, RELATIONSH	P. FULL MAILING A	DORESS AND ZI	P CODE
SA	N DIEGO			SAN SAN	DIEGO	MARYAM RASI	Th_UTPP		
CA	LIFORNIA I	BURIAL CHAP	PEL 2200 HIGHL		IF APPLICABLE	4834 LOGAN SAN DIEGO,	AVE. #106	Š.	
NA	TIMAL CI	TY, CA 9195	200	- was as a superior of	FD-1689	8A. SIGNATURE OF API	LICANT—Person taking	permit 88. DAT	E SIGNED
- 1	ACKNOWLEDGMENT OF A		actnowledge as applicant that the pri 1376 of the Health and Safety Code, an		7100 of the Health and Safety Code.	Mound	Kenn		/2003
	PERMIT HORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP	Y CODE PECIFIED		TISSUED 9C. SIGNATU 003 RD > 23113		istraa issuin	G PERMIT
ANY	N REQUIRES A NEW ART TO SHOW FINAL	9D. ADDRESS OF REPORTED FOR THE PROPERTY OF TH	EGISTRAR OF DISTRICT OF BOILD IN CALIFORNIA RDS-P.O. BOX 8 CA 92186-5222	F DEATH—	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC	OF DISTRICT OF DISP	DSITION-		_
10.	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			F	OR CORONER'S	USE ONLY	
	B. CREMATION		AINS OTHER	F. DISINTERIME		(Na	POSITION PENDING me and Address)	- HEMAINS L	ZORTED AT
	BURIAL	MT. HOPE	CEMETERY 3751 CEMETERY 3751 CA 92102	CEMETERY MARKET ST.	7-10-0	1	OF PERSON IN	CHARGE OF BU	JRIAL
APPLICABLE ITEMS	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	TED 12C. SIGNATURI	OF PERSONAL C		EMATION	
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REM	AINS 13B. DATE RECE	IVED 19C, SIGNATURI	OF PERSON IN	CHARGE OF FA	ACILITY
COMPLETE A	TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -			E 14B, DATE SHIPF		AND SIGNATURE O		CHARGE
S	CATTERING AT SEA OR ISPOSITION OTHER HAN IN A CEMETERY	FICIENT TO ID	arest point on shorelin entify final place and c				e of Person in of Disposition		NATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No. 20 at 10	ructed, subject to your rules and regulations, to inter the remains
of laven	el (3,061)
ina Tine	Funeral, date, time May 7/14 / 500
Church Chapel Graveside	: Rees dalo Mortuary.
	830 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	gned
100 10	/ /2
Lot US Grave 15	Row Section Division/Block
Grave space & Care Fund	PAID 985
Additional spaces and care fund	PAID
Opening/Closing & Setup	JUL 10 2003 4/3 -
Buriel Conteiner	009
Handina Coo	MT. HOPE CEMETARY 140-
naroling rees	CITY OF SAN DIEGO, CA
0000	
Recording and filing fee	20_
Sales taxes	14.20
Melhoury to pre	Total Due
. 8.0	Paid receipt number R 56469 (833.70
U	92000
1	Balance due
I hereby certify I am the	of the above named decedent sposition of remains as above indicated. I certify and represent
that I have the right to make this aut any liability on account of said author	horization and I agree to hold Mt. Hope Cemetery harmless from
	Vincipares Personal
I hereby authorize the interment in I hold under deed.	ot 1 Sanature
noid under deed.	Y Johns
Signature of recorded holder of deed	- x i i
	Zip Code
Kaw	Tolistone
` ■ 17905	Invoice #
Work Order # E 1/7U3	Acct. #
REA-104 (7-96) Th	is information is available in alternative formats upon request.

O Printed on recycled paper

MT HOPE CEMETERY - 17905

GRAVE BLIND CHECK FORM

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						WICSON
	LORA HZ		х .			ENVEL.
ž ž	JAMES L			BOTTLE	LANDRA	Savel.
Interme Div: <u>/</u> /	nt space for: nt Date:	//-03 Bik	<u>{</u> Т /Row: <u>~</u>	ime:/, Lot: <u>{</u>	:00 P.	
Grave L	aid out by:	KEN "	ROBE	QT .		V
	with Legal C		es [J No		
Agrees	with Map: 🛚	Yes		lo		
Blind Cl	neck & Verif	ied By:	aid I	mega	Date:	7-11-65

E-17905

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST	(GIVEN) 1B. I	MIDDLE	1C. LAST (FAMI	LY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
Clarence	25		Ray	Gore	A7770000	W.C 170.040	1.50 F1.00 G10 1 TV G15 7.70 G16	PND 07/05/2003 N
A. CITY OF DEATH			-10-11-12-1	5B. COUNTY OF ENTER STAT	DEATH—OUTSIDE CA		E, RELATIONSHIP, FULL MA	AILING ADDRESS AND ZIP CODE
San Diego					San Diego	Ke	th R. Mernet	t, Nephew
	Regada	ale Mortu	ERAL DIRECTOR OR PERSO LATY, 5050 Fee		B CALIF LICENSE NU —IF APPLICABLE FD—1329	MBER 836 Sp1	E. Redwood ingfield, MO	Street 65807
Den Drego	, ua .	CONTRACTOR OF THE PARTY.	ge as applicant that the proposed o		TOTAL CO. CO.	/ .	NATURE OF APPLICANT-P	erson taking permit 8B. DATE SIGNAD
ACKNOWLEDGMENT OF AP	PPLICANT	Section 10376 of the	e Health and Safety Code, and was as	thorsted perseant to Section 7	DO of the Health and Safety	Code.	We land	200 07/00/200
	SIONS OF AND IS THE	THE CALIFORNIA AUTHORITY FOR MIT.	ACCORDANCE WITH PROV HEALTH AND SAFETY COD THE DISPOSITION SPECIFIE OF DISPOSAL OUTSING OF CALIFORNI	E	07/1	PERMIT ISSUED 0/2003 ampbe 11	9C. SIGNATURE OF LOG 2311454	CAL REGISTRAR ISSUING PERMIT
INY CHANGE IN DISPOSI	90. ADDRES	SS OF REGISTR OCCURRED IN CO RECORDS	AR OF DISTRICT OF DEA	TH- 9	E. ADDRESS OF REG	ISTRAR OF DIS	TRICT OF DISPOSITION— NOTHER DISTRICT IN CALIFOR	nea (
O. AUTHORIZED DISPO							FOR COR	ONER'S USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	IIA. NAM	E AND ADDRESS	s of California CEME	TERY	OUTSIDE OF CALIF		(Name and Ad	SON IN CHARGOS OF BURIAL
CREMATION		Diego, C	S OF CALIFORNIA CREM	ATORY	0. 20.0000	10_20200	C SIGNATURE OF PERS	ON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAM	e and address	S OF CALIFORNIA FACILI	TY RECEIVING REMA	INS 138. DATE	RECEIVED 1	OC. SIGNATURE OF PER	SON IN CHARGE OF FACILITY.
TRANSIT			S IN RECEIVING STATE C ATED REMAINS ARE TO E		14B. DATE	SHIPPED 1	4C. ADDRESS AND SIGN. OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER \(\frac{1}{2}\)
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			POINT ON SHORELINE, OR FINAL PLACE AND CA <u>DIS</u>			OF 1	SC. SIGNATURE OF PERI CHARGE OF DISPOS	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

- Clarence	GOLL
na tines	Funeral, data, timbe Man 7/14 / 200
Church Chips Gravasida	: Recesdado Monumy
All Funered cars must arrive before tass g.m. SICO will be applied and billed to undersigned.	t. Of regular work day or an entre charge of \$
a <u>62</u> Grava 12 How_	Section / Olvision/Block /2
Grave space & Care Fund	# 0.000 COVACTI CV 2004 C 2004 C 10 C 2004 C 10 C 2004 C 2007 C 2004
Additional spaces and care fund	<i>1/12</i>
Opening/Closing & Setup	
Swiel Container	
fandling Fees	140
lower veses - Marker setting les	- and the second
Recording and filing tee	
Martuary to pay	Total Due
hereby certify I am the X LC CH and this le your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	Balance due Balance due In the above named decedent on of namehiles above indicated, I cartify and represent on and i agree to hold Mr. Hope Gametery harmless from and interment
hareby authorize the interment in lot I hold under deed.	836 E. Redwood St.
I haraby authorize the interment in lot I hold under dised.	836 E. Redwood St. Springfield, Mo 6580 (417) 889-2861

HEA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

You are hereby authorized and instructed, subject to your rules and regulations, to let of FANNIE LUE TRIPLETT in a LINER Fueral, date, time DEDS JULY Type of Surfal Container Church, Chapel, Graveside; SANNE G All Funeral cars must arrive before 3:30 p.m. gl regular work day of an extra marge will be applied and billed to undersigned.	nter the remains
You are hereby authorized and instructed, subject to your rules and regulations, to be a FANNIE LUE TRIPLETT in a LINER Fueral, date, time bleds July Church, Chapel, Graveside	nter the remains
You are hereby authorized and instructed, subject to your rules and regulations, to be a FANNIE LUE TRIPLETT in a LINER Funeral, date, time bleds July Church, Chapel, Graveside : SANNIE GRANDIE GRAN	nter the remains
You are hereby authorized and instructed, subject to your rules and regulations, to be a FANNIE LUE TRIPLETT in a LINER Fueral, date, time DEDS JULY Church, Chapel, Graveside	nter the remain
of FANNIE LUE TRIPLETT in a LINER Funeral, date, time blED5 JUL Type of Burkel Contenter Church, Chapel, Graveside :: SAN NE GR All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra marge	
Lot Grave Row Selection Division/B Grave space & Care Fund	
Opening/Closing a Setup Burial Container Handling Fees Flower vases – Manner setting fee Recording and filling tee	
Sales taxes	
	1028
Paid receipt number	-
Balance due	
I hereby certify I an the	ty and represent
hold under deed.	
Signature of recording treatment of deed	Zio Cot
Signature of recorded bother of deed City Telephone Invalore #	
_ 4700¢ Invoice #	
Work Order # E 17906 Invoice #	

© Printed on regular paper

REA-104 (7-96)

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7 "	MT. HOPE	EMETERY		
ind in	INTERMEN	IT ORDER		
Sherel	ne City of Sa	an Diego	0	
Parte Engl	-~	De	of Jule	10 1
mitte and	4			r '
You are hereby authorized a	nd instructed, subject	to your rules and re		
of KODORT	Debeur	7 80	2280	,5D
in a ABNUOL		ral, date, time 📙	m 7/21	11:30
Church, Chapel, Graveside		only 1	jamile	_ Mortuar)
All Funeral cars must arrive t	perore sale p.m. of re	jular work day or ar	extra charge of	\$
will be applied and billed to u	indersigned.			
**************************************				24 67 0-05
Lot Grave	5_ Row	_ Section _ K	Division Co.	Mas
Grave space & Care Fund			14	0
Additional spaces and care f				
				1110
Opening/Closing & Setup				1101-
Burial Container	P	AID		100
Handling Fees			······························	QQ_
Flower vases - Marker settin	g fee	1 n 2003		CN-
necording and ming res				1/ 32
Sales taxes	CITY OF 6	CEMETARY		4.7
	OF S/	IN DIEGO COLD	ue Q	297.1
	Paid recei	M	C 6	297. 3
			Balance due	0
I hereby certify I am the	Dayante	Q	of the above nan	ned decede
and this is your authority to that I have the right to make			dicated. I certify a	ind represe
any liability on account of sa	id authorization and is	tement.	nope cemetery in	/
Dawn wa	ui tman	The same	1 Una	ma
I hereby authorize the interm hold under deed.	ent in lot I	TO CO	2/25	75
		Acceptance DO X	rias	73
Signature of recorded holder of deed		SANT	e M	900
		8 619-9	193-21	41
		u mébuous		
F 179	007	Invoice #		
Work Order # E 1/3	V L	4 cod #		

This information is available in alternative formats upon request.

MT HOPE CEMETERY [-17907

GRAVE BLIND CHECK FORM

Blind Check Initiated By: Companies Chime Co	- p =		7			
Blind Check Initiated By: Tem Author Date: Tem Interment space for: Robert Duburn 8 Interment Date: Mon 7/24 Time: 11:30 Div: MAB Sect: R Blk/Row: Lot: Q Gr: 3 Grave Laid out by: Norman Fenguer Agrees with Legal Card: Yes No Fing 67 Agrees with Map: Yes No			40			2
Interment space for: Robert Duburn & INSO Interment Date: Mon 7/21 Time: 11:30 Div: MAB Sect: Blk/Row: Lot: Q Gr: 3 Grave Laid out by: Morman Ferusan Agrees with Legal Card: Yes No Fing 67 Agrees with Map: Yes No		Marle	S Eugen Deburn	Tario	Schim	
Interment space for: Robert Duburn & INSO Interment Date: Mon 7/21 Time: 11:30 Div: MAB Sect: Blk/Row: Lot: Q Gr: 3 Grave Laid out by: Morman Ferusan Agrees with Legal Card: Yes No Fing 67 Agrees with Map: Yes No			rough			
Interment space for: Robert Duburn & Ilian Interment Date: Mon 7/21 Time: Ilian Ilian Interment Date: Mon 7/21 Time: Ilian Ilian Interment Date: Mon Ilian I				h_	1	ec.
Agrees with Map: Yes No You	nterment spa	ce for: Rol	7/21-	(13	11;30	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
Agrees with Legal Card: Pes No Ting M					<u> 4</u>	Gr: <u>3</u>
Agrees with Map: Yes No 109 700	Grave Laid ou	t by: <u>Noem</u>	ian Fe	rquer		
7	Agrees with Lo	egal Card: 🛘	Yes [J No	Tim	800
Blind Check & Verified By: DARKEY/ Date: \\ \\ \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \	Agrees with M	ap: 🛘 Yes	<u>_</u> 1	No	Floor	CYON D
	Blind Check 8	k Verified By:	DARKE	Y /_	Date:	X-21-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 8 (1258

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

IA. NAME OF DECEDE	I STATE OF THE PARTY OF THE PAR	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX
ROBERT	EUGENE	DEBURN	01/30/1922 03/26/2003 M
MESA		SB. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORIE E. GREEN-WIFE
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON RICK MORTUARY	ACTING AS SUCH 78 CALIF. LICENSE NUMBER —IF APPLICABLE	LAKESIDE, CA 92040
374 N. MAGNO	OLIA AVE. EL CAJON, CA 92020	FD-795	BA. SIGNATURE OF APPLICANT PRISON FAMOR SPENS. BB. DATE SIGNED
ACKNOWLEDGMENT OF A		osition stated herein is one of the dispositions authorized by proped pursuant to Section 7100 of the Health and Safety Code	10000100 Jm 004/02/2003
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 GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALFORDAL	94. AMOUNT OF FEE PAID 98 DATE PERM 04/03/20 \$13.00 A.FINK	IT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.U. BOX 85222 SAN DIEGO, CA 92186-5222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALEORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
B. CREMATION		E TEMPORARY ENVAULTMENT F, DISINTERMENT G. SHIP IN TO CALIFORNIA H, TRANSIT TO OUTSIDE OF CALIFORNIA RY 11B. DATE BURI 7-21-0	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	OCEANVIEW CREMATORY 1625 GIS COSTA MESA, CA 92626		//
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION 15D. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
SPONSIBLE I	FOR COMPLETING AND FORWARDING THE PE	RMIT WITHIN 10 DAYS OF DISPOSITI	ON. THE PERSON IN CHARGE OF DISPOSITION IS ON TO THE REGISTRAR OF THE DISTRICT IN WHICH EMAINS WERE SCATTERED AT SEA. THE LOCAL E DATE.

COPY 1

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

VS 9 (REV. 6/91)

Patricia garder, called to guie permission to Bury Robert Doburn in family Dat 7/10/03 mas R., 6,3 7 ten Helz E17907 1407457

Ux Dood



INTERMENT ORDER

City of San Diego

Date 7/11/03

You are hereby authorized and instruct	ed subject to your rules and regulations, to im	ter the remains
or Joel Humbe	uto Kosas, 134090	1
ina Liner	Funeral date, time 1	:00 Avrive
Type of Burial Container Church, Chapel, Graveside	:Atzlan	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge o	of \$
will be applied and billed to undersigne	d. <u>R</u> C	
Lot 229 Grave 2 Ro	w Section 2 Division/Bk	12
Grave space & Care Fund		955-
Additional spaces and care fund	PAID	0
Opening/Closing & Setup		915_
Burial Container	.HH 1 1 2002	209-
Handling Fees	OOL 1 1 2003	160-
Flower vases - Marker setting fee	IT. HOPE CEMETARY TY OF SAN DIEGO, CA	6
Recording and filing fee	IY OF SAN DIEGO, CA	50
Sales taxes		16.20
	Total Due	1883.20
	Paid receipt number R-56476	1833.20
	Balance due	\$
I hereby certify I am the	of the above ru	med decedent
and this is your authority to make dispos	osition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	170 53201 A #4	/
Sister	- VSOO Diego CA 9	2113
sugmenum or recorded noticer or exec	Cay (619) 234-2644 Telephone	Zb Cods
	Invoice #	
Work Order # E 17908	Acct. #	

MT HOPE CEMETERY - 17908

GRAVE BLIND CHECK FORM

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I' BA	ple par	4			
	7.	, х			

	
Blind Check Initiated By: RAY	SNIDIR Date: 7-11-03
Interment space for: ToEL	ROSAS
Interment Date: 7-/4-03	Time: 1:00 Pm
Div: 12 Sect: 2 Blk/Row	r. — Lot: 279 Gr. 2
Grave Laid out by: KEN A RO	BERT
Agrees with Legal Card: Yes	□ No
Agrees with Map: Yes	
Blind Check & Verified By: Naval	Mariga Date: 7-11-03

E-17908

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)	Name and Charles and Control		TE OF DEATH 4. SEX
Joel	Humberto	Rosas			09/2003 M
A. CITY OF DEATH	W 2540	58. COUNTY OF DEATH—OR		NAME, RELATIONSHIP, FULL MAILING A	ADDRESS AND ZIP CODE
Tijuana		Mexico	I	Blanca Jauregui - S	ister
Funeraria	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO Aztlan Mortuary Lesa Blud., La Mesa, CA 91	—IF APP	LICABLE	880 Raven Street San Diego, CA 9210	
ACKNOWLEDGMENT OF A	Throbe estandades as analysed that the surround of	isposition stated herein is one of the dispos	offices authorized by	HUN O MUCO	E PATRICI 8B. DATE SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT. SINCE THE DISPOSAL OUTSINE OF CALFORNIA.	t t	eah A. Mat 07/14/200	55 (A) 200 (2004) (2004) (2004)	GISTRAR ISSUING PERMIT
NOTICE AND DESCRIPTION OF PERSONS ASSESSMENT	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA	TH- 9E. ADDRES	S OF REGISTRAR OF	DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222	4
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED REMAINS OTHER EMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET	E. TEMPORARY ENVAULTS F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE	V	(Name and Address)	G-REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery 3751 Market Street, San D	niego, CA 92102	7-14-03	Vail None	<i>i</i> _ •
CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	STORY 1	2B. DATE CREMATED	126. SIGNATURE OF PERSON IN	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS 12	3B, DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		4B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		5B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

٦١	7-1	1-03_
You are hereby authorized and instructed, suit		0
in a ASH VAULT F	Funeral, date, time Mon. Jul	1144 1:0
Church, Chapel, Graveside 121404	SS: Merkley M	the Wortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
0 1	Section 3 Division/B	8_
	1991	
Additional spaces and care fund		
Opening/Closing & Setup	* * * =	116.00
Opening/Closing & Setup	AID	61.00
Handling Fees JUL Flower vases - Marker setting fee		66.00
Flower vases - Marker setting fee	. 112003	<u> </u>
Recording and filing fee	PE.CEMETARY	50.00
Sales taxes	SAN DIEGO, C	4.33
	Total Due	297.73
Pald n	ecelpt number $R - 56484$	297.73
	Balance due	9_
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certi- and I agree to hold Mt. Hope Cemeter and Interment.	y harmless from
I hereby authorize the interment in lot I hold under deed.	See Attac	med_
Signature of recorded holder of dead	City	Zip Code
	Telephone	
17909	Invoice #	
Work Order #	Acct. #	
GEA 104 72 pm This informs	ation is available in elternative format	tone request

F-17909 7-9-03 pam -Here is the Check For my mothus. place ment. I will be at the office on monday July 14th at 1:50 p.m. with my Son. To have her placed in Division 8 the vase cleaned out in the ground. Thouks so much Carol Baker FOR FRANCES AUSTIN Division 8 Section 3 Lot 934

MT HOPE CEMETERY E 1 7909

GRAVE BLIND CHECK FORM

/	Julion 1	XHIC	KANCI				
	muse	maron	X Aug.		.9		
	v						
Blind Che	ck Initiate	d By:	aul ot	100	Date:	7-118	3
Interment	space fo	r. <i>Fs</i>	ance	o Ge	stin.	8	_
Interment	Date:	7-14-6	3_	Γime:	1:00	With	108
Div:_8_	_ Sect:_	<u>3</u> ві	k/Row:	Lo	t: 934	Gr:_/_	_
Grave Lai	d out by:	KEN	X ROB	ERT			
Agrees wi	ith Legal	Card: 🗹	Yes (J No	[109	on	.0
Agrees wi	ith Map:	Yes	01	No	riag	No	
Blind Che	ck & Ver	ified By:	day No	wig	Date	7-11-65	<u></u>

10/19/1/APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17909 N REMAINS 93

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

			AMARINA SARAKA	na estimatada		TOTAL TOTAL TOTAL	
A. NAME OF DECEDE	SOLO - DECENTRATE DE L'ESPARIT DE PRE	IC. LAST (FAMILY)		, u	ONTH, DAY, YEAR M	DATE OF DEAT	AR .
FRANCES	IRENE	AUSTIN				6/26/200	The second second
A. CITY OF DEATH	SAN DIEGO	58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.,	OF INFO	ELATIONSHIP, FULL MAIL! RMANT		D ZIP CODE
The state of the s	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON AC				BAKER - DAUG AN DYKE AVEN	The state of the s	
THE RESERVE OF THE RESERVE OF THE PARTY OF T	TCHELL MORTUARY, 3655 FIFTH A	Company of the Compan	APPLICABLE	The state of the s	EGO. CA 921	32 C20	
SHOP PRINTED TO SHOP FOR	CA 92103		D-119		URE OF APPLICANT—Person		DATE SIGNE
ACKNOWLEDGMENT OF A	PPLICABIT I hereby acknowledge as applicant that the proposed deposit Section 1976 of the health and Safety Code, and was authorize	ion stated herein is one of the of oursupet to Section 7100 of th	dispositions authorized by Health and Safety Code	116	THE RESERVE OF THE PARTY OF THE	(10 07/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF FEE PA	98 DATE PERM 07/02/20 R.M. ZUI	03 2	SIGNATURE OF VOCAL 310962	REGISTRAR ISS	OUING PERMI
MY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUPORNIA P.O. BOX 85222, SAN DIEGO, CA	5222	DRESS OF REGISTRAF		T OF DISPOSITION— HER DISTRICT IN CALFORNIA		200
	OSITION(S) CHECK APPLICABLE ITEMS	72200		- 7	FOR CORON	ER'S USE O	NLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER		37.77	ED 11C.	I. DISPOSITION PER (Name and Address SIGNATURE OF PERSON	IN CHARGE OF	F BURIAL
CREMATION	GREENWOOD CREMATORY, I-805 & AVENUE, SAN DIEGO, CA 92102	IMPERIAL	128. DATE CREMA		SIGNATURE OF PERSON	CHARGE OF	CREMATION
SØIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	RECEIVING REMAINS	138. DATE RECE	IVED 13C.	SMATURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE SI		148, DATE SHIPP		ADDRESS AND SIGNATU OF PLACING WITH THE		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGERT TO IDENTIFY FINAL PLACE AND CA DISTRICT		158 DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITIO	IN CF C	NSE NUMBER DREMATED RE- NS DISPOSER APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/11/03

[] [] [[[[[[[[[[[[[[[[ect to your rules and regulations, to inter the remains
a <u>Clavence</u> Dee	Cash
in aF	uneral, date, time
Church, Chapel, Graveside	i Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 104 Grave Row	Section Division/Block 8
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	10
Flower veses Marker setting fee	
Recording and filing fee	
Sales taxes	
Paid re	Total Due 135
10772-5	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	tayment by mail
Signature of recorded holder of dead	Cilly Zip Code
	Telephone
.17910 Work Order # E	Invoice #
Marie Control of the	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7 11 03

	pject to your rules and regulations, to inter the remains
a Turlee Smi	th
in aF	uneral, date, time
Church, Chapel, Graveside	, Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 32 Grave 6 Row	Section Division/Block12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	AID
Burial Container	
Handling Fees	11 2003
Flower vases - Marker setting fee	
Recording and filing teeCITY OF	SAN DIEGO: C
Sales taxes	2/3
	Total Due
Paid n	ecelpt number 56485 51963
.\ /	Balance due
I hereby certify I am the	110 01 Multi the above named decedent
and this is your authority to make this authorization that I have the right to make this authorization	er remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery hampless from
any liability on account of said authorization a	nd Interment.
I hereby authorize the interment in lot !	Elegiende Muy
hold under deed.	The Sewine se
Signature of recorded holder of deed	750, 42W
	2/do-8015
101	Telephone
17911	Invoice #
Work Order # E	Acct. #

at weed

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-14-03

You are hereby authorized and ins	tructed, subject to your rules and regulations, to inter the remains 134643
in a Cines	Funeral, date, time Weds July 16 10
Church Chapel, Graveside	;Q:00 · II I I I V V Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	igned.
Lot 236 Grave 6	Row Section 2 Division/Bleek / 2
Grave space & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 413.00
Burial Container	209.00
	1 1 1 1000
Flower vases - Marker setting fee	MORE CEMETATION CI
Recording and filing fee	MT. HOPE CEMETARY MT. HOPE CEMETARY 57.00
Sales taxes	MT. HOPE CEMETO, CI CITY OF SAN DIEGO, CI 16.20
10 oux	Total Due
x 4 1/1	Paid receipt number - 53487 1833.3
most to pry	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 thorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said auth	
I hereby authorize the interment in	on I see attached
hold under deed.	Segretaria
Standard of Recorded holder of dead	Address
1 + 1	Yohy Zip Code
hette	Telephone
oulette 179	1.2 Invoice #
Work Order # E	Acct.#
REA-104 (7-96) Ti	his information is available in alternative formats upon request.

O Printed on recycled paper

MT HOPE CEMETERY

E-17912

GRAVE BLIND CHECK FORM

A.		T	3	
1		x		
are				
nterment spa	Initiated By: Nace for: 70.	nnie &	suplett	
Div: 12	Sect: 2 B	lk/Row:	_ Lot: 2 36	Gr: <u>6</u>
Agrees with I	Legal Card: □	Yes 🗖	- 2	20 Jes
AT	Map: ☐ Yes & Verified By:	1)	, Date	e: 7-1803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDOLE IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1070571847 0770972003 PANNIE LUE TRIPLETT 5B. COUNTY OF DEATH-OUTSIDE CALIF., 5A. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ANDREW LAWRENCE TRIPLETT-SON SAW INTERCO SAN DIEGO 2526 B ST. 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER SAN DIEGO, CA 92101 HF APPLICABLE 2441 UNIVERSITY AVE. SAN DIEGO. CA 92104 PD-1575 SIGNATURE OF APPLICANTS Person being 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 parauant to Section 7100 of the Health and Safety Code. ACCUMUMLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 07/16/2003 **AUTHORIZATION OF** IN THIS PERMIT 2311783 J. LEMON JR. \$13.00 LOCAL REGISTRAR MOTE: THIS PERMET GIVES NO RIGHT OF DESPOSAL DIVISION OF CHLIFORMIA 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI P.O. BOX 85222 IF DISPOSITION IS TO OCCUR IN AMOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO. CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA ME AND ADDRESS OF CALIFORNIA CEMETERY 31 MARKET ST DIEGO, CA 92102 11B. DATE BURIED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL TEMS 128, DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158. DATE OF 16C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

1

5196920896 32) 191, HUFE LEDERIZE: * SI DEMORTE You are hereby authorized and instructed. Hubbact to your rules and requisitions, to inter the remains Church Cingo, Gravemon All Funeral tiate must entire before 3:30 p.m. of regular work 3ay or an extra charge of \$ will be epitial and blind to unde eigned

Division/Blest Jol 985.00 Grave agace & Care Fund Additional species and care fund 209 00 Surial Constinar 160.00 Flower values - Markin sealing fee 5000 16.20 Paid receipt number

Balance due I hereby certify I am the PCDCS CFTTCC was first to your printensity to head desposition of remaining I have the rights to right his enthologistion and I am replication on account of said authorization and it as serge I from noths, hor

Processy authorize the Inserment in 121 hold under deed

imaio 4

Acd.

. Amakan is evaluable in elternative formess upon request.

Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 15,03

	Δ.	•	100000000000000000000000000000000000000	bject to your rules	and regule	tions, to inter	the remains
of		Mule Vaus	<u>-</u>	Funeral, date, time	4	271	8 3:40
Church	n, Chapel, Grave	side		7) 10 15		macci	Mortuary.
All Fun	neral cars must a	arrive beto	re 335 p.m. 33000	of regular work day	y or an ext	ra charge of \$	
will be	applied and bill	ed to unde				_	
	0150 Grave			Section			01
Grave	apace & Care F	und			E178	76	-0-
Openir	ng/Closing & Se	tup			*********	············· -	-0-
Burial	Container						0
Handli	ng Fees			**********************			0
Flower	vases - Marke	r setting fe	e				
Record	ding and filing fe	e					0
Sales t	taxee						0
				To	otal Due		0
			Paid	receipt number			
		11	1:1)		Be	lance due 🗵	
and thi that I h any lies thereb	neve the right to bility on accoun the Ge Ce by authorize the	rity to mak make this t of said as YYA	authorization athorization e	of remains as about and I agree to hot and Interment.	teninni aw	ne above named. I certify a cometery h	nd represent
hold ur	nder deed.	1317799888.193		VIG06	BEAC.	7th SI	- 467 70804
L	am			SG2	537-	8265	Zip Code
V	-	17	913	Invoice #			
Work (Order # E		-	Acct. #		244	

MT HOPE CEMETERY E17913

GRAVE BLIND CHECK FORM

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

OUTE PENES	х	
		1 Sate: 7-18
Interment Date: 3n	Nocmi 6 i 7 (8 Time:	3:00
154,5555	rd: DYes DNO	100 m
A PLANTAGE TO THE SECOND CONTRACTOR OF THE SEC	Yes O No ed By: And Money	3/0 0110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS (4)

NOEMI - 18. MIDDLE NOEMI - 18. MIDDLE SA CITY OF DEATH SAN DIEGO			- 1	GONZALEZ 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR O7/13/2003 F 8. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BECERRA - DAUGHTER		
TYPED NAME AND AD NATIONAL CRI		VICES - 36		ROAD	ALIF. LICENSE NUMBER -IF APPLICABLE D 1707	LONG	E. 7TH STI BEACH, CA	90804	#467
ACKNOWLEDGMENT OF AF	PEICANT Thereby a	Charles and the Control of the Contr	the proposed disposition	stated heren is one of b	he dispositions authorized by	>0L	- 1	ALLO	07/16/20
PERMIT LUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CAUP AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE ORNIA HEALTH AND S TY FOR THE DISPOSITION IN THE DISPOSAL OUTSIDE	WITH PROVI- SAFETY CODE ON SPECIFIED		98 NIA GO 07/16/2	2997.131Arres []	9C. SIGNATURE OF 2311799 ▶	LOCAL REG	ISTRAR ISSUING PERI
NY CHANGE IN DISPOSA- TON REQUIRES A NEW BRMIT TO SHOW FINAL DISPOSITION	P.O. BOX 8				DDRESS OF REGISTRAF DISPOSITION IS TO OCC				
W A DUDIN MAN	DEC CLIENCES OF THE PERSON			. TEMPORARY ENV	AULIMENI				REMAINS LOCATED
D. SCIENTIFIC US	OF CREMATED REM. METERY SE	DDRESS OF CALIFOR	FINIA CEMETERY	DISINTERMENT SHIP IN TO CALIF L TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA			ERSON IN	CHARGE OF BURIAL
B. CREMATION C. DISPOSITION (THAN IN A CE	OF CREMATED REM METERY SE 11A NAME AND AL MOUNT HOP!	or entering the control	FINIA CEMETERY	DISINTERMENT SHIP IN TO CALIF L TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA				CHARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. METERY SE 11A NAME AND AI MOUNT HOPI SAN DIEGO, 12A NAME AND AI GREENWOOD	DRESS OF CALIFOR	THIA CEMETERY - 3751 MA THIA CREMATORY - 1-805 &	DISINTERMENT SHIP IN TO CALIF TRANSIT TO OUT TREE	FORNIA SIDE OF CALIFORNIA	5	SIGNATURE OF P	ERSON IN	CHARGE OF BURIAL MANUEL BARGE OF CREMATIO
B. CREMATION C. DISPOSITION 1 THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM. METERY SE 11A. NAME AND AL MOUNT HOPI SAN DIEGO, 12A. NAME AND AL GREENWOOD AVENUE, SA	CEMETERY CA 92102 CORRESS OF CALIFOR	RNIA CEMETERY - 3751 MA RNIA CREMATORY - 1-805 & A 92102	E. DISINTERMENT B. SHIP IN TO CALIF I. TRANSIT TO OUT ARKET STREE TMPERIAL	TORNIA 118. DATE BURIE 128. DATE CREMA	ED 110	SIGNATURE OF P	ERSON IN C	Imbo
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM. METERY SE 11A. NAME AND AT MOUNT HOP! SAN DIEGO, 12A. NAME AND AT GREENWOOD AVENUE, SA 13A. NAME AND AT	CEMETERY CA 92102 DDRESS OF CALIFOR CREMATORY AN DIEGO, C	RNIA CEMETERY - 3751 MA RNIA CREMATORY - 1-805 & A 92102 RNIA FACILITY RE	DISINTERMENT SHIP IN TO CALIF INTRANSIT TO OUT RKET STREE TMPERIAL CEIVING REMAINS	118. DATE BURIE 128. DATE CREMA	TED 124	SIGNATURE OF P	ERSON IN C	CHARGE OF FACILITY

COPY 1

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

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VS9 (REV. 6/91)

Atpual

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Jaly 15

of	whice of	way		PA
na Ow	×	Funeral, date, time	· Daur	-7/17 1:00
Type of Bu Church, Chapel, Gray	tel Cortainer registe		Jetlan	Mortuary.
	arrive before 9:90 g.m	of regular work da		April Comments
	3:00	s .	, or w. online o	
will be applied and bil	led to undersigned			10.000
58	12 ROW	V20 44	1	12
ot Grav	e Row	Section _	Divi	sion/Block
3rave space & Care	Fund			765
Additional spaces and	d care fund			
47) (14. PARA PARA ET PARA PARA (1	etup			
Burdal Container	in .	PAID		209-
			2	1100-
			3	
Flower vases — Mark	or setting fee	HODE CENE		
Recording and filing f	MT CITY	OF SAN DIEC	AHY O CA	<u> 50 -</u>
Sales taxes			O, CA	16.90
\			Total Due	1833.20
hogiany	Pak	receipt number	The	1833.20
337 8300				ce due
	V		25.50.5017	
hereby certify I am to and this is your author	crity to make disposition	on of remains as ab	ove indicated.	bove named decedent I certify and represent
that I have the right to	make this authorization of said authorization	on and I agree to ho	old Mt. Hope Co	emetery harmless from
my machiny art accord	n or said admonitation	X		
hereby authorize the	interment in lot I	Signature		
old under deed.		X		
lignature of recorded holder of	See ()	1		
	Willes:	200		Zip Code
		Telegrone		
	17914	Land		
E	117714	Invoice #_		
Work Order # E		Acct. #		
	-4	notion in qualichia	In attacantive	formats upon request.

MT HOPE CEMETERY F 17914

GRAVE BLIND CHECK FORM

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

	Re	Exox	TOE STATE OF THE S	
DEMITTE		x Pen	E\$	
Nev				
Direct Objects Initial		n- 6.8	nte Deter	7/15
Blind Check Initia	or: <u>Rubi</u>	e Qu	Lange	
Interment Date:		40		
Div: / Sect: Grave Laid out by				Gr/
Agrees with Lega	Card: Yes	□ No	Flao	on
Agrees with Map: Blind Check & Ve	100	D 110	3000	
Dillia Orioon a vi	Miller Dy William	+ / Dulgo		1000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-179/4 USE BLACK INK ONLY—MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
Rubie	Rubie Royanne			01/30/1949 06/28/2003 F		
A CITY OF DEATH San Diego		ENTED STATE OF IN		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ida Comerford—Public Administrator		
	odress of California—Funeral Director or Person Aztlan 7856 La Mesa Blvd. CA 91941	ACTING AS SUCH 7B.		5201-A Ruffin Rd. San Diego, CA 92123 8A SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED		
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dispo Section 10376 of the Health and Safety Code, and was author			* XIUN U Matoo 101/11/13		
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: THE PERMIT CHES NO MIGHT OF DISPOSAL QUITIES OF CALIFORNIA.	\$13.00	Leah A. 07/16/20	. 7311791		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA PO Box 85. San Diego, CA 92186-52222			R OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA		
A. BURIAL (INCLU	OF CREMATED REMAINS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OU	MMESSARE II	FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
BURIAL	Mt Hope Cemetery 3751 Market San diego, CA 92122	t st.	7/17/0	3 Kewell Callins		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF: APPLICABLE		

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

063

12:56

SD MT. HOPE CEMENTERY + \$3378300

Atrual

MT. HOPE CEMETERY

City of San Diego

Date	X	Qu,	15
10000000	U		

	bleat to your rules and regulations, to inter the remains
o _ Euler De	wanto
100 Dines	Funeral gold, time Shure 717 100
Church, Chace, Graveakte	Action Morwary
April 2000 Calcada Carrer Carr	AR THE RESERVE TO THE
All Funeral care must enlive before \$30 g.m.	a ledings and care or an extra priestle or a
will be applied and billed to undersigned	
Lot 58 grave 12 ROW_	1 12
Lot D Grave TO Row_	Section Division/Black
Grave space & Care Fund	465
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burlei Container	~~~
Handing Fees	11.0
Flower vases - Marker setting fee	-
Recording and Illing fea	(2-2/2
Seles taxas	
MAGURINATO FRANCES	Total Dus
Pald	1833.80
337 8300	Balance due
I hareby certify I am the	CV / corecular the above named decadent
and this is your authority to thake disposition that I have the right to make this authorization	or remains as above indicated, I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and Interment.
hereby authorize the interment in lot (Sama (Cooreguy
hold under deed.	X 17856 LAMESO CI
from a lockegus	91941
Principal or upprings proper on serve	\$ 19-337-810 as Code
	1000
17914	
	Involée 8
Work Order # E	Aca +
REA-104 (7-99) This informs	ston is evaluable in sitemetive formets upon request.

AT Need

MT: HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ 7-15-03

You are hereby authorized and instructed, subj	12/12	
	1550n x 134130	10:00
ina ASH VALLTY FI	uneral, date, time Juca 9/2	AYD
Type of Burlei Container Church, Chapel, Grapeside	- Ragsdal6	Mortuary.
All Funeral cars must errive before 3:30 p.m. or		
will be applied and billed to undersigned.		
Constant Con	74000	V
Lot 284 Grave Row	Section Division/Blee	*8_
Grave space & Care Fund		330.00
Additional spaces and care fund		
Opening/Closing & Setup		111 20
Burial Container	1 5 2003	
		14
Handling Fees	PE CEMETARY	7
Flower vases - Marker setting fee CITY.QF.	ATATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COL	50.0D
Recording and filing fee		_50.00
Sales taxes		1.000
	Total Due	44600
Paid re	eceipt number 13-56489	446.00
2 6	Balance due	
Thereby certify I am the Ex. Wife	of the above nar	med decedent
and this is your authority to make disposition of that I have the right to make this authorization of any liability on account of said authorization on	of remains as above indicated. I certify a and I agree to hold Mt. Hope Cemetery I	end represent
	x forthe The	
I hereby authorize the interment in lot I hold under deed.	× 36 16 Kalam	m Bh
Signature of recorded holder of deed	Las Cera la	50016
	310-204-19	2 9 Dode
_ 17915	Invoice #	
Work Order # E	Acct. #	0:
	4. L	- 1

MT HOPE CEMETERY F. 17915

GRAVE BLIND CHECK FORM

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

			Bell	tree		Jone
			x			schub
		Herma	Height			
	No. 1967		<u> </u>		18. He	<u> </u>
Blind Chec Interment	space f	or. He	nry	Dhon		
			lk/Row:		The second secon	Sr:
Grave Laid	d out by	MSOM :	AN FE	REUSON	J	
Grave Laid Agrees with Agrees with	h Lega	Card:	Yes [J NO F	lang o	m
Agrees wit	h Map:	Ø Yes	0,1	10 ,	~ <	nave
Blind Chec	ck & Ve	erified By:	plant?	Vorez	Date:	8-11-03

F-17915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)	The state of the s		TE OF DEATH 4. SEX		
Hénry	Hénry Ford				14/2003 M		
San Diego		58. COUNTY OF DEATH	n Diego	6. NAME, RELATIONSHIP, FULL MAILING / OF INFORMANT Charles F. Thompson			
7A. TYPED NAME AND AD Anderson—I	oress of California—Funeral Director or Pi	ERSON ACTING AS SUCH 78. CAL Federal Blvd,	IF. LICENSE NUMBER FAPPLICABLE	905 39th Street San Diego, CA 92102			
San Diego	, CA 92102	1		BA. SIGNATURE OF APPLICANT—Person tubin	g permit 8B. DATE SIGNED		
ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the prop Section 19376 of the Health and Safety Code, and			Dela la gli	08/08/200		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH I SONS OF THE CALFORMA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPE IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO BEST OF REPOSAL OUTSIDE OF CAL	CIFIED	08/08/200 B. Campbe	ISSUED BC. SIGNATURE OF LOCAL RE	GISTRAR ISSUING,PERMIT		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	DO. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CAUFORNIA VITAL Records, P.O. Box San Diego, CA 92186-5222	85222		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	S USE ONLY		
B. CREMATION		E. TEMPORARY ENVA	PÍNIA	I. DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED A		
BURIAL	Mt. Hope Cemetery, 3751 San Diego, CA 92102		8-12-0	- // -	CHARGE OF BURIAL		
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION		
SCIENTIFIC USE	13A. WANTE AND ADDRESS OF CALIFORNIA F.	ACILITY RECEIVING REMAINS	138. DATE RECEN	FED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY		
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPE		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FIGENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

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

Certificate of Cremation

This certifies that Henry Ford Thompson, who died on June 14. Two Thousand Three, was cremated at Cremation Services. Inc. Crematory. 2570 Fortune Way. Vista. California on July 7. Two Thousand Three.

> IW Schock Director of Operations

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Me		City of San	Diego	0	0.15
1	5 //			Date	July 15
You are hereby authorized	and instructe	d. subject to	your rules er	nd regulations.	o Inter the remains
A CALL DOC MODEL AND	a C	hun		4200	31534
in a		Funeral	, date, time -	Fri 7/	8 9 30
Type of Burlel Cose Church, Chapel, Graveside	اعماد		8		Mongary.
All Funeral cars must arrive		()		0	Origie
will be applied and billed to	3:3	5	an Holling	O1 1611 SONG 16 SONG	
will be applied and billed to	minos signoc	AC 6			
Lot 1 Grave	3 ABON	ti.	Section	Division	v/Block (3
Grave space & Care Fund			170000 3		131-
Additional spaces and care					10-
Opening/Closing & Setup					4.39 -
Burial Container		DA I	ח .		128,-
		- ba	1.0		
Handling Fees			2003	•••••	
Flower vases - Marker set	ling fee	ME AN			./
medicang and angles	MT.	HOPE CE	METARY		9,9
Sales taxes	CHTY	OF SAN.			754.9
		1565 SW	100	al Due	79192
		Paid receipt	number		15450
V				Balance	
I hereby certify I am the and this is your authority to	make dispo	sition of rem	ains as abov	a indicated. I ce	e named decedent ertify and represent
that I have the right to make any liability on account of s	e this authorizated authorizated	zation and I i tion and inte	igree to hold rment.	Mt. Hope Ceme	tery harmless from
	100000000000000000000000000000000000000	+			
I hereby authorize the inter hold under deed.	ment in lot I	É	111	·loak	24
Mark Harris South			1	How	
Signature of recorded holder of deed		ر ا	. 0	V	Zip Code
XIM		Ý	elephone	_	* 57%
-100	1791	۷.	nvoice #	3829	87
Work Order # E	1/21	200	rivoice #	0000	
	This is	S 55 75	1000098175	VIACE 28: 20:	nats upon request
REA-104 (7-98)	Tras m	natirmani is	ecsternatives its	errentteerive icht)	MICH WERE THE ST.

F-17916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	and the second second	SE BLACK INK ONL! MAKE		THE COURS ON OF	HEN A	4 m 19 19 19 19 19 19 19 19 19 19 19 19 19	FOUNI	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	
NGHIA	ENT—FIRST (GIVEN)	1B. MIDDLE	CHUNG			2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	MONTH,	OF DEATH DAY, YEAR 11/2003	1 HAMING SECTION
SAN MARCOS			5B. COUNTY OF DEAT	AN DIEGO	OF IN	RELATIONSHIP, FULL M FORMANT EN BEAUPARLAN	AILING AD	DRESS AND ZI	P CODE
7A. TYPED NAME AND AL	EM. & BURI	MA_FUNERAL DIRECTOR OR PERSON A AL, 815 THIRD AVE.	315-В	IF APPLICABLE	5201 SAN	-A RUFFIN RI DIEGOI CA 92 ATURE OF APPLICANTP	2123		
ACKNOWLEDGMENT OF A	PPLICANT hereby Section 1	acknowledge as applicant that the proposed dispo 0376 of the Health and Safety Code, and was author	sition stated herein is one of th ged pursuant to Section 7100 of	e dispositions authorized by the Health and Safety Code.	×	MOUNTS.		10-1	15/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. MOTE THIS PERMIT GIVES I 9D. ADDRESS OF R	UED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID NIGHT OF DISPOSAL DUTSUE OF CALFORNIA. EGISTRAR OF DISTRICT OF DEATH	\$13.00 '9E AG	07/16/20 R.MARTIN	O3 OF DIST	2311782 PRICT OF DISPOSITION—	2004/107/20	STRAR ISSUM	G PÉRMET
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	DRDS P.O. BOX 85222 CA 92186-5222		DISPOSITION IS TO OCCU		OTHER DISTRICT IN CALIFOR	RNIA		
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND A MT. HOPE	DDRESS OF CALIFORNIA CEMETER CEMETERY, 3751 MAR	Y	ORNIA SIDE OF CALIFORNIA 118 DATE BURIED	1110	C SIGNATURE OF PERS	SON IN CI	HARGE OF BU	JRIAL
CREMATION	SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		DRY	128. DATE CREMATE	ED 120	C. SIGNATURE OF PERS	SON W CH	ARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN		RECEIVING REMAINS	138, DATE RECEIV	/ED 13X	ED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY			ICILITY .
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CO OF PLACING WITH THE CARRIER			CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO ID	arest point on shoreline, or oth Entify final place and ca <u>distrik</u>		15B, DATE OF DISPOSITION	150	C. SIGNATURE OF PERS CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS D —IF APP	NATED RE-

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



100

AAnd

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

(00-	Agro Diele 15	16
•	sign.	B.
to are hereby authorized and instructed, subj		5
Nama Chu	NO 1720031554	×.
S Par a min country Fr	preced, duta, circus 10 7118 730	~
nurch, Chapel, Graveside CLLO by O	The Contract Busy	950
Funeral care must as the better the p.m. of	Tagullar work day or an extra change of 5	14
Durighteeling of belief bits beliege of III		-
11. 3	Section Division/Black	
a 19 Grave ROW		-
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distinged approas and ones fund	management and the second seco	=
puning Dipaing & Solvp	439	50 500
urist Comeins	138.	
anding Fass		-10
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scording and filing tes,	47	-
also (Wist	STATE OF THE STATE	
	Total Due	22
Pald o	ealor number	1
1 301	Betshoe due	
y seputy P	Λ.	1
neverly country i and the	of the above remains an expression of the above remains as above indicated. I confly and represent	0
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	XYCOL P-BAIDOULO	W
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white to record their to their	1 60 (01 35 D)	∡ ;
	1 (88) (94) /30	- '
17916	(myolbe #	2
North Corder . E	Kert #	_[]

MT. HOPE DEMETERY

Pre-need trust chy	of San Diego Date 7-1	5-03
You are hereby authorized and instructed, and of	ubject to your rules and regulations, to in	nter the remains
	Funeral, date, time	
Type of Burlet Container Church, Chapel, Graveside	.,	Mortuary.
Ali Funeral cars must arrive before 3:30 p.m.	of require work day or an extra charge	100
	. Of regular work day or all extra charge	u.•
will be applied and billed to undersigned		
Lot Grave Bow	Section TDOF _Division/Bi	lock_1a_
Grave space & Care Fund		1755,00
Grave space & Care Fund	DD monument lantallet	213.89
Opening/Closing & Setup. 2 &	413.00	826.00
Burial Container D.D. Cny	<i>तो</i> ः	418.00
	4	352.00
Handling Fees	Frank 4 K71-	91.42
Recording and filing tee 20	5400	100 00
ake an anglesia		32.40
Sales taxes		
	Total Due	2188.64
Paki	receipt number/	747.77
_	M/C Balance due	3841.49
hereby certify I am the		amed decedent y and represent y harmless from
TOTALLA OF THE TO THE TO THE TOTAL THE THE THE THE	3.03// 4 1	V. C. C.
hereby authorize the interment in lot I	" (D) (A 1. 1) (W)	Mes 10
hold under deed.	25563 Pine a	
Smeature of recorded holder of dead	Dulmington, Co	20744
	310 835-659	Zip Code
weldter 17917	CELL 310-701-	Sec. 32
17917	Invoice#	1010
Work Order # E	Aca. #	
1 7 11 7 7 7 7 7	7 100 100 100 100 100 100 100 100 100 10	

O Printed on respeled paper

REA-104 (7-96)

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

58423

From: Cara Hayres	Address: 35565 Pine	Creek &	ane	05
in full Payment of PA		_	ars (\$ _ <i>1</i> _530/). ¹ Grave	<u>-</u>
Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THE SAGED	of Lots 77	184	
BALANCE DUE	JAN 1 9 2005	Closing 77: Burial Containers 77: Handling Fee 77:	181 ———————————————————————————————————	
Pre-Need Lot X At Need On Acct	MOUNT HOPE CEMETERY	Pre-Need 630 Trust 77* Sales Tax 60*	183 /539	09
AC-212 (Rev 4-04) 2044	SSUED BY 111. YULU GOS	TOTAL PAID	, 1539	09

MOUNT HOPE CEMETERY (619) 527-3400

From: Cora 7. How	me Address: 02	Date: record	Jul	4 30,20	03
in Day t Payment of C	Pre-need lot	45/00 - + trus Section TOO	Dollars (\$118.4 CCT.WH	o , th acc
Invoice No	NOT VALID FOR PURPOSES STATED UN STAMPED "PAID" IN THIS SPACE PAID		67007 re 77184 100 77184 100 77181	118	40
Pre-Need Lot X At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	100 77182 100 77185 100 77183 63033		
Pre-need Trust X Cash Check X AC-212 (Rev 10-02)		Trust Sales Tax	77186 60101 78390	118.	40

OFFICIAL RECEIPT		CITY OF SAN DIEG	O, CALIFORNIA		5666	55
CANARY	CEMETERY AUDITOR	MOUNT HOPE (619) 527		J ,		9024237
- Car Haume	1	255/25	Date: July	12	20	03
One hundred &	Eghtur	ss: 25565 249/100-	100000	Dollars (\$	1/8.4	3 m
in Paul Payment of	PI	i' mud	J		Division	
Lot Gra	/e	Row	Section		Block	
Invoice No. E 17917		R PURPOSES STATED UN D" IN THIS SPACE	ILESS CREDIT 20% Sales Ca	67007 re 77184 -		
Acct. No	_ 6	AID	80% Sales of Lots Opening/	100 77184 —	118	40
BALANCE DUE 2004. 69	- X-27	AIL	Closing Burial	77181 —		-
BALANCE DUE CLUM . WY	SEP	1 1 2003	Containers	77182 — 100		
100	_	X 15 Fi	Handling Fee Recording &	77185 — 100		1
Pre-Need Lot At Need On Acc	CITY OF	SAN DIECO, OF	Misc. Fees Pre-Need Trust	77183 — 63033 77186 —		
Pre-need Trust / Cash Check	ISSUED BY C	in tet	Sales Tax	60101 78390 —	W25/2011	1-
AC-212 (Rev 10-02)			TOTAL PAID	\$ _	[(8	40
This information is available in alternative formats upon it	iquest.			500		

OFFICIAL RECEIPT		CITY OF SAN DIEGO, (CALIFORNIA	5683	36
CANARY	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE CE (619) 527-34			0.0140
IUIII.	nes Addre	988: 26565 A	ne Cuck	. 30 Len Wi ollars (\$ (18-4	Comm
part Paymer		-mud.	Section	Division Block	- M
oct. No		DR PURPOSES STATED UNLES	CREDIT 6 20% Sales Care 7 80% Sales	77007 77184 100 7184	46
.0	9_	OCT 3 0 2003	Burial Containers 7	100 7181 ———————————————————————————————————	
Elektronia (Alektronia)	Check/	NT HOPE CEMETE	RY Recording & Misc. Fees 7 Pre-Need 6 Trust 7 Seles Tax 6	100 7183 	
Distriction of the second seco	479 ISSUED BY	ium Horse	TOTAL PAID	811 2	40

This information is available in alternative formats upon request.

OFFICIAL REC		WHITE CANARY PINK		TERY
From: Cold	e No	ayni	2	_ A
in par	1	Payment o	×	P
* ANALISE TENNING TO THE CONTROL OF THE	179	77 G		VALI
Acct. No	201	27.0	_	
BALANCE DUE				M
Pre-need Trust	,		2.3	

CITY OF SAN DIEGO, CALIFORNIA

57257

MOUNT HOPE CEMETERY (619) 527-3400

_			Division I	mE
5	ection		Block	W.
	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	215	83
1	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 100 77183 63033 77186	20	97
20	Sales Tax TOTAL PAID	60101 78390	236	80

OT VALID FOR PURPOSES STATED UNLESS TAMPED "PAID" IN TO SE PAID.

Address: 25565 4

FEB 2 7 2004

MOUNT HOPE CEMETERY

ISSUED BY Lam Hetzel

AC-212 (Rev. 10-02)
This information is available in alternative formets upon request.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57015

MOUNT HOPE CEMETERY (619) 527-3400

in past Payment of pl	dress: 25565	Pine Creek Dolla	On 6 Will 15 (8236, 80	mu
Lot Grave	Row_	Section	Division Block	
Acct. No	PAID DEC 1 8 2003	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 Burial 10 Containers 7718		13
Pre-Need Lot / At Need On Acct Pre-need Trust / Cash Check / AC-212 (Rev. 10-02) ISSUED BY	INT HOPE CENT	Handling Fee 7718 Recording 8 10 Misc Fees 7718 Pre-Need 6303 Trust 7718 Sales Tax 6010 7839	0 3 3 3 6 6	

OFFICIAL RECEIPT WHITE TO CUS CANABY CE	METERY MOUNT HOPE CEMETERY	57332
From: Cora Haynes	(619) 527-3400 Date: March Address: 25565 And Creek (In a wilmingt
inPayment of Lot Grave Invoice No Invoice No No.	3 PURE 10 Section	Division LOF
Acct. No	MAR 1 7 2004 of Lots 7713 Opening/ 16 Closing 7711 Burial 14 Containers 7711	84 00 84 00
Pre-Need Lot At Need On Acct	Misc. Fees 7711 Pre-Need 630: Trust 7711 Sales Tax 6011	00 83 83 86 01
	SUED BY YOU TOTAL PAID	s 118 40

Haynes,	Co	ra 25565 Pine Creek Lane, Wilmington CA 90	744		(310) 835	5-659	4	E	-17917	
		F00F,110,113	error (X	Del	oit	3	Cred	it	Balance	
7/15/20	103	The state of the s			1755.00		II		755.0	0
		Crypt Monument, and 2 Trion Vases. Trust			213.84				1968.8	4
		includes: Two Opening/Closings, Burial Conta Handling Fees, Two Recording/Filing Fee and	ine		91 42				3788.6	5
		sales tax on the D.D. Crypt Container. Paid		SOD	101=		947		2841.4	9
7/31/03		25% down by Mastercard. Coupon #1		500	- 1434		35-12	.40	2723.0	9
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10-30	03	54465 3 54836 3 57015 4				8	118		24865	19
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2-27	of.						236		20120	9
3-17	04	51332	S				1/8		1894	19
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1-19-0	5	58423 12			+++	1	539	09	10	-
	-						++			
	-					-		- 1		_
-	-			100 P		+	90			
									11111	

Premed

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 1603

Kiva Aslany	can 1	34079	
Top of Burial Container	uneral, date, time		
Church, Chapel, Graveside			
di Funeral cars must arrive before 3:30 p.m. o	f regular work day or	an extra charge of \$	
vill be applied and billed to undersigned			
ot <u>4803</u> Grave Row	Section	Division/Block	19
Grave space & Care Fund			1205-
Additional spaces and care fund			-
Opening/Closing & Setup			413
Opening/Closing & Setup		_275 - 7	DesC TE
Surial Container	·D	2-11-	1
landling Fees		004 7	100
lower vases - Marker setting feld IGQ8	2003		
Recording and filing fee	·		50 -
Recording and filing fee MT, HOPE CE CITY OF SAN E	MEIANI MEGO CA	21.3/ 1	40.00
SAMON AND PROPERTY IN THE	Total	Due of	68.31
Paid re	sceipt number R	54492	535.00
A	sceipt number	Balance due /	433.3
y doug	1,000		
hereby certify I am the X A () () () and this is your authority to make disposition that I have the right to make this authorization	of remains as above	of the above name indicated. I certify an	d decedent
het I have the right to make this authorization my liability on account of said authorization ar	and I agree to hold k	t. Hope Cemetery ha	rmiess from
	V Q	len.	
heraby authorize the interment in lot I	Pagenge / /	1000	100101
and discar dance.	X2/10	CLAIRM	est by
ignature of recorded holder of deed	Dank	1800 (B	9211
Dan	(SSS) 3	500 - 761	11
7			
_ 17918	Invoice #		

© Printed on regulad paper

This information is available in alternative formats upon request.

	A COMPANIENT OF THE PROPERTY O	D	EBIT	CREDIT	BALANCE
-16-20	003 Pre-need lot and trust for Riva Aslanyan to include 1 open/close, TS Vault, handeling		5.00		
	fee, recording fee and tax on vault. R-56492	96	3.31		2168.31
	25% down div 10 lot 4803 gr 1			535.00	1633.31
85	3 5656			163331	10
	PAID				
,	AUG 0 8 2003				
	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA				
•					
				- 13 13 - 1	

parud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 16,03

	ject to your rules and regulations, to inter the remains
of Raymana	
ina Value F	uneral, date, line, Shurs 7/04 10.00
Church, Chapel, Graveside	Leathering ill Mortury.
All Funeral cars must arrive before p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot. 3588 Grave	Section Division/Bleek
Grave space & Care Fund	E 17900 -
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	<u> </u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>-0-</u>
Sales taxes	<u>-0</u>
	Total Due
Paid re	ceipt number
	Balance due
i hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization ar	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from ad interment.
I hereby authorize the interment in lot I hold under deed.	expensions set that her
Signature of recorded holder of deed	Cop Zp Code
_ 17919	Invoice #
Work Order #	Acct. #
	tion is available in alternative formats upon request.

MT HOPE CEMETERY E- 17919

GRAVE BLIND CHECK FORM

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

	3				
	910	Ambrose			
•	7	×		A\em	
	-		Grandon		
Interment sp	pace for:R	Pam Paymon S 7 24	d m	white	ir_
Div: <u>(0</u>	Sect:	Blk/Row:	Lot:	<u>358</u> 8g	737
		CAM.9			
Agrees with Agrees with	Legal Card; Map: 🖭 Ye	®FYes 1	D) No No	plas n	race
Blind Check	& Verified	By: Xenn	Al Cal	PuiDate:	7/21/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (F	AMILY)	28 P. C.		E OF BIRTH	3. DATE OF D		SEX
Raymond L/		į				MONTH, DAY, YEAR MONTH, DAY, 02/12/1944 07/14/2			M	
SA CITY OF DEATH	uson		58 COUNTY ENTER S	OF DEATH—OUTS	SIN	OF INFORMAN	T	MALING ADDRESS		XDE
Featheringi	11 Mortuar	y	PERSON ACTING AS SUCH	7B. CALIF. LICE	NSE NUMBER CABLE	3017 Far Colorade	scination Spring	n Circle s, CO 80	917	
6322 E1 Caj		San Diego, Ca		FD1083	and the second second	BA. SIGNATURE C	F APPLICANT	Berson taking permit, 6	B. DATE S	GNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby a Section 10	cknowledge as applicant that the 1376 of the Health and Safety Code.	proposed disposition stated herem i and was authorized pursuant to Secti	on 7100 of the Health as	nd Salety Code.	>1C	A	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT	07/18/2	COLUMN TWO
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT FORMA HEALTH AND SAFE TY FOR THE DISPOSITION S ID NIGHT OF MSPOSAL OUTSIDE OF	SPECIFIED	10	7/18/20 Zaret	03 231	1951	DCAL REGISTRAR	I ISSUING PE	ERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF RI IF DEATH OCCUMEN	EGISTRAR OF DISTRICT ID IN CAUFORNIA	OF DEATH—	IF DISPOSITI	ON IS TO OCCU	OF DISTRICT OF IR IN ANOTHER DO San Diego	STRICT IN CAUFO	186-5222		
B. CREMATION		AINS OTHER	☐ . DISINTERI G. SHIP IN T	RY ENVAULTME MENT O CALIFORNIA TO OUTSIDE OF			DISPOSITION (Name and A	PENDING REM. (ddfess)	AINS LOCAT	_
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA Cemetery, 375 , CA 92102	CEMETERY 1 Market St.,	- 1	24-0	3 Ku	ATURE OF PER	ISON IN CHARGE	E OF BURIA	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128.	DATE CREMAT	TED 12C. SIGNA	TURE OF PER	SON IN CHANGE	OF CREMA	TION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	A FACILITY RECEIVING RE	MAINS 138	, date recei	VED 13C. SIGNA	NTURE OF PER	rson in Charge	E OF FACILI	TY.
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	STATE OR COUNTRY WHE RE TO BE SHIPPED	RE 148	DATE SHIPPI		ess and sign Lacing with '	NATURE OF PER THE CARRIER	SON IN CHA	ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSIT		DATE OF DISPOSITION		ATURE OF PER GE OF DISPO	SITION	LICENSE NUM OF CREMATED MAINS DISPOS —IF APPLICATE	D RE-

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

12:45

MT. HOPE CEMETERY INTERMENT ORDER

City of San Disgo

on guly	16.03
0 1	and the same

You are hereby supported or	d instructed, subject to your times and requisitions, to little the remains
t Kuym	una granter
- 1/0.0U	Puneral, dass, links 2000 104 10:00
Cinurch, Chapel, Graveside	Steathern ill Mortugery.
All Fungral care must entire b will be applied and billed to u	4.0
.01.3588 Grevo /	Row Section Division@leak
Grave space & Care Fund	E 17900 _
Additional spaces and care fu	M
Spening/Closing & Setup	<u> </u>
Buriel Container	<u> </u>
landing Fees	<u> </u>
Flower vases – Marker settin	166
Recording and filing fee	<u> </u>
Selea teries	-0
	Total Due
	Paid recolot number
I hereby certify I am the Land this is your authority to metal I have the right to make the	Brotter Brotter of the above named decedent lake disposition of remains as above indicated. I certify and represent its sufficiency and I some to hald let, Hone Company hermitees from
suk gesteut ou soconut ou says	austrorization and interment.
hereby authorize the interme old under dead.	3017 Fascination Circ
(4), (144) (14)	719-570-1247
Nork Order & E	7919 Invoice #
HOLK OLORI B. TE	TOOL V

Afrid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 1603

You are hereby authorized and instructed, sul	bject to your rules and regulations, to inter the remains
00 219	Funeral, date, time June 7/22 11:07
in eF Church, Onapel, Graveside	Rapadale Mortuary.
All Funeral cars must arrive before *** p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 30 Grave 10 Row_	Section Djvision/Block
Grave space & Care Fund	TO SEE AND THE SECOND ASSESSMENT OF THE SECOND SECO
Additional spaces and care fund	
Opening/Closing & Setup	AID TO
Handling Fees	227003 -
Flower vases - Marker setting fee	L C C C C C C C C C C C C C C C C C C C
Flower vases – Marker setting fee	HOPE CEMETARY OF SAN DIEGO: GA
Sales taxes CIII.	Total Due 00 4103.00
Anderson L	pecelot nymber R-SH 99 46BC
Maseria d	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
	Illumond Luca
I hereby authorize the interment in lot I hold under deed.	THE PROPERTY OF THE PARTY OF TH
Signature of recorded holder of deed	City Zip Gods
47000	Feliphone
Work Order # E .17920	Invoice #
WOLV CLOSE & T	Acct. #

MT HOPE CEMETERY [-17920

GRAVE BLIND CHECK FORM

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

		white	white		
	coles	x		Newman	
1-		Marton			
Blind C	heck Initiated B	y: Pam		_ Date:	7/16
	ent space for:			uin	\
Interme	ent Date: Tul	87027	ime:	11:00	
	\ Sect: 2			<u>30</u> g	r: 10
Grave	Laid out by: 26	rman Le	.	$\overline{}$	
	with Legal Card			plos)	M
Agrees	with Map: 🗇 Y	es 🗆 N	lo	35	1
	check & Verified		EX/	Date:	7-21-03

F-17920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Dorothy	Lee	Quinn		04/15/1922 07/14/2003 F
SA. CITY OF DEATH		6B. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
San Diego		San Die	go	of Informant Delores Quinn, Daughter
	obress of Califorma—Funeral Director or Person Ac Ragsdale Mortuary, 5050 Federa , CA 92102		-1220	5232 Reynolds Street San Diego, CA 92114 SIGNATURE OF APPLICANT—Person taking person, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PFLICANT Receive a supplicant that the proposed disposit Section 10376 of the Health and Safety Code, and was authorize			07/18/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS FERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PA		SUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311966 211
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF PEATH OCCURRED IN CALIFORNIA VItal Records, P. 0. Box 85: San Diego, CA 92186-5222	9E. ADD		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
9. CREMATION C. DISPOSITION THAN IN A CL		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS!		(Name and Address)
BURIAL	Mt. Hope Cemetery, 3751 Mark San Diego, CA 92102		7-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Afrid

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

000 July 160

00 200	Francis de June 7 32-11:00
Time of Burna Common	220Ad -00
Church, Chapel, Gravealds	Rosporal Monuey.
All Funeral cers must errive before self-p.m. Size of the applied and billed to undereigned.	of requirements day or ear example or \$
Loi Greve Row	Secretor 2 Of Vision Release 11
Grave apace & Cere Fund	
Additional spaces and care fund	
Opening/Closing & Setup	43_
Burial Container	
Handling Fees	
Flower vacus - Marker setting (es	
Recarding and filling fea	[[] - [14] (- [16) (- [16] (- [16) (- [16] (- [16) (- [16] (- [16) (- [16] (- [16)
Sales (2009	
watnow to bord	Total Due 413.00
Peid	receipt number
	Balance due
I hareby cartify I am the Daught	
end this is your authority to make disposition that I have the right to make this unitorization any liability on account of said authorization thereby authorize the interment in lot (hold under deed.	Welcest Juns
	5232 Reynolds Street
Signature of recording houses of come	San Diego, CA 92114 (619) 262-6146
17920	(moke s
Work Order # E	Acct. 0

phymid

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

		Libert St. St. Committee of the Committe	4080 -	
You are hereby authorize	zed and instructed, sub	ject to your rules a	nd regulations, to in	rier the remains
of	un po	6 HH 8	00314	360
na 100	F	uneral, date, time	Just	25-10:00
Type of Buildi Church, Chapel, Grave	side Oul On	Du. C	mad	Mortungo
All Funeral cars must a		of recontar work day	or an extra charge	Granz
will be applied and bille				1.00
was de applied and dise	d to differingried.			
Lot 16 Grave	2 8	Section	Division/Bl	- 13
The state of the s		1979-1970-1979		210
Grave space & Care Fu				751~
Additional spaces and			SENT CONTRACTOR SERVICES AND ADDRESS OF THE P.	120.8
Opening/Closing & Set				434.0
Burial Container				138 m
Handling Fees		<u> </u>	·	
Flower veses - Marker	setting fee D.A.	DIV	3	
Recording and filing fee	- n V	127) (47-00
Sales taxes	cco/n 2	50U3 < 14		9.92
V		CMETARY TO	al Due	754.92
	MT. HOPE C	DIEGO C: 4	796745	7541.92
	CITY OF GRAN	seempt number	Torres 100	1
u Charlet in Chillian and Chillian	V		Balance due	o March Margaret in page
I hereby certify I am the and this is your author!	ty to make disposition	of remains as abov	e indicated. I certif	amed decedent y and represent
that I have the right to # any liability on account			Mt. Hope Cemeter	y harmless from
		X)
I hereby authorize the if hold under deed.	nterment in lot I	Fignature	2 2610	
		Jedres (1)	LATOUR	
Signeture of recorded holder of des	d	X P	(I)	Zio Code
		X	٠-	978000000
		1.00		(2
	17921	Invoice #	38300	12
Work Order # E		Acct. #	0009	50
REA-104 (7-96)	This informa	tion is available in	alternative format	s upon request.

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F-17921

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

JOHN				DOE	IC. LAST (FAMILY) DOE		OF BIRTH	0/27/2002 4 SEX	
5/	BOULEVARD		•	SB. COUNTY OF ENTER STATE	DEATH—OUTSIDE CALIF	ECCEN BEA	NAME, RELATIONSHIP, FULL MARING ADDRESS AND ZIP CODE		
7.6	CONRAD LEM	ON GROVE M	A-FUNERAL DIRECTOR OR PE PRTUARY I GROVE, CA 919		P. CALIF LICENSE NUMBER IF APPLICABLE FD941		FFIN ROAL), CA 921: APPLICANT—PERSON	23 taking parmet 88. DATE SIGNED	
	ACKNOWLEDGMENT OF A	PPLICANT hereby Section 10	schemidige as applicant that the prope 1376 of the Health and Safety Code, and v	ned disposition stated herem is o was authorized pursuant to Section i	e of the dispositions authorized by 100 of the Health and Safety Code.	· Cunk	Los	07/16/2003	
	PERMIT LITHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPECION SPECIAL OF DISPOSAL OUTSIDE OF CALL	CODE S13.0	Grant K. Co	mrad 2312		REGISTRAR ISSUING PERMIT	
1	Y CHANGE IN DISPOSE	ON FARITRANCES	EGISTRAR OF DISTRICT OF BOX 3 CA 92186-5222	H CHANTERS !	BE ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			•	
10	B. CREMATION	OF CREMATED REM		G. SHIP IN TO			THE RESERVE OF THE PARTY OF THE	ER'S USE ONLY IDING REMAINS LOCATED AT 88)	
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102			7-22-0-	1	RE OF PERSON	IN CHARGE OF BURIAL	
BLE MEMS	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA		JRE OF PERSON	IN CHARGE OF CREMATION	
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			AINS 138, DATE RECE	IVED 13C. SIGNAT	URE OF PERSON	IN CHARGE OF FACILITY	
COMPLETE A	TRANSIT				14B. DATE SHIPP		SS AND SIGNATUR CING WITH THE C	RE OF PERSON IN CHARGE CARRIER	
COM	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGURET TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION					ure of Person E of Disposition		

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



NO.297 002

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are haraby authorized and instruct	ed, subject to your rules and regulations, to lines the nemalitie
a som	20051000
in a CO	_ Figneral, date, times Julia 72-10.00
Church, Chapel, Grewedde	Only Convain Morning
All Funeral cars must entire before 3:30	p.m. of regular work day or an extra charge dre
will be expliced and balled to undereigne	<i></i>
LOT 16 Grove 2 400	1
Grave space & Oare Fund	310
Additional spaces and care fund	-156.8
Opening/Closing & Setup	<u>तन्त्र</u>
Buriel Container	75800
Handling Feet	
Flower vases - Marker setting fee	
Recording and filing tee	<u>47-</u> 20
	9.90
CHARGES TO BE PAID	BY THE SAN TOTAL DATE TO THE SAN TOTAL DATE OF THE SAN TOTAL DATE
DIEGO CO. PUBLIC ADI OFFICE - INDIGENT	MINISTRATOR Paid receipt running
BURIAL PROGRAM.	Salarice dua
	ERAL DIRECTOR of the above named decedent
and this is your mahority to make dispo	selfon of remains as above indicated. I cartify and represent
arry limitality on account of head earthoriza	tion and intermed CONRAD LEMON GROVE MORTUARY BY:
I haveby authorize the interment in lot t	V (NAME) 50.
hold under deed.	GRANT K. CONRAD
States of States William St. Co.	7387 BROADWAY
	LEMON GROVE, CA 91945
	619-460-4601
_ 1792	1 Invoice #
Work Order # E	Acct. #
	domastion is available in atternative formats upon request.

ptpul

MT. HOPE CEMETERY

City of San Diego

()	Date July 116
You are hereby authorized and instructed, sui	bject to your rules and regulations, to inter the remains
or Sohn	Doe 942004602
ina 90	Funeral, date, time July 7 22 9'0
Church, Chapel, Graveside Co	les : Carral Mortuago
All Funeral cars must arrive before 3:30 p.m.	J. Canou V
will be applied and billed to undersigned.	W. U. S.
Lot_G Grave 2 A Row_	Section Division/Block
Grave space & Care Fund	B1.80
Additional spaces and care fund	
Opening/Closing & Setup	<u>439.8</u>
Buriel Container	J>\$<00
Handling Fees	
Flower vases - Marker setting	200 B
- CAV	(1) d)
Sales taxes SEP U	9.92
- UOPE CE	METARY 9.92 DIEGO, Total Due 754.92
MT. OF SAN	DIEGO, 17 Total Due
.Citi	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Del Halbell
Signature of seconded holder of deed	Cap Code Zap Code
17922	Invoke# 383 044
Work Order # E	Acct. # 000952
REA-104 (7-86) This informs	ation is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH 4. SEX UNKNOWN. YEAR 0371972005P DOE JOHN 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF. WAR STEGO IBA H. COMERFORD - DEPUTY P.A. WARNER SPRINGS 5201-A RUFFIN ROAD 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER -IF APPLICABLE SAN DIEGO, CA 92123 CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 FD941 BA. SIGNATURE OF APPLICANT—Ferson taking permit, 8B. DATE SIGNED 07/17/2003 I hereby acknowledge as applicant that the preposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID. 9B. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT Grant K. Concad 2312026 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$13.00 07/21/2003 **AUTHORIZATION OF** IN THIS PERMIT LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DIFTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION FOR CORONER'S USE ONLY UTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA NAME AND ADDRESS OF CALIFORNIA CEMETERY
751 MARKET STREET
AN DIEGO, CA 92102 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED BURIAL 7-22-03 12C. SIGNATURE OF PERSON 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CHARGE OF CREMATION 128. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER

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

THAN IN A CEMETERY

-IF APPLICABLE

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

You are hereby subhorized and instructed	subject to your rules and regulations, to linter the remains
a gone	Funeral data time ALLE > 7 20 9:00
Ohuncin, Chappal, Gravenide	men Canrall Morning
All Puneral cars must arrive before 3:30 p	The state of the state of the to keep with the state of t
will be applied and billed to undersigned.	
Los_16 grave 2 Thou	Section Division/Black
Grave space & Care Fund	Dr.o.
	71000
Opening/Closing & Setup	- पुत्रक
Burial Conspiner	1200
Hending Poos	
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Recording and filing les	<u> </u>
CHARGES TO BE PAID BY DIEGO CO. PUBLIC ADM OFFICE - INDIGENT BURIAL PROGRAM.	THE SAN Total Due 754.9 INISTRATOR RAL DIRECTOR
and this is your exthority to make dispose	tion of remains as shows indicated. I cartily and represent tion and I agree to haid Mi. Hope Cametery harmless from on and intermed. CONRAD, LEMON GROVE MORTUARY BY:
	Courter BY:
I hereby authorize the interment in lot I hold under deed.	GRANT K. CONRAD
	7387 BROADWAY
	LEMON GROVE, CA 91945
17922	619-460-4601
Work Order # E	Acet. 6
	umation is available in alternative formats upon request.

Afril

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date gely 1503

You are hereby authorized and instructed, sur	uner	MA 2009	or the remains
in a Type of Burtel Container Out a Church, Chapel, Graveside Out a	uneral, date, time	Herfue	W Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or	an extra charge o	\wp
will be applied and billed to undersigned			
Lot_16 Grave Flow_	Section	Division/Blo	
Grave space & Care Fund			131.00
Additional spaces and care fund	1)		
Opening/Closing & Setup	\ /		439.0
Buriel Container	PAID	, LIK	128.00
Handling Fees	/		
Flower vases - Marker setting fee	JUL 3 1 2007	,V	
Recording and filing fee	THOPE CEMET	AY.	47.00
Sales taxes	Y.OF SAN DASEC), CA	4.42
V	/ Utotal	Due	754,40
A Capt	eceipt number	39.0	154.40
sougher milleto	5 E-179	ance due	
i hereby certify I am the QUI X 1	of remigities as above i	of the above na indicated. I certify	and represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to noid Mi nd interment.	i. Hope Gemetery	harmiess from
I hereby authorize the interment in lot I hold under deed.	Supreture 0 1 1	, fee	X
Signature of recorded holder of dead	Xatroso /	Mach	
	Talapahana		Zip Code
_ 17923	Involve #		
Work Order # E	Acct. #		
22/40/2015			6

INTERMENT ORDER

(V.	City of San Diago
OD STATE OF THE ST	June 1 20/00/0 June 1 10:00
[임원] 기계는 [경화] [임원] [임원] [임원] [[임원] [의사기기기 [임원]	30 p.m. of regular work day or an extra charge of
16 ann 3 b n	Secalor Division/Block
병에 가는 이 시간을 유리하는 기계를 하는 것이 되었다. 하는 아니라 하는 아니라 사람들이 없어 되었다.	
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hereby authorize the interment in to old under deed.	1 / HOL Wavay HOBBS
CE128#10	5001-A PLATINIED SANDIEGO, CA 921
1792	· · · · · · · · · · · · · · · · · · ·

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 7-17-03

na TS Vault	Funeral, date, time	iday July 25 1
Type of Buttel Container Church) Channel, Gravesside	- Raa	Idale Mortuary.
	p.m. of regular work day or a	
সং will be applied and billed to undersigne	ad.	
Lot 805 Grave 1 Ro	w Section	Division/Sleck O
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Additional spaces and care fund		
Opening/Closing & Setup		4/3 -
Burial Container	PAID	<u> 275 –</u>
Handling Fèes		204-
Flower vases - Marker setting fee	JUL 18 2003	***************************************
Recording and filing fee	The state of the s	
Sales taxes	ITY OF SAN DIEGO	<u>21.31</u>
SW2000 = 1		963.31
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	Lang teceph tintings	1057
V 30	Paid receipt number	Balance due
hereby certify I am the	ocition of remains as above in	of the above named decedent
and this is your authority to make disp	ocition of remains as above in	of the above named decedent
and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	ostilon of remains as above in rization and I agree to hold Mt. sation and interment.	of the above named decedent
and this is your authority to make disp that I have the right to make this authorise any liability on account of said authorise And rew Hendlerson I hereby authorize the interment in lot i	ocition of remains as above in rization and I agree to hold Mitation and interment.	of the above named decedent dicated. I certify and represent Hope Cemetery harmless from Venders or Extended to the
and this is your authority to make disp that I have the right to make this autho- any liability on account of said authoriz And New Henderson hereby authorize the interment in lot in hold under deed.	ocition of remains as above in rization and I agree to hold Mitation and interment.	of the above named decedent
and this is your authority to make disp that I have the right to make this authorise any liability on account of said authorise and rew Henderson hereby authorize the interment in lot in hold under deed.	position of remains as above in rization and I agree to hold Mi. sation and interment. A G. K. A G. D. A G. C. A G.	of the above named decedent dicated. I certify and represent Hope Cemetery harmless from Venders or Extended to the

MT HOPE CEMETERY E-17924

GRAVE BLIND CHECK FORM

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

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	erkel	les people
ent,		
Blind Check In	nitiated By: ce for: CAWE BR	Date:
Marc and an area of the William		Time: 11:00 Church
	CO HOME CONTRACT MALE	w:Lot: <u>80</u> 5 Gr:
Div: 10 s	4	F \
Grave Laid ou	t by: NORMAN	FERGUSON)
Grave Laid ou	t by: <u>Norway</u> egal Card: ™ Yes	- EREGSOL/
Grave Laid ou Agrees with Le	t by: <u>Norway</u> egal Card: DYYes ap: DYYes	1 No flag man

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS (/ / OT |

1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH | 3. DATE OF DEATH | 4. SEX |

MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, YEAR | MONTH, DAY, MONTH, DAY,

	Callia	Mae	Brown		MONTH, DAY, YEAR MONTH, DAY, YEAR
_	Callie CITY OF DEATH	nae	58. COUNTY OF DEATH	LOUTSIDE CALLE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
-	San Diego		San Dieg	10//	Andrew Henderson, Son
A	nderson-Rag	poness of California—Funeral director on Person Isdale Mortuary, 5050 Federa	ACTING AS SUCH 78. CAL Blvd —	F LICENSE NUMBER	4901 Deaton Drive San Diego, CA 92102
S	an Diego, (A 92102			BA. SIGNATURE OF APPLICANT—Person taking parmit 88. DATE SIGNED
ACRIMONALEDGMENT OF APPLICANT Section 10376 of the Huntils and Safety Code, and may author			sistion stated herein is one of the need pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	► Mi Lauber 107/23/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HUTE THIS PERMIT SWEST OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE PA	02323226 B. Campbe	03 2312215t
4	N' CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	BD. ADDRESS OF REGISTRIAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CASECONIA /ital Records, P.O. Box 85222 San Diego, CA 92186-5222	I IF C		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
-	A. BURIAL (INCLU B. CREMATION	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
20	BURIAL	Mt. Hope Cemetery, 3/51 Mari	et Street	7-25-0	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMA	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
L APPLICAE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
CAPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158. DATE OF DISPOSITION	15C. BIGNATURE OF PERSON IN 13D. LICENSE NUMBER OF CREMATED IE-MAINS DISPOSER —IF APPLICABLE

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

At rued

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Guly 18,03

eras	tance	gones	Š		
DO .	12+	Funeral, date, ti	wed	7/13	11:00
The of Burle	d Container		CApui	20	
Church, Chapel Grave	side	i	CFULL	Ova	Montuary.
All Funeral cars must a			day or an extra	charge of	\$
will be applied and bills	d to undersioned	2	VACA		
	30				10
Lat 167 Grave	1 -	w Section	2	sion/Bloc	12
ot I Grave	Hov	w Section	IDIV	ISION/BIOC	* <u>~</u> =
Grave space & Care Fo	und				780
Additional spaces and	cere fund				
Opening/Closing & Set					4/3
					4/12-
Burial Container					760
Handling Fees		DAID			327
Flower vases - Marker	setting fee	FAID	***************************************		
					50-
Recording and filing fe		-JUL 1 8 200.	3		2240
Sales taxes		T HODE OFFICE	ADV		200 14
	IM CIT	IT. HOPE CEMET TY OF SAN DIEG	Total Due	<i></i>	150.7C
	.011	Paid receipt number.	0,000	2	250.40
		II 100 III	227500	nce due	-2
	1800	thor	- 90035500		
hereby certify I am the and this is your author	ity to make diano	neition of remains se	above indicated	ebove nan	ned decedent
hat I have the right to i	make this authori	ization and I agree to	hold Mt. Hope C	emetery h	armiess from
arry liability on account	or said aumonzi	ation and internent.		1 1	001
hereby authorize the i	nterment in lot /	7. 0	ane	7,1	Han
hold under deed.		Same S	51 8	Das	ten. U
		DE A	NO'.	-	10 97 W
Signature of recorded holder of de	d	1000	50/5	90	O Pate Coops
Wen		XCO	41666	10	000
fam		Telaphone			
4.5	1792	5 Invoice #	E%		
Nork Order # E		Appt. #	200.00		
TOTA CHOST #	\$15 W/V		8% E		
REA-104 (7-96)	This in	nformation is availabl	le in alternative	formats u	rpan request.

© Printed on recycled paper

MT HOPE CEMETERY

E-17925

GRAVE BLIND CHECK FORM

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

	5		tree.		
	7	х.	Cashaw		
	22				
	- -) L		
Blind Chec	k Initiated By:	tem	The state of the s	_ Date: _	100
Interment s	space for: <u>C</u> g	nota	nce a	Jone	2
Interment [Date: Wed 7	1/23	Time:	11:0)	
Div: 12-	Sect: 2	Blk/Row: _	Lot: \	CeT_Gr:	
Grave Laid	out by: No R	MAN F	TAN F	E RGUSO	N
Agrees with	h Legal Card: [Yes I	□ No		
Agrees wit	h Map: 🗹 Yes	0	No		
Blind Chec	k & Verified By	Marid 7	hiega.	Date: <u>7-</u>	22-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX
CONSTANCE	MARIE	CASHION-JO	ONES		1/2003 F
5A. CITY OF DEATH TIJUANA	. 6	58. COUNTY OF DEATH	CONTRACTOR POPATIONS	NAME RELATIONSHIP, FULL MAILING AS OF INFORMANT RODNEY CASHAW—BROTHS	DDRESS AND ZIP CODE
CALIFORNIA	DRESS OF GALIFORNIA—FUMERAL DIRECTOR OR PERSON ACCREMATION & BURIAL CHAPEL	→ F	F. LICENSE NUMBER APPLICABLE	1851 RIDGEVIEW DR. SAN DIEGO, CA 92105	*
5880 EL CAJ	ON BLVD., SAN DIEGO CA 92105	FD-1		A. SIGNATURE OF APPLICANT—Person tolone	period, 88 DATE SIGNED
ACKNOWLEDGMENT OF AP	PEXCANT I hereby acknowledge as applicant that the proposed dispositi Section (ISS/6 of the Health and Safety Code, and was sufficient			your Keny	07/21/2003
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO MENT OF INSPESSAL DUTSDE OF CALFORNIA.	A. AMOUNT OF FEE PA	07/21/200 J.BENYAR		ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PISING TO SHOW PINAL DISPOSITION.	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CAUFORNIA	VII	ISPOSITION IS TO OCCUR	P.O. BOX 85222 92186-5222	
THAN IN A CE	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	FINIA	11C. SIGNATURE OF PERSON IN C	/
BURIAL	SAN DIEGO, CA 92102	SI 172-768	į .	At 1 chair	
CREMATION CREMATION SCIENTIFIC	12A NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y	128. DATE CREMATE	12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	138. DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SO		146. DATE SHIPPED	D 14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	F PERSON IN CHARGE NER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. DICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT PIED

	100		
	TO	18-03	
LN	ste i	1000	

Tyrobby Burdel Container	uneral, date, time	July 83 , 10 000
Church, Chapel, Graveside Delivery	only' Reason	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an ext	ra charge of \$
will be applied and billed to undersigned		
,, 3 _B		
Lot 16 Grave TA Row	Section [Division/Block13
Grave space & Care Fund		131.00
Additional spaces and care fund		
Opening/Closing & Setup		4.39.00
Buriel Container		128,00
Hendling Fees		CV-000000000000000000000000000000000000
Recording and filing fee	MT. HOPE CEMETARY	47,00
- Ju 6	A OFFEVAL DIEGO C	9,92
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named in the	M CO WAY	754.92
Damed Price Change Paids	4 3 mm	
m. > the Kall	D 00 00 1 11	lance que
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as above in some	e above named decedent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold fet Plope and Interment	Certeter harmless from
	1 Boo Uly	841704
I hereby authorize the interment in lot I hold under deed.	Stoleton	
	Address	
Signature of stoorded linkfur of deed	CHA	Zip Code
det ^e	Telephone	
	-	2-110
17004	- CONTRACTOR	107
.17926 Work Order # E	Invoice # 30	109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			TE OF DEATH & SEX
JOHN		DOE		UNKNOWN 10/	08/2002 M
5A. CITY OF DEATH		58. COUNTY OF DEAT		6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	
SAN DIE		8	AN DIEGO	ANDERSON-RAGSDALE M	ORTUARY
ANDERSON-R	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A AGSDALE MORTUARY, 5050 FEDERA	L BLVD -	F APPLICABLE	SAM DIEGO, CA 92102	
SAN DIEGO,	CA 92102	FD	-1329	8A. SIGNATURE OF APPLICANT-Person take	
ACKNOWLEDGMENT OF AP	Section 10376 of the resetts and 301607 Code, and 495 authors	red sursuppt to Section 7100 of t	he Health and Safety Code.	> lan angle	07/29/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WITH THE TRENKT CINES HID INDIVIDING OF CALIFORNIA.	9A. AMOUNT OF FEE F	07/29/20 B. CAMPB	D3 2312520	EGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 8522 SAN DIEGO, CA 92186-5222	l JF		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	_
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATION		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		(Name and Address)	NG REMAINS LOCATED A
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY, 3751 MARI SAN DIEGO, CA 92102	ET STREET	7-37 0	D TIC. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
APPLICABLE ITEMS APPLICABLE TEMS APPLICABLE TEMS	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAL	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

CERTIFICATION OF ABANDONMENT/DIRECTION TO INTER

REFERENCE: CASE OF		1000	Ilano.	DECEASED
TA A TITLE FAIR TAILS A POLIT.		The second second	525 at 255	, DECEASED
DATE OF DEATH:		_ 20 <u>02</u>	To a	
**************************************	lospital or Mortuary Use Only in	his block	*****	**************
Signature of the undersigned 7104.1, thirty (30) days have or attempted to notify, the perenains of	lapsed from the time	the Med or interm	lical Exent or	xaminer notified, inumment of the
urisdiction of the Medical E failed, refused or neglected to	xaminer. I further ce	tify that	the res	ponsible party has
Date://	Signature:		- 2, 2	
	Title:			NAME OF THE PERSON OF THE PERS
The second secon	the same was proposed to the same and the			
County policy, this shall be donext. KX Ground Burial In addition, the undersign	of-kin failed to elect	an altem	ate me	to recover any
Cremation as the next. XX Ground Burial In addition, the undersign expenses of the interment for officer.	of-kin failed to elect ed assigns the rig rom the responsible	an altern	ate me sibility the In	ans of disposition to recover any
Cremation as the next. KX Ground Burial An addition, the undersign expenses of the interment for officer. FUNERAL DIRECTOR AS	of-kin failed to elect ed assigns the rig rom the responsible	an alternatives but response party to	sibility	ans of disposition to recover any
Cremation as the next. KX Ground Burial An addition, the undersign expenses of the interment for officer. FUNERAL DIRECTOR AS	of-kin failed to elect ed assigns the rig rom the responsible SIGNED:	an alternativespond party to	sibility	ans of disposition to recover any
County policy, this shall be decreased as the next. XX Ground Burial In addition, the undersign expenses of the interment for Officer. FUNERAL DIRECTOR AS Date: 5 / 2 / 0 3	of-kin failed to elect ed assigns the rig rom the responsible	an alternatives but so	sibility	ans of disposition to recover any

Blair will call me on Friday 30th of May to set a time for Delivery of John Doe for the following week to schedule.

> Ragsdale 263-3141

Atud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 1803

	bject to your rules and regulations, to inter the remains
ina Ash voult	Funeral, date, time There 7/81 AYD
Type of Barial Container Church, Chapel, Graveside	: Persodale Mortuary.
All Funeral cars must arrive before \$600 p.m. 500 will be applied and billed to undersigned.	of regular work day or an extra charge of \$
Lot 99 Grave 9 Row	Section 2 Division/Block
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	_//6-
Burial Container	- 101
Burial Container	PAID 66
Recording and filing fee	NN 31 /003
Calan taran	THORE CEMETARY 4.73
Matinusto pariot	Y OF SAN DIEGO, CA 297.73 receipt number 5653/297.73
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Adireas
Signature of recorded holder of their	Oly Zip Code Talighose
17927	Invoice #
Work Order #	Acct. #
	added to accomplete to already of the state of

Hart Boyof

E17927 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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	toy			Amee		
	Godoi	Soudin	х	6 sadain	LA4SUN	
		Myk	HARPU	Estes		
Blind Ch Intermer	eck Initiat nt space fo nt Date:	ed By: r:	0	n Ed He rime:	_ Date: _ onper	7/18 9.8
Div:_7	Sect:_	<u></u> ∠ BII		Contract of the second	99 G	r: <u>9</u>
Grave La	aid out by:	NORM	AW F	ER645	ON	
Agrees v Agrees v	vith Legal with Map:	Card: 🗆 `	Yes C	J Na 10	flagn	naue
Blind Ch	eck & Ve	rified By:	Janil 2	Terriza	Date:	7-31-03

Certificate of Cremation

This certifies that Reginald Edwin Harper. Ir., who died on July 17.7wo Thousand Three, was cremated at Cremation Services. Inc. Crematory, 2570 Fortune Way, Vista, California on July 24. Two Thousand Three.

Director of Operations

E17927

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DEC	EDENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRT	3. DATE OF DEATH	4. \$
Reginal	d	Edwin	Harper, J	r.	MONTH, DAY, YE	07/17/2003	M
SA. CITY OF DEAT			5B. COUNTY OF DEA	TH-OUTSIDE CALIF. 6.	NAME, RELATIONSHIP, FUL	L MAILING ADDRESS AND	OP CODE
La Jo	11a		ENTER STATE		of INFORMANT Annette M. Ha	rper. Wife	
			OR PERSON ACTING AS SUCH 78. C	ALIF. LICENSE NUMBER	5455 San Onof San Diego, CA	re Terrace	
San D:	ego, CA 9210	2	FD			T-Person biling permit, 88. DA	TE SIGNED
ACKNOWLEDGMENT	OF APPLICANT Thereby Section	acknowledge as applicant that the 1376 of the Health and Safety Cod	he proposed disposition stated herein is one of de, and was authorized purbuant to Section 7100 of	the dispositions authorized by the Health and Salety Code	Han Can	ben 107/2	3/2003
PERMIT AUTHORIZATION (LOCAL REGISTRA	AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE W FORMA HEALTH AND SA TY FOR THE DISPOSITION IN MIGHT OF DISPOSAL OUTSIDE	FETY CODE SPECIFIED	07/23/200 B, Campbel	3 i 2312164	LOCAL REGISTRAR ISSU	NG PERMIT
ANY CHANGE IN DISM TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	90. ADDRESS OF R	EGISTRAR OF DISTRIC	T OF DEATH— SE. A	DDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR II	DISTRICT OF DISPOSITIO		•
			William - I BW I		I FOR C	ORONER'S USE ONL	v -
A BURIAL (I	ISPOSITION(S) CHECK A	PPLICABLE NEMS	E. TEMPORARY EN	AULTMENT	[] I DISPOSM	ON PENDING-REMAINS L	
A BURIAL (III	ICLUDES ENTOMBMENT) IN ON OF CREMATED REM C CEMETERY C USE 11A. NAME AND A Mt. Hope	ains other DDRESS OF CALIFORN Cemetery, 37	F. DISINTERMENT G. SMIP IN TO CALIF	FORNIA SIDE OF CALIFORNIA 118. DATE BURIED	i pisposm (Name an	ON PENDING—REMAINS L	OCATED
A. BURIAL (III) B. CREMATIC C. DISPOSITI THAN IN D. SCIENTIFI	ON OF CREMATED REM C CEMETERY C USE 11A. NAME AND A Mt. Hope San Dieg 12A. NAME AND AI CSI Crema	DDRESS OF CALIFORN Cemetery, 37 o, CA 92102 DDRESS OF CALIFORN	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT HA CEMETERY 751 Market Street HA CREMATORY 25, Inc.; 2570 For	TSIDE OF CALIFORNIA 118. DATE BURIED 17-13-03 128. DATE CREMATED	I DISPOSITI	d Address)	OCATED A
A. BURIAL (III) A. BURIAL (III) B. CREMATIC C. DISPOSITI THAN IN D. SCIENTIFI BURIAL	ON OF CREMATED REM C CEMETERY C USE 11A. NAME AND A Mt. Hope San Dieg 12A. NAME AND AI CSI Crema tune Way,	DDRESS OF CALIFORN Cemetery, 37 o, CA 92102 DDRESS OF CALIFORN tion Service Vista, CA 9	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT HA CEMETERY 751 Market Street HA CREMATORY 25, Inc.; 2570 For	SIDE OF CALIFORNIA 118. DATE BURIED 17-13-03 128. DATE CREMATED	11C. SIGNATURE OF P	PERSON IN CHARGE OF E	SURIAL SEMATION
A. BURIAL (III) B. CREMATIC C. DISPOSITION D. SCIENTIFI BURIAL CREMATION SCIENTIFIC	ON OF CREMATED REM C CEMETERY C USE 11A. NAME AND A Mt. Hope San Dieg 12A. NAME AND A CSI Crema tune Way, 13A. NAME AND A	DORESS OF CALIFORN Cemetery, 37 o, CA 92102 DORESS OF CALIFORN TION Service Vista, CA 9 DORESS OF CALIFORN	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT HA CEMETERY 751 Market Street HA CREMATORY 25, Inc.; 2570 For 92083 HA FACILITY RECEIVING REMAINS	SORNIA SIDE OF CALIFORNIA 118. DATE BURIED 17-13-03 128. DATE CREMATED 7/24/63	1 DISPOSITION (Name and Name a	PERSON IN CHARGE OF E	BURIAL REMATION

Afrid

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 18,03

You are hereby authorized and instructed, so	ubject to your rules and regulations, to inte	er the remains
of Milliam	Funeral, date, time (Ded 7)	3100
Church, Chapel, Graveside	Consael	Mortuary.
All Funeral cars must arrive before 200 p.m.	. of regular work day or an extra charge of	
will be applied and billed to undersigned		
Lot T Grave B Row_	Section Division/Bio	cx_7_
Grave space & Care Fund		-
Additional spaces and care fund	- 1 8	1/12 -
Opening/Closing & Setup	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	200
Burial Container	0.0.2002	204
Handling Fees	2 2 2003	160-
Flower vases - Marker setting fee MT. HO! Recording and filing fee	PE CEMETARYSAN DIEGO, CA	50-
Sales taxes		16.20
	Total Due Freceipt number K 56 499	848.20
V	Balance due	-0
i hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery and Interpent.	and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Di dele	<u> </u>
Signature of recorded holder of deed	Talking Control	Zip Code
17928	Invoice #	
Work Order #	Acct. #	

whitales

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.

			Pusch		Dellinger	-/
. 0	Cois	Debaris	х	Foster		
		Leit	noff	wice		
						alua/
Blind Check Interment sp Interment D	pace for	: Mi	iia_	- Bu		1118_
Div:		-				
Grave Laid	out by:_	Norn	J Cup	ERCUS	ON	
Agrees with	Legal (Card: 01		J No	plag m	7
Agrees with	Мар: [Yes	A.P.	10	109	ave
Blind Check	< & Ver	ified By:_{		wen	Date:	7-21.0

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diago

E 17928

a gluam	Consert, date, time 1200 7/23 10:00
Onucer, Chapel, Graveside	: Contact Mortuery
All Funeral cars must entire before (ED) p.m.	of regular work day or an extra charge of \$
will be expiled and billed to undersigned.	
Lat [Grave & Row_	Briefon DMekny@lock
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	43-
Burlei Container	209
Handling Feet	160-
Flower vesse - Marker estling fee	· · · · · · · · · · · · · · · · · · ·
Recording and filling like	50-
Sales 16:054	<u>(6.20</u>
untury to pay	Total Due
I hereby certify I am the DAUGHTE and this is your authority to make disposition	of remains as storms inflorted, certify and represent
mak pepalah au seconal di egid amaoutsiapou s	and I agree to read Mr. Hope Comeany harmiese from
hereby authorize the interment in lot I hold under deed.	13654 S. SELINA DRIVE
	YUMA, AZ 85367
Agenting of executing histor of dead	LOCAL CELL # 1500
	619-302-0994
_ 17928	Invoice A

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	Ensert Bur Forses	1 1C LAST (FAMIL	m	- 1	2. DATE OF BIRTH 3. D.	ATE OF DEATH	4. SEX
	MARIAM PAITH ELIZABETH			BURR			5876771919° 077	18/2003	F	
5/	CITY OF DEATH			The second secon		DEATH—OUTSIDE CALIF.,	8. NAME.	RELATIONSHIP, FULL MAILING		OP CODE
	LA MESA				SAN DI	The read of the second of the		ORMANT TTE SCATES - D	AUGHTER	
7,4	CONRAD LEM	ON GROVE M	RTUARY	RECTOR OF PERSON	ACTING AS SUCH 75	CALIF. LICENSE NUMBER —IF APPLICABLE FD941	1365 YUMA	4 S. SELINA DR., AZ 85367 TURE OF APPLICANT—Person tal	IAE	TE SIGNED
	ACKNOWLEDGMENT OF A					of the dispositions authorized by 10 of the Health and Safety Code.	1/0	while o	07/19	/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF	ORNIA HEALTI	DANCE WITH PROVI- HAND SAFETY CODE SPOSITION SPECIFIED IN DUTSEE OF CALFORNIA	\$13.00	Grant K. C	onrad	C. SIGNATURE OF LOCAL R 2312084	EGISTRAR ISSUI	NG PERMIT
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW	OO." OF TAKE THE	體學	DISTRICT OF DEATH SE BOX 8522	COVICES	: ADDRESS OF REGISTRA IF DISPOSITION IS TO OCC		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		_
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITE	MS .	April 1		7,0	FOR CORONE	'S USE ONL	Y -
-	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	ains other		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	T.	C.	I, DISPOSITION PENDI (Name and Address		OCATED AT
	BURIAL	MOUNT HO 3751 MARI SAN DIEG	PE CEME	CALIFORNIA CEMETE TERY EET 2102	RY	7-23-C		SIGNATURE OF PERSON	CHARGE OF B	URIAL
BLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF C	CALIFORNIA CREMAT	ORY	12B. DATE CREMA	\TED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CR	REMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DRESS OF C	CALIFORNIA FACILITY	RECEIVING REMAI	NS 13B. DATE RECE	IVED 18C.	SIGNATURE OF PERSON II	CHARGE OF F	ACILITY
CAMPLETE A	TRANSIT			eceiving state or Emains are to be		14B. DATE SHIP	PED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ON SHORIELINE, OR OT PLACE AND CA <u>DISTR</u>		UF- 15B, DATE OF DISPOSITIO		SIGNATURE OF PERSON II CHARGE OF DISPOSITION	OF CREA	MATED RE- DISPOSER

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



Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dato July 21, 03

You are hereby author	ized and instructed, sut	eject to your rules a	regulations, to	inter the remains
or Car	Kany	uki e	0-4-7/2	11:00
in aASM U	COLLET F	uneral, date, time	XI 124	11.00
Church, Chapel Clave	side)	: <i>E</i>	atheringe	Mortuary.
All Funeral cars must a	arrive before 9:80 p.m.	of regular work day	or an extra eherge	of \$
will be applied and bilk				
Lot 449 Grave	Row	Section	Division/E	Nock_(O
Grave space & Care F	und	EG	662	
Additional spaces and	care fund	*******************	OT.	231.00
Opening/Closing & Se	tup			116.00
Burial Container	- DAID	·····		(d.00
Handling Fees				1do-00
Flower vases - Market	settiful for 20070	48 XA	- Fee	3000
Recording and filing fe	9	·	**************	50.00
Sales taxes	MT. HOPE CRMET	TARY		4.73
ATTICE AT A SALES OF A SALES	ATT OF SAN DIEG		al Due	578.23
	Paid r	eceipt number	54493	574.73
			Balance du	-0
I hereby certify I am th	XWIFE		of the above	named decedent
that I have the right to	rity to make disposition make this authorization t of said authorization a	and i agree to hold	e Indicated. I cert	fy and represent ry harmless from
I hereby authorize the hold under deed.	interment in lot I	X3555	WIND	MILL Viel
Signature of recorded holder of di		X 619	448-	3638
150	17929	invoice #		
Work Order # E		Acct. #		
REA-104 (7-98)	This Informa	ntion is available in	alternative forma	ts upon request.

O Printed on recycled paper

E17979

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.

Taylor		х	Eus	ARTZ	
	+ma,a		apustra	_	
Interment	eck Initiated By	ail K	aney	Date:	7/21
Div: 🚫	Date: Sout	Blk/Row:	Lot: _	11:00 44:19 GI	
	id out by: <u>Po1</u> ith Legal Card:	H 17 - 60 - 1862-11		play.	grave
Agrees w Blind Che	ith Legal Card: ith Map: 🗇 Ye eck & Verified I	By: DAKKE	Y FAM	600 (10)	1-24-03

E17979

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR 10/22/1924 MONTH, DAY, YEAR 07/19/2003 Car1 Hikaru Kaneyuki SA CITY OF DEATH 3B. COUNTY OF DEATH-OUTSIDE CALIF., NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego Mary Kaneyuki, Wife 2555 Windmill View Rd., El Cajon, San Diego 7A TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER -IF APPLICABLE Featheringill Mortuary CA 92020 6322 El Cajon Blvd., San Diego, CA 92115 BA. SIGNATURE OF APPLICANT PROGRESSION SERVICE SERVICED FD1083 I hereby acknowledge as applicant that the proposed disposition stated beron is one of the dispositions authorized by Section 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND BAFETY CODE
AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED
IN THIS PERMIT. 07/21/2003 ACANOMI FOCAMENT OF APPLICANT TUPE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 2312055 **AUTHORIZATION OF** K. Zaretzka MOTE: THIS PERSON GIVES NO INCHIT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR \$13.00 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DEATH OCCURRED BY CALIFORNIA DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. PO Box 85222, San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE DNLY X A. BURIAL (INCLUDES ENTOMBMENT) I DISPOSITION PENDING-REMAINS LOCATED.AT E TEMPORARY ENVAULTMENT (Name and Address) X B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G SHIP IN TO CALIFORNIA O SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA Mt. Hope Cemetery, 3751 Market St., 118. DATE BURIED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diego, CA 92102 7/2403 lorman 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED Southern California Crematory, 601 D CREMATION APPLICABLE Crane St., Lake Elsinore, CA 92530 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED SCIENTIFIC USE ALL 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15B. DATE OF SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 150. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE SCATTERING AT SEA DISPOSITION DISPOSITION OTHER THAN IN A CEMETER COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION, THE PERSON IN CHARGE OF DISPOSITION IN RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS9 (REV. 6/91)

T. HOPE CEMETERY ENT ORDER City of San Diego authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapel Graveside All Funeral cars must arrive before \$300 p.m. of regular work of 3:00 will be applied and billed to undersigned. La 157 Grave space & Care Fund Additional spaces and care fund ... Opening/Closing & Setup..... Burial Container Flower vases - Marker setting fee MT. HOPE CEMETARY Total Due ... Paid receipt number Balance due i hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. (0-115 Signature of recorded holder of dead WECKLA 17930 Invoice

This information is available in alternative formats upon request.

REA-104 (7-96)

Acct. #

F17936 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 -		1	
3 -		Reed	Mara			
			х	:00		
	ASMO					
Interme Interme	neck Initiate nt space for nt Date: 🔬	ma huma	7/84 TI	oeds ime:	11.30	>
	sect:aid out by:_ with Legal (with Map: §		\ F	4 <u>5</u> 2 100 m	X	
	GENERAL BROKES		WEND DOOR			
Blind Ci	neck & Veri	med By:	Vard / los	uga	Date:	7-22-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	. 1B. MIDDLE	IC. LAST (FA	MILY)	3000738039	2. DATE OF BIRTH	3. DATE OF DEATH	1 4. SEX
MARY	100.000.000.000.000.000.000.000.000.000	ANN	WALTO	R		6770871944	0771972003	7
SA. CITY OF DEATH				F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL M	MAILING ADDRESS AND	ZIP CODE
NATIONAL C	ITI		SAM DI	EGO	DON	BA COX-DAUG	HTER	
2441 UNIVE	CALIFORNIA	A 92104	OR PERSON ACTING AS SUCH		BA. SIGN	CALLE REVIECULA, CA 9		TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT hereby : Section 10	acknowledge as applicant that the 1376 of the Health and Salety Code	proposed disposition stated herein is and was authorized persuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	1	sept Olive	- 10 . 107/2	13/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITFORNIA HEALTH AND SAF TY FOR THE DISPOSITION 10 NIGHT OF DISPOSAL OUTSIDE O	SPECIFIED \$13.00	07/24/2	2003	9C. SIGNATURE OF LC	OCAL REGISTRAR ISSU	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT ED 13 CAMEDINA ES 222 O, CA 92104	OF PEATH—	GE. ADDRESS OF REGISTRA # DISPOSITION IS TO OC			ORNIA:	•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE TEMS	-			FOR COR	IONER'S USE ON	.Y
B. CREMATION C. DISPOSITION THAN IN A CI	OF CREMATED REM	IAINS OTHER	F. DISINTERM G. SHIP IN TO	See Superior Control	A	I. DISPOSITION (Name and A	PENDING REMAINS (Address)	LOCATED A
BURIAL	3751 MA	DDRESS OF CALIFORNI RECT 51 GO, CA 92102	A CEMETERY	7/24/6		Xenne	th GO	BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREM	ATED 120	SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNI	A FACILITY RECEIVING REM	IAINS 13B. DATE REC	EIVED 130	SIGNATURE OF PER	rson in Charge of	FACILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHER THE TO BE SHIPPED	E 148. DATE SHIP	PED 140	OF PLACING WITH 1	nature of Person I The Carrier	N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ine, or other description o ca <u>district</u> of disposition			SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CH	E NUMBER EMATED RE- DISPOSER PPLICABLE
EIL .	ALC: U				The second second			

COPY 2 IS RETAINED BY 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 Nead

REA-104 (7-98)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-21-03

All Funeral cars must arrive before 3:80 p.m. of regular work day or an extra charge of \$	1:30 lortuary.
All Funeral cars must arrive before 3:80 p.m. of regular work day or an extra charge of \$	ortuary.
Will be applied and billed to undersigned. Lot 2087 Grave Row Section Division/Block Of Grave space & Care Fund Section Division/Block Of Grave space & Care Fund Section Of Grave Spaces and care fund Opening/Closing & Setup ALD ACT Section Of Grave Section Of	
Lot 2087 Grave Row Section Division/Block	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup T_S VAULT Burial Container PAID Recording and filing fee MT_HOPE_CEMETARY	
Additional spaces and care fund Opening/Closing & Setup T.S. VAULT Buriel Container PAID PAID Recording and filing fee MT. HOPE CEMETARY	0
Opening/Closing & Setup. Burial Container. Handling Fees. Flower vases – Marker setting fee Parallel 2 4 2003 Recording and filing fee MT HOPE CEMETARY	5.00
Buriel Container T.S. VAULT PAID Recording and filing fee MT HOPE CEMETARY 273 275 275 275 275 275 275 275	
Handling Fees PAID Flower vases - Marker setting fee JUL 2 4 2003 Recording and filing fee MT HOPE CEMETARY 2/2	16.00
Recording and filling fee JUL 2 4 2003 Sales taxes MT HOPE CEMETARY 2/2	5.00
Recording and filling fee JUL 2 4 2003 Sales taxes MT HOPE CEMETARY 2/2	4.00
Sales taxes MT HOPE CEMETARY 2/	
Sales taxee MT HOPE CEMETARY 2/	0,00
CITY OF SAN DIEGO, OF	31
Total Que	1.31
CITY OF SAN DIEGO, CA Total Due	1.3/
1/25 IAVADOSCICIA ACROS RESPONSA	0
I hereby certify I am the DADKS HTER of the above named de and this is your authority to make disposition of remains as above indicated. I certify and rethet I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmle	tresent
any liability on account of said authorization and interment.	1
I hereby authorize the interment in lot I landing Time I land I landing Time I landing	K_
Bosq Regina Taylor Moreno Valley	12551
909)601-1656	Zip Code
17931 Invoice #	
Work Order # Acct. #	-

G Printed on regular paper

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

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14		Harr	Har.)
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Blind Check Initia		7.		Date: 7/22
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nterment Date: _ Div: <u> O</u> Sect:	7- 28	- 03_ Т k/Row:	ime:\1:3	<u>യ</u> ും
nterment Date: _ Div: <u>I O</u> Sect: Grave Laid out by	7-25- BII	- 03 T K/ROW:	ime:1:3 Lot: 2	<u>യ</u> ും

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF MONTH, DAY, YEAR MONTH, DA			4. SEX		
-	Mary		Maxine	Taylor-Sta	nley		08/31/1926			F
5,4	. CITY OF DEATH	Riverside		58. COUNTY OF DEATH		OF INF	RELATIONSHIP, FULL M ORMANT Regina Tayl	Pre-		Commence and the
	Anderson-Ra	igsdale Mor	HA-FUNERAL DIRECTOR OF PERSON A		F APPRIAGIC .		Forest Oak to Valley, C			
B	lvd, San Di	lego, CA 92	102	FD	1329	BA. SIGNA	TURE OF APPLICANT-P	erson taking p	ermit 88. PAT	E SIGNED
1	ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed disport 0376 of the Health and Safety Code, and was author			D JOE	phine Desa	Curs	07/23	1/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT. HOTE: THIS PERMIT GRES	UED IN ACCORDANCE WITH PROVI- FORMIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$13.00	07/23/	200	gay Feld	and the second	STRAR ISSUIT	OF PERMIT
T	ON REQUIRES A NEW	Riverside	EGISTRAR OF DISTRICT OF DEATH ED IN CAUFCENIA CO Health Dept,PO 1 CA 92513-7600	Box 7600 San		R IN AND	Dept, PO B		222	
10	. AUTHORIZED DISP	OSITION(S) CHECK	APPLICABLE ITEMS	100-742-0	1		FOR COR	ONER'S	USE ONL	Y -
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REN	MAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	50	L DISPOSITION (Name and A		REMAINS L	OCATED AT
	BURIAL		DORESS OF CALIFORNIA CEMETER emetery,3751 Marke CA 92102		7/25/0	3 N	Xenne	SON IN C	ARGE OF B	URIAL
UBLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	PAY	128. DATE CREMAT	ED 12C.	SIGNATURE OF PERS	SON IN CH	NARGE OF CR	EMATION
ILL APPLICABLE	SCIENTIFIC USE	13A. NAME AND /	IDDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEN	VED 130	. SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPP!	ED 140	. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IC	arest point on shoreline, or oth entify final place and ca <u>distric</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		MAINS I	MATED RE- DISPOSER PLICABLE

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



Afrid

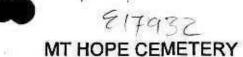
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

mgely 22,03

Clurko C	bject to your rules and regulations, to inter the remains
- Follow H PM	Funeral, date, time £11 7/55 12:00
Church, Chapel, Graveside Live	: 20 Nunorica Mortuary.
All Funeral cars must arrive before \$186*p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 173 Grave 4 Row_	Section PA Diffeon/Block 12
Grave space & Care Fund	985-
Grave space & Care Fund	JUN 7 81 24017
Opening/Closing & Setup	MI HOPE OF TERM 4/3-
Burial Container	209 CTTY GOOD TO CORD
tandling Fees	00 - 00+ PH - 364 PM
Flower vases - Marker setting fee	ack to liner
Recording and filing fee	01/50_
	30) III (III)
und part Deer	194661
Mr Lucy & Pair	Sceipt number R 56504 [133.20
0 1	Belance due
hereby certify I am the M North	of the above named decedent
	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cometery harmless from
any liability on account of said authorization a	and Merment.
hereby authorize the interment in lot I	arynta a
nold under deed.	XVII45 Startis Cu
Screens of recented balder of dead	Y San Dhaw 97114
	19 212 8011 12 20 glass
17932	POSS FOR MIT
Work Order # E	Invoice #
	Acct. #
DE 4.404 17 no. This informs	tion in qualitable in alternative formations and account



GRAVE BLIND CHECK FORM

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

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Intermer	nt space f	ted By: _ or: <u>CR</u>	aux	2 78	hns	
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	aid out by	NoR	MAN	FORE	LSON	100
Grave L	0.000000					

817932

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) ! 1B. MIDDLE	1C. LAST (FAMILY)	y	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
CHERYLE	ADRIANNA	JOHNSON		1172471968 0771772003 P
SA. CITY OF DEATH				8. NAME RELATIONSHIP FIRL MARING ADDRESS AND ZIP CODE
SAN DIEGO		SAN DIEG	0	JOANN PORTER-MOTHER
7A TYPED MANE AND AN SAN DIEGO 2441 UNIVE SAN DIEGO,	ORESS OF CALFORMA FUNERAL DIRECTOR OR PERSO RESTRICT AVE. CA 92104	1		SAN DIEGO, CA 92114 8A. SIGNETURE OF APPLICANT—PERSON DERMIT, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed of Section 10376 of the Health and Safety Code, and was on			Joseph Lew In 07/24/200
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THE PERMIT.	E	07/24/2	
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	25 SECTION - SECTION	THE RESERVE OF THE PARTY OF THE	JR. 2312252
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEA P.U. BUX 85222 SAN DIEGO, CA 92186-5222			OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION	SE	- TANK MINDS ON THE PARTY		L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BÜRIAL	3751 HARRET ST. SAN DIEGO, CA 92102	ERY	7/25/0	. 4 -01
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	NTORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER—IF APPLICABLE



at need

MT. HOPE CEMETERY

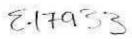
INTERMENT ORDER

City of San Diego

Date_ 7/22 /0.3

ina linor		Funeral, da	Ellio	ly 24 th	thurs, 11:00
Church, Chapei Graveside	-	- A P 34 (SS), N 3 A P 1 3 A	; 0	3 A Buring	Mortuary.
All Funeral cars must arrive	before 3:30 p	.m. of regular v	vork day or a	n extra charge o	/s
will be applied and billed to u	indersigned.				Contract Con
Lot 110 Grave 3	Row	E:	etion 2	Division/Bio	12
			310n	DIVISION SH	985.00
Grave space & Care Fund					100.00
Additional spaces and care t	und	P	AID		1012
Opening/Closing & Setup				****************	4/3,00
Burial Container		······································	2 7 2003		209,00
Handling FeesFlower vases — Marker settle				(DV	160.00
Flower vases - Marker settin	rg fee	MT. HOP	E CEME!		
Recording and filing fee		CITY OF S	MAN DICO	71 -	50.00
Sales taxes					16,20
				ue	18 33,20
		aid receipt num		56500	18332
		and recessor num			ex
		.)		Balance due	
I hereby certify I am the	make disposi	tion of remains	as above in	of the above no dicated. I certify	emed decedent and represent
and this is your authority to that I have the right to make any liability on account of sa	this authorizati	tion and I agre	e to hold Mt.	Hope Cemetery	harmless from
		V	ml 1	6/10	
I hereby authorize the interm hold under deed.	ent in lot I	Bigneti	CHIMALIA	~ UUC	
Chamba Elle		X	مخورتا	mner with	74
Biginature of recorded ficialist of deed		X	Ellaco	y CA 9	2020
		Ž.	619-6	101-92	96
whether	Towns of the Control of the Control	Kejaph	one		
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Work Order # E		Acct			
ADMINISTRAÇÃO DE CONTRACTOR DE		o Reales	ilable in alte	To provide the second	CONTRACTOR CONTRACTOR

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MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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Agrees	with Map:	☐ Yes		No		
3lind C	heck & V	erified By:	DAKK	5/	Date:_	7-23-02

217933

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE	DAY, YEAR	4. SEX
TERRENCE	LENON	ELLIS			06/27/1958	07/1	5/2003	M
A. CITY OF DEATH	300	5B. COUNTY OF DEATH	-OUTSIDE CALIF.,		RELATIONSHIP, FULL N	MAILING ADDR	RESS AND Z	P CODE
INDIO		RIVERSIDE	A STATE OF THE PARTY OF THE PAR		ELLIS-MOTH	ER		
	IORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON & BURIAL CHAPEL		IF, LICENSE NUMBER FAPPLICABLE	T	OX 740259 DIEGO CA 92	2114		6
EL CAJON I	SLVD. SAN DIEGO CA 92115	FD	-1357	BA. SIGN	ATURE OF APPLICANT-	Person taking pers	nt 68. DAT	E SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed of Section 10376 of the Health and Safety Code, and was au			> (C	17-		07/	16/200
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROV BIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE	E D	AID 98. DATE PERMIT	T ISSUED	9C. SIGNATURE OF LO		TRAR ISSUM	1000
	IN THIS PERMIT. MOTE: THIS PERMIT GRES NO RIGHT OF BISPOSAL ONTSIDE OF CALIFORNIA	\$18,00	07 /21/	2003	P. 1000	- 3000		M
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. D. AUTHORIZED DISPO	VITAL RECORDS—PO BOXC7600 RIVERSIDE CA 92513—7600 DISTION(S) CHECK APPLICABLE ITEMS		DIEGO CAA		6-5222	ONER'S	USE ONLY	
A. BURIAL (INCLU	DES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT		I. DISPOSITION		REMAINS LO	delega e la com
8. CREMATION		E. TEMPORARY ENVA	ULTMENT		I DISPOSITION (Name and A		REMAINS LO	de terre de la composition della composition del
8. CREMATION	OF CREMATED REMAINS OTHER		PINIA	8			REMAINS LO	delega e la com
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA	-		Address)		OCATED A
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA IDE OF CALIFORNIA	-	☐ (Name and A	Address)		OCATED A
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET NT HOPE CEMETERY 3751 MARKI	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY	DRNIA IDE OF CALIFORNIA	03 b	☐ (Name and A	Address) ISON IN CH	ARGE OF BI	OCATED A
B. CREMATION C. DISPOSITION (THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER IMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET MT HOPE CEMETERY 3751 MARKI SAN DIEGO CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY	DENIA IDE OF CALIFORNIA 118. DATE BURIE	03 b	: SIGNATURE OF PER	Address) ISON IN CH	ARGE OF BI	OCATED A
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B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMAINS OTHER IMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET IN HOPE CEMETRY 3751 MARKI SAN DIEGO CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMA 13A. NAME AND ADDRESS OF CALIFORNIA FACILI 14A. NAME AND ADDRESS IN RECEIVING STATE OF	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY ET ST. ATORY TY RECEIVING REMAINS OR COUNTRY WHERE	DE OF CALIFORNIA 11B. DATE BURIE 7/24/0 12B. DATE CREMA	110 173 D 1760 120	Name and A SIGNATURE OF PER SIGNATURE OF PER ADDRESS AND SIGN	Address) ISON IN CHA RSON IN CHA	ARGE OF BI	JRIAL ACILITY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMAINS OTHER IMETERY SE 11A. NAME AND ADDRESS OF CALIFORNIA CEMET IN HOPE CEMETRY 3751 MARKI SAN DIEGO CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMA 13A. NAME AND ADDRESS OF CALIFORNIA FACILI 14A. NAME AND ADDRESS IN RECEIVING STATE OF	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS TERY ET ST. ATORY TY RECEIVING REMAINS DR COUNTRY WHERE BE SHIPPED	DE OF CALIFORNIA 11B. DATE BURIE 7/24/0 12B. DATE CREMA	110 120 11ED 120 120 11VED 130	Name and A SIGNATURE OF PER SIGNATURE OF PER ADDRESS AND SIGN	Address) ASON IN CHARSON IN CHARSON IN CHARSON IN CHARSON IN CHARSE	ARGE OF BI	JRIAL ACILITY



atnowl

MT. HOPE CEMETERY

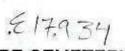
INTERMENT ORDER

City of San Diego

Date 7/33/03

of	Erne	X+ 2	nes			
ina 🛷	linen	Q	ineral, date, time	mo	n. July	28 11:30
Church, Chap	Type of Burtel Centainer			class	meno	Mortuary.
contents of the	rs must arrive belo	ra 3 5 0 n.m. ol	regular work de	or an e	extra charge	
POOR ALVESTINATION AND AND AND AND AND AND AND AND AND AN	and billed to unde					****
min oo appiioo						
Lot 45	Grave 7	Row	Section _	2	_ Division/Bl	00k 12
Grave space &	& Care Fund					985.00
Additional spa	ces and care fund		XIO			
Opening/Closi	ng & Setup		AID			413.00
Burlai Contain	er		·····•ን፡-ን፡-ንበከን	y		209.00
Handling Fees	·	JUI)		160.00
Flower vases	- Marker setting fe	MT. HC	PE CEMETA	ARY		-2
Recording and	filing fee	.CITY OF	SAN DIEGO), CA		50.00
Sales taxes	*****************	***************************************				16.20
	al and		1	Fotal Due		1833.20
DLC4545	38)4	Paid re	ceipt number	ud b	> Von	1833. W
DLCHS	show a	2	/	C	Balance due	D
		\sim				amed decedent
that I have the	r authority to mak right to make this account of said a	authorization a	and I agree to ho			
any nationly on	account of said at	AIRCHEAIRCH AN	a	00	\	
I hereby autho	rize the Interment	in lot I	Signature Signature		Jones	9
ERLE		MEN	4 20 m	lood.	wen h	VE # K
	I holder of deed		CONOIA	VISA	r Ca	9916
	0		619	184	2-072	6
Poulet	69102-34					
200	- 110	934	Invoice #_	_		
Work Order #			Acct. #			
REA-104 (7-96)		This informat	ion is available	in attern	ative formats	upon request.

G Printed on recycled paper



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

the burial sp	CONTRACTOR OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET	Topriate space(s	- T	
34			- total	
		YOREW 650	ins mice	
		x	Sung	Wande
	Proplan	S Washing	Nau	
	•			
4		Paulette LNOST XOY	145	A
Interment Da	مام	Time:	11:30	Amthop
Div: 12	Sect: X E	Blk/Row:	Lot: 45 C	Gr: _7
Grave Laid	out by: Norm	NAW FER	cuson	
Agrees with	Legal Card: 🛛	Yes 🗆 No	· Wagon	fere
Agrees with	Map: Ø Yes	□ No	2,1	U
Blind Check	& Verified By:	Said Maries	Date:	7-24-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY	2. DA	TE OF BIRTH 3	DATE OF DEATH	4. SEX
10.00	ERNEST	TAG - SUSCEED ASSESSMENT	ALLEM	JONES				771872003	×
5,6	CITY OF DEATH				F DEATH-OUTSIDE CALIF.	6. NAME, RELAT	IONSHIP FULL MAIL		
	LA MESA			SAN B	TREO	ERHEST	ALLEN JONE	ES JRSON	
74	SAN DIEGO	MEMORIAL MEMORIAL ERSITY AVE , CA 92104	A—FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE TD—1575	CHULA V	TANH AVE. TSTA, GA 9 OF APPLICANT (+ Perso	APT K 01910	
_	ACKNOWLEDGMENT OF A	I hereby a	chaowledge as adglicant that the pro- 376 of the Health and Safety Code, and			1	he Kan	1. 07	be/see
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU BIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	IED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE DIRECT OF DISPUSAL QUITSDE OF CA	PROVI- CODE CIFIED	FEE PAID 98. DATE PERM 07/28/		GNATURE OF LOCAL	l registrar isbui	NG PERMIT
AN		P.O. BOX	GISTRAR OF DISTRICT OF D IN CAUFORNIA 85222 D, CA 92186-52		9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI			A	
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS	1			FOR CORON	IER'S USE ONL	Y
-	B. CREMATION		AINS OTHER	F. DISINTERIMI	Mary and the Advances of the State of the St	, -	I. DISPOSITION PEI (Name and Addre		OCATED AT
	BURIAL	TA NAME AND A	OPRESS OF CALIFORNIA C	EMETERY	7-28-		hauls t	n in charge of e	BURNAL
BLE ITEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA C	REMATORY	12B. DATE CREM	ATED 12C. SIGN	ATURE OF PERSON	IN CHARGE OF C	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA F	ACILITY RECEIVING REM	AINS ISB. DATE RECE	EIVED 13C. SIGN	ATURE OF PERSON	N IN CHARGE OF F	ACILITY
COMPLETE AL	THANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE		E 148. DATE SHIP		ress and signate Lacing with the		CHARGE
ō	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE INTIFY FINAL PLACE AND CA				ATURE OF PERSON	ON OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE



Private

MT. HOPE CEMETERY

INTERMÊNT ORDER

City of San Diego

Date July 22, B

ina	F	uneral, date, tiri	·		
Type of Burlet Co Church, Chapel, Gravesid	C-10000000	1_	001-0		_ Mortuary.
All Funeral cars must arriv	ve before 3:30 p.m.	of regular work d	lay or an extr	a charge of \$	
will be applied and billed t	to undereigned		_		
Lot 1 87 Grave_	8_ HOW_	Section	<u>a</u>	Ovision/Block	12
Grave space & Care Fund				9	185
Additional spaces and car	re fund				
Opening/Closing & Setup.	PAID)			
Burial Container		·			
Handling Fees	NOV 1 0 200				
Flower vases – Marker se	tting fee		05		
- MOUN	IT HODE AT	race.	AC 40		
Recording and filling 166 ()	IIIOUPE GFA	AFTERNA	12 12 11		
Recording and fMQ S		CONTRACTOR OF THE PARTY OF THE	5939	4.4.	
and the latest term to be a second to the second term to the second te		K.	5939		46.00
and the latest term to be a second to the second term to the second te			.5939. Total Due U.S.a.		46.00
and the latest term to be a second to the second term to the second te		K.	usa	2	46.00 Ho- 30 139.50
Salas taxes	Paid n	ecelpt number_	USa Ba	lance due 🗐	46.00 46.00 139.00
Sales taxes	Paid n	ecelpt number_	USa Ba	lance due 🗐	HG-00 HG-00 39-00 ad decedent derepresent
Sales taxes	Paid n	eceipt number _ of remains as a and i some to h	USa Ba	lance due 🗐	46.00 He- 3 39.50 ad decedent ad represent rmless from
I hereby certify I am the and this is your authority that I have the right to mai any liability on account of	Paid not be the make disposition is this authorization a	eceipt number _ of remains as a and i some to h	USa Ba	a above name od. 1 certify an Cemetery ha	46.00 46.00 39.00 ad decedent d represent rmless from
I hereby certify I am the and this is your authority that I have the right to me	Paid not be the make disposition is this authorization a	eceipt number _ of remains as a and i some to h	Ba of the bove indicate old Mt. Hope	lance due J e above name od. 1 certify an Cemetery ha	d represent miless from
I hereby certify I am the and this is your authority that I have the right to make any liability on account of	Paid not be the make disposition is this authorization a	eceipt number _ of remains as a and i some to h	Ba of the bove indicate old Mt. Hope	a above name od. 1 certify an Cemetery ha	d represent miless from
I hereby certify I am the and this is your authority that I have the right to make any liability on account of	Paid not be the make disposition is this authorization a	eceipt number _ of remains as a and i some to h	Ba of the bove indicate old Mt. Hope	lance due J e above name od. 1 certify an Cemetery ha	d represent miless from
I hereby certify I am the and this is your authority that I have the right to make any liability on account of I hereby authorize the intehold under deed.	Paid no Supposition in the surface of the surface o	of remains as a sand I agree to hand interment.	Ba of the bove indicate old Mr. Hope (Yiw 151 H y Me	lance due J e above name od. 1 certify an Cemetery ha	d represent miless from
I hereby certify I am the and this is your authority that I have the right to make any liability on account of I hereby authorize the intehold under deed.	Paid not be the make disposition is this authorization a	eceipt number _ of remains as a and i some to h	Ba of the bove indicate old Mr. Hope (Yiw 151 H y Me	lance due J e above name od. 1 certify an Cemetery ha	d represent miless from

© Printed on respeled paper

OFFICIAL RECEIPT	CITY OF SAN DIE	EGO, CALIFORNIA	56759
WHITE CANARY PINK	CEMETERY MOUNT HOP	E CEMETERY	/2 22
From: Maria gr	Laces Address: 1095/ K	Hoteman au	e L·m. 919
in Paymen	of punud Grave 8 Row	Section	Division D
Invoice No. <u>E</u> 17935 Acct. No	NOT VALID FOR PURPOSES STATED US STAMPED PAID INTHE CACE.	CREDIT 87007 20% Sales Care 77184 80% Sales 77184 of Lots 77184	3(00)
BALANCE DUE 17-8	OCT 0 6 2003	Opening/ 100 Closing 77181 Burial 100 Containers 77180 Handling Fee 77180	
	Acct HOUNT HOPE CEMETE	Trust 77186 Sales Tax 60101	
AC-212 (Flev 10-02) This information is available in alternative formats	ISSUED BY CILL FILM	TOTAL PAID 5	31 00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, C.	ALIFORNIA	56639
WHITE CANABY PINK	CEMETERY MOUNT HOPE CE		,
From: Maria A Juan	Address: on lec	ate: Dept. L	,2003
in Party Dha a Payment of	Prenied Lottias	Dollars	
Lot 167 Grav	e Row	Section A	Division 12
Invoice No. E 17935 • Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184	31.00
W.O. BALANCE DUE TO TOS UD	PAID	Opening/ 100 Closing 77181 Burial 100 Containers 77182 100	
Pre-Need Lot ✓ At Need ☐ On Acct	MILITOI C CEMETANT	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 53033 Trust 77186	
Pre-need Trust Cash Check AC-212 (Nev. 10-02) This Information is available in all amative formats upon re-	ISSUED BY SAN DIEGO	Sales Tax 60101 78390 TOTAL PAID S	31.00



in Dant

Invoice No.

Acct. No.

W.O.

' Lot

TO CUSTOMER CEMETERY AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

6951

Date:

	Dollars (\$ 31.00	
ection	L.	Division Block	2
CREDIT	67007		1
20% Sales Care 80% Sales	77184	7	1. 00
of Lots	77184		1. 00
Opening/	100		100
Closing	77181		2388
Burial Containers	100 77182		0.1
Comminers	100		
Handling Fee	77185		
Recording &	100		7110
Misc. Fees	77183		
Pre-Need Trust	63033 77186		
Sales Tax	60101		1110
OGIOG IGA	78390		-
	CHEST	31	M
TOTAL PAID		01	. 100

BALANCE DUE \$ 646. UD Pre-Need Lot At Need On Acct Pre-need Trust Check Cash AC-212 (Rev. 10-02) This information is available in alternative formats upon request

15-17930

Preneed Row NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID **NOV 0 3 2003** MOUNT HOPE CEMETERY 102 3 ISSUED BY

Address:

Payment of

Grave

Prh 134096	6547 Cel	ia Vistadar) SD Ca 92	3116		E-17935	
				hie, "	credit "	balance =
	Opened Pre-need 10 Div 12 Sec 2 Lot 187	t w/ 25% down by Visa Gr 8	9	85.00	 	
					246.00	739.00
9-4-03	R-56639	Corporati			300	708.00
10-603	56759	.3			3100	unna
11-3-03	56845	3	10	to 209	3/00	64600
12-8 03	5698/	Nothippe	139	Lyth 8	96 3/00	6150
1.14 04	57047	" " " " " " " " " " " " " " " " " " "	+ +		3/00	59400
3-11 04	57313 57393	- 0	# ++		100000	55300
5-11 64	57536				31-	240 -
6-11 04	57649	u	1 11		31-	429 -
7-15 04	57800				31-	398
8-20 84	5792	n			31 -	347 -
9-22-04	58038	u			31-	336-
10-29-04	58174	NUCOUPON			31-	305
12-1-04	58275	<u>"</u> '			3/-	374-
12-27-04	68365		+++		31-	3.12-
4-01 05	58522	1/			3/	181-

Debit Credit Bulance 5-5-04 R 58815 NO Coupon Check# 1144 6-6-05 R-58909 11 CKECK# 1140 7-14-05 R-59363 " CKECK# 1197 10-19-05 marked Cent. Delinguent letter 11-10-05 R-59394 LANOT Payment MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

	-	-77	S
Date	1	-32	\sim

MI. HOPE C	EMCIENT		
1 INTERMEN	T ORDER		
City of Sa	n Diego		
T Deed City of Sa	De	· 7-	22-03
7	8060		
You are hereby authorized and instructed, subject t	to your rules and re	gulations, to in	er the remain:
. Margaret Ni			2774
in DACK pt (A) Funer	al, date, time Du	16 9410	29 10
Type of Burley Operations			Monugry
Church, Chapel, Graveside) - S.	2.110	HEICA
All Funeral cars must arrive before 3:30 p.m. of reg	fular work day or an	extra charge o	/ \$
will be applied and billed to undersigned			
	ž.		
Lot 35 Grave 2 Row			12 Jan
Grave space & Care Fund	= - 1575	54	0-
		Delin Spirit Control of the State of the Sta	
Additional spaces and care fund Opening/Closing & Setup	E-157	SU	
Burial Container	E-157	ςυ	
Handling Fees		**********	
Flower vases - Marker setting fee			
Recording and filing fee	=-1575	4	
Sales taxes	lt.		
	Total D		0
Peid ressis	t number		
rad receip	A FRANKA		ex
		Balance due	_~_
I hereby certify I am the and this is your authority to make disposition of re-	meins as above inc	of the above no	emed decader
that I have the right to make this authorization and in	agree to hold Mt. I	lope Cemetery	harmless from
sary manancy or account of said asserted said of an in		e atta	10
I hereby authorize the interment in lot I	Standon	ecura	
hold under deed.	X		
Signature of recorded holder of deed	×		
^	ONY		Zip Cod
bulotte	Telephone		
17936	Immico #		
F 17936	Invoice #	-	

E17936 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM	GRAV	/E BI	IND	CHE	CK	FOR	RN
------------------------	------	-------	-----	-----	----	-----	----

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

*	-		105 -15	h —	_
		Men	toms	11	
	AREN	х	pleason	Lovette	
			23(0) 32 3		

Blind Ched	ck Initiated	By: Par	Mette	<u>.</u> C.	Date: _	1-23
Interment :	space for:_	Mara	garet	Nix		271
Interment	Date: De	liver	4_7	ime: 7/3	28 × H	0:30
Div: 12	Sect: 1		/Row: —	Lot:	35	er: 2 15
Grave Laid	d out by: N	1 FEI	REMON	De	livery	only.
Agrees wit	th Legal Ca	ard: 🙉	es [J No		
Agrees wit	th Map:	Yes		10 Fl	ag or	2 grav
Blind Ched	ck & Verifi	ed By	mai	-	DAte:	Thorsa

817936e

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

34

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

NAME OF DECEDE MARGARET	ENT—FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MALY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
NATIONAL C	111		58 COUNTY C	F DEATH—OUTSIDE CALIF.	CELES	ONYTA. BROW	AILING ADDRESS AND T	
2441 UNIVE SAN DIEGO,	CA 92104	APPERAL DIRECTOR OR PERSON		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	SAN 1	TURE OF APPLICATION		TE SYGNED
ACKNOWLEDGMENT OF A	Section 10:	canowledge as applicant that the proposed dis 376 of the Health and Sofety Code, and was auth	horized pursuant to Section		1	exp pau	-7. 01/2	42005
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	RED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DISBUT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$13.00	98, DATE PERM 07/28/20 J. LEMOI	203		CAL REGISTRAR ISSUI	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	GISTRAR OF DISTRICT OF DEAT B 10 CAUSDRNIA B 2222 CA 92186-5222	TH	9E, ADDRESS OF REGISTRA IF DISPOSITION IS TO DO			RNA	
IO. AUTHORIZED DISP			P. SHIRL T	ner Lander of the control	- 0	FOR COR	ONER'S USE ONL	Y Y
B. CREMATION		UNS OTHER	F. DISINTERM G. SHIP IN TO	SE Northerner		I. DISPOSITION (Name and A	PENDING-REMAINS (ddress)	OCATED A
BURIAL	3751 MAI	ORES OF CALEDRAIA CEMETI 0, CA 92102	ERY	7- 29- 0	i	SIGNATURE OF PER	SON IN CHARGE OF E	SURIA
CREMATION	12A. NAME AND AD	odress of California Crema	TORY	128. DATE CREMA	ATED 12C.	SIGNATURE OF PERS	SON IN CHARGE OF C	EMATION
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILIT	Y RECEIVING REM	AINS 138. DATE REGE	EIVED 13C.	SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		E 14B. DATE SHIPS	The state of the s	ADDRESS AND SIGN OF PLACING WITH T	ATURE OF PERSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or c ntify final place and ca <u>disti</u>				SIGNATURE OF PERS CHARGE OF DISPOS	ITION OF CRE	E NUMBER MATED RE- DISPOSEE PLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Deed 1/29 E46 ed, subject to your rules and regulations, to inter the remains Margaret At Funeral cars must arrive before 3:30 p m, of regular work day or an extra will be applied and billed to undersigned. Olvision/Ble Grave apace & Care Fund . Additional spaces and care fund ... Opening/Closing & Setup Burlet Container..... Handling Fees ... Flower vases -- Marker setting fee Recording and filing tee E 15754 Total Due Paid records number and this to your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mr. Hope Company harmless from any liability on account of said authorization and internent.) I hereby authorize the interment in lot I hold under deed 17936 This information is available in alternative formats upon request. MEA-104 (7-86)

ASHES TO BE PLACED IN PER PLACED TER AT NEED

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

7-23-03

You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
of James W. Coldick &	9300
in a US in a Val A Dh. Vault Funeral, date, time July 3/5; Onunt Tope of Build Container Church, Chapel Graveside Tamily	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	s
will be applied and billed to undersigned.	
Lot A Grave 2 Row Section 7 Division/Black Grave space & Care Fund 3 - 3329	6
Additional spaces and care fund 14/22 x 10h x 10 7x	-0-
Opening/Closing & Setup	116.00
Buriel Container NO VAULT (BRINGING OWN)	-0-
Handing Fees	66.00
Flower vases - Marker setting fee	
Recording and filing fee JUL 2.9. 2003	50.00
Sales taxes MT: MOPE CEMETAR: CITY OF SAN DIEGOtal Due	236.73
Belance due	0
and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery any liability on account of said authorization and interment. I HERRUL TAKE SATA I hereby authorize the interment in lot I hold under deed.	harmless from
Paul et le 17937 Invoice #	1-95835 2000a
Work Order # E Acct. #	
REA-104 (7-96) This information is available in alternative formats	upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MA	IKE NO EHASURES, W	HITEOUTS ON OTH	IEH ALI EHATIONS	Decree of the second se
1A	NAME OF DECEDE	NTFIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY) Colerick	7	MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR F
54	ODA 1 CITY OF DEATH LAFO1	lette		5B. COUNTY OF DEATH	H — DUTSIDE CALIF. 6.	NAME RELATIONSHIP FULL MA	AILING ADDRESS AND ZIP CODE
7A	Wight	ingale - Gi	a-funeral director or person ilmore Funeral Cha ivd Sacto CA 95815	pel -IF AI	PPLICABLE	184 Red Cedar Rd LaFollette TN 37	
	ACKNOWLEDGEMENT OF A	PPLICANT I heroby solor of the Health	owledge as applicant that the proposed disposition s and Safety Code, and was authorized pursuent to Se	laied herein is one of the dispositions as action 7100 of the Health and Salety Cod	thorized by Section 103055	14180	07/24/2003
	- Crimin	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAPETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 13.00	07/24/200 B. Sharer	03	REGISTRAR ISSUING PERMIT
A	TOTAL CONTROL OF THE PARTY OF T	9D. ADDRESS OF RE IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA	1F DIS		DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA San DiegopCA 92	186-5222
	A. BURBAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS C	OTHER [E. TEMPORARY ENVAULTE F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C	V	i. DISPOSITION PEND (Name and Address)	DING — REMAINS LOCATED AT
	BURIAL	Mt Hope C	oress of California Cemeter Cemeter by Let St San Diego C		7-31-03	11C. SIGNATURE OF PERSO	ON IN CHARGE OF BURIAL
ALE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMAT	ОЯУ	12B, DATE CREMATE	ED 12C. SIGNATURE OF PERSO	ONN CHARGE OF CREMA
AL APPLICAB	SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNAT OF PLACING WITH THE	TURE OF PERSON IN CHARGE E CARRIER
	SCATTERING/BURGAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSO CHARGE OF DISPOSIT	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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1	U		

REA-104 (7-98)

1340 85 134083 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ecama Mrcinia c Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup..... Handling Fees Flower vases - Marker setting te Recording and filing fee . MT. HOPE CEMETARY CITY OF SAN DIEGO CO Paid receipt number Balance du I hereby certify I am the of the above named decedent and this is your suthority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. ed holder of deed 17938 Invoice # Acct. # This information is available in alternative formats upon request.

© Printed on respeled paper





MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: <u>July 11, 2003</u>	ĭ			
I/We MARY K	Aleyuki) 		
DO HEREBY REMISE, RE	LEASE, AND Q	UITCLAIM TH	E INTERMENT	RIGHTS
TO ARTHUNG G	SIHW S	SegAWA		
Street Address: 2544	120		Apt / Unit #:	
City: San Diego & LCA	LIDE ST: CA		ode: 921	
Telephone #: (619) 44 C	107/10			
all the cemetery property int of San Diego, County of San Division:		California, descr on: <u>" N/A "</u>	ibed as follows:	n said City
Lot(s): 46/8		Grave(s):	_/	
TO HAVE AND HOLD TH interment rights owners, its s WITNESS my/our hand this	successors and as			ve said
EXECUTED IN THE PRES THE FOLLOWING WITNE		a/l	A .	v
WITNESS		_ In ac	Dyner / Deprehensive Signar	eg cele
WITNESS		- N 1600	Owner / Reprehensive Signar	DEC.
Paulette Crawfor)	1 .17	1 2



AT DEE CHOIS INTERMENT ORDER

EOLYGIT

to 20	Date
ou are hereby suthorized and instructed, sut	bject to your rules and regulations, to inter the remain
- Kichard U	U. Bleber
na 15, UAUCI F	Funeral, date, time MONDay July
Church, Chape, Graveside	: Overnward Mortum
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	_
Lot 1533 Grave Row	Section Division/Stock 8
Grave space & Care Fund	<u>1181 </u>
Additional spaces and care fund	
Opening/Closing & Setup	4130
Burial Container	PAID 2750
Handling Fees	204.0
Flower vases - Marker setting fee	JUL 2 4 2003
Recording and filling fee	CHOPE CEMETARY 504
Sales taxes	Y OF SAN DIEGO, CA 21.
	Total Due
Paid r	receipt number R - 565 67 963.
36.0000 - 60.0000	Balance due
I hereby certify I am the X Wife	of the above named decede
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represe
any liability on account of said authorization a	x (1) , 0 ,
I hereby authorize the interment in lot I hold under deed.	Egonald Laine & sel
Control Control	13004 Suncrest Dr
Signature of recorded holder of deed	San Diego, CA 9212
- 1 sper	(019) 287 - 1024 Telephone
W 17939	Invoice #
Work Order # E	Acct. #
MANAGEMENT OF STREET	(944)055

REA-104 (7-96)

This information is available in alternative formats upon request.

17939

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.

			-			-
Number 1	63X	15.00 ×	14751 X			
	5-7		<u> </u>			
lind Chec	k Initiat	ted By: _ or:R nlast(Mullede icharc 13 T	- C	Date:	ber
iv: <u> 8</u>	Sect:	<u> </u>	BIK/Row:	Lot:]	<u>523</u> (
			Yes [1	1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17939)

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	Acte: Morrentell	1C. LAST (FAMI	LY)	CONTRACTOR ACCORDANCE	SALUMATE AS		TE OF DEATH	4. SEX
RICHARD		W.	1	BIEB	ER			05/31/1925 07	23/2003	M
SA. CITY OF DEATH				58. COUNTY OF		OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING	ADDRESS AND 2	
SAN DIEG	30			ENTER STAT		DIEGO	ELA	ORMANT INE BIEBER - WI	PE	
	ORTUARY - 1	MA-FUNERAL DIRECTOR L-805 & IMPE SAN DIEGO, C	RIAL AV		—IF A	LICENSE MUMBER PPLICABLE 843	3004 SAN	SUNCREST DRIVI DIEGO, CA 9211 MORE OF APPLICANT—Person tak	E 6	TE SIGNED
ACKNOWLEDGMENT OF A	thereby :	acknowledge as applicant that the	he proposed dispositi				>///	- 1/	07/	
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSI BIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.		NTH PROVI- FETY CODE N SPECIFIED		FEE PAID		ZZARO	9C. SIGNATURE OF LOCAL R	CONTRACTOR OF STREET	THE RESERVE AND ADDRESS.
Management and the part of the	90. ADDRESS OF R IF DEATH OCCURR P.O. BOX 8	EGISTRAR OF DISTRIC	T OF DEATH	- 19	Section Section 2015	THE RESERVE TO SERVE THE PARTY OF THE PARTY		BCT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		_
10. AUTHORIZED DISP		AND DESCRIPTION OF THE PARTY OF						FOR CORONER	'S USE ONL	y -
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	11A. NAME AND A	DDRESS OF CALIFORN	III CEMETERY	CONTRACTOR CONTRACTOR	OUTSIDE	IIA : OF CALIFORNIA 11B. DATE BURIE	-	(Name and Address SIGNATURE OF PERSON IN	50	BURIAL
	3751 MARK	ET STREET, S	SAN DIEG	O, CA 92	102 ;	7-280	231	Kur /	lmm	, , ,
CREMATION	12A, NAME AND A	DDRESS OF CALIFORN	NIA CREMATOR	я¥	-	128, DATE CREMA	TED 120	SIGNATURE OF PERSON IN	CHABBE OF CE	REMATION
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORN	NIA FACILITY F	RECEIVING REMA	INS	13B. DATE RECE	IVED 130	. SIGNATURE OF PERSON I	CHARGE OF F	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				148, DATE SHIPE	PED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SCATTERING AT SEA OR 16A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION					15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	d
AT	

REA-104 (7-86)

AT	Date /- Q + D J
	ucted, subject to your rules and regulations, to inter the remains
ina T. S. Vault	Funeral, date, time TULS July 29 1:30
Church Chapel, Graveside	: Clair mont Mortuary.
All Funeral cars must arrive before 5	3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	ned
	Row Section A Division/Bleck MAS
Grave space & Care Fund	C-1647 0
Additional spaces and care fund	
Opening/Closing & Setup	413,00
	275.00
Handling Fees	PAID
Flower vases - Marker setting fee	PAID
Recording and filing fee	30.00
- MT	T. HOPE CEMETARY Total Due
2.1	Balance due
I hereby certify I am the <u>X</u> HC and this is your authority to make d that I here the right to make this authority is authority on account of said authority of the I hereby authorize the interment in I hold under deed.	isposition of remains as above indicated. I certify and represent horization and i agree to floid Mt. Hope Cemetery harmless from prization and interment.
Signature of recorded holder of deed	- DIEGOCA. 72119
Paulette 170	1619-176-1190
Work Order # E 179	4 U Invoice #
	is information is available in alternative formats upon request.

Printed on regular paper

217940

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.

		al v		
1		-x-x		
	X			Johnson
	PAPISA			
	#I	- K. 10 17		
Interment sp Interment Da Div: MAS	Initiated By: Rawle ace for: Marle te: 07/29/23 Sect: A BIK/Rov ut by: Norman	Time: _/ v: Lot:	30 Of	- 4
Agrees with	Legal Card: ☐ Yes	□ No	(ag or	me
Agrees with Blind Check	Map: ☐ Yes & Verified By:			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAM	€Y)		DATE OF BIRTH	3. DATE OF DEATH	4. SEX
MARLENA	MARLENA F. PARISA					8/10/1935	MONTH, DAY, YEAR 07/23/2003	F
SA. CITY OF DEATH	SAN DIE	GO .	58, COUNTY OF ENTER STA	DEATH—OUTSIDE CALIF. TE SAN DIEGO	6. NAME, RE OF INFOR	LATIONSHIP, FULL MA MANT	A - HUSBAND	
7A. TYPED NAME AND AC	PROBLEMARY	- 4266 VAT.	FORTH PROPERTY OF THE PROPERTY OF	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	3014	LLOYD STREET	ET	ř
		SAN DIEGO,	CA 92117	FD 1126			rson taking permit, 88. DA	TE SIGNED
ACKNOWLEDGMENT OF AP		schnowledge as applicant that the pre 1376 of the Health and Safety Code, an		7100 of the Health and Safety Code.	200		1100 107/2	THE RESERVE AND ADDRESS OF
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY FOR THE DISPOSITION SP ID MIGHT OF DESPESSAL DIFFISION OF CO	FCIFIED \$13.0	O U7/29/2		SIGNATURE OF LOC 112492	AL REGISTRAR ISSUE	NG PERMIT
-	P.O. BOX	EGISTRAR OF DISTRICT OF 85222 D, CA 92186 52	1	PE. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC			NIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORC	NER'S USE ONL	Y
B. CREMATION	11A. NAME AND A	DDRESS OF CALIFORNIA (F. DISINTERME G. SHIP IN TO H. TRANSIT TO	Hall and the same of the same	39	UName end Ad	PENDING REMAINS L dreas)	03814113496
BURIAL		PE CEMETERY — SAN DIEGO, CA		7-29 0	3	um f	lme	, •
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA (CREMATORY	128. DATE CREM	ATED 12C. S	IGNATURE OF PERSO	ON M CHARGE OF CE	REMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA I	FACILITY RECEIVING REMA	UNS 138. DATE REC	EIVED 13C. S	IGNATURE OF PERS	ON IN CHARGE OF F	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIP	PED 14C. A	ddress and signa F Placing with th	TURE OF PERSON IN IE CARRIER	CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO ID	REST POINT ON SHORELINE ENTIFY FINAL PLACE AND C	OR OTHER DESCRIPTION A DISTRICT OF DISPOSITION	SUF- 15B. DATE OF DISPOSITIO		IGNATURE OF PERS HARGE OF DISPOSE	TION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

present trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 28,03

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Frank	toly!
In a TS Vault	_ Funeral, date, time
Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 88 Grave 12 Row	Section 2 Division/Block 7
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	-15-
Opening/Closing & Setup	
Burlal Container	1D 205
Handling Fees	204
Flower vases - Marker setting ten 12?	8 2007
Recording and filing fee	CEMETARY 24.3
CITY OF SA	N'DIEGO, Cr
Pa	Total Due
V C.L	Balance due
I hereby certify I am the and this is your authority to make dispell that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	Bighhar 13450 itny 8 BUS Sp 36
Signeture of recorded holder of deed	X 619 1 561 8589 2010-520
17941	Invoice #
Work Order # E	Acct. #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date	7/25	/2003	-
_			

228008

	-	1900-	COS COST						
You are hereby author						property of			
ofTransfer	to Sa	muel P	arisa	from	Mary	E1:	iza	Paris	a-Young
in a Type of Bu			Funera	d, date, t	ime				
Church, Chapel, Grav	riel Container		11125	Ø 35	-		-33	7	64500
(4)									
All Funeral cars must	arrive bet	ore 3:30 p.	.m. of reg	ular work	day or	an ex	tra ch	arge of \$	
will be applied and bil	led to und	lersigned.						_	
Lot 32 Grav	9 1-6	Row_		Section	_ A_	2 2	Divis	ion/Block	Masonic
Grave space & Care	Fund								-
Additional spaces and	d care fun	d							SERVE
Opening/Closing & S	etup								-
Burial Container									
Handling Fees									78
Flower vases - Marke	er setting t	fee							
Recording and filing t	80								
Sales taxes									G EC
					Total	Due			186)
		Pa	ald receip	number		-		-0.5	
		2.5				В	aland	e due _	
I harabu sartifu I am t	ha	self				~4.	ha ah	wa nam	مدا دامممدامه
I hereby certify I am t and this is your autho that I have the right to any liability on accoun	nt of said	ike disposi s authoriza authorizati	tion of re tion and i on and int	nains as agree to erment.	hold M	ndica t Hop	e Ce	certify ar metery ha	nd represent armiess from
Samuel G. Pa		SPECIAL SELECTION OF THE SPECIAL SERVICE SERVI		P	XM			a	
I hereby authorize the hold under deed.	intermen	it in lot I	_	danglire.	10		-		100.5
note disease decodi.				B014	Lloy	d Si	tre	≥t	167.5
Signeture of recorded holder of	rhead			San L)iego	, C	A 5	2117	
				City	12521	237			Zip Code
				(619)	276	-110	90		100000
	17	942		Invoice 4					
Work Order # E	3039/MA	2 7 2							
REA-104 (7-96)		This info	rmation i						oon request.



REA-104 (7-98)

MT. HOPE CEMETERY INTERMENT ORDER



7/25/2003

City of San Diego

in a	of	Transfer	to	Samuel	Parisa	from	Mary	Eliz	a Parisa	-Young
Church, Chapel, Graveside	Y1793				11500	U- m-1				たいれたはなるない
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 206		Type of	Burlei C	cetainer .		\$10 March 19				Maduani
will be applied and billed to undersigned. Lot 206 Grave 15 Row Section A Division/Block Mason Grave space & Care Fund										
Grave space & Care Fund	All F	uneral cars mu	et arri	ve before 3	:30 p.m. of re	egular wo	ork day	or an ext	ira charge of \$	
Grave space & Care Fund	will !	be applied and I	billed	to undersign	ned	-	-			-
Additional spaces and care fund Copening/Closing & Setup. Burial Container. Handling Fees Flecording and filing fee Sales taxtes. Total Due. Paid receipt number Balance due I hereby certify I am the self of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold life, indicated. I certify and represent that I have the right to make althorization and interment. Samuel G. Parisa I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed 17943 Invoice #	Lot.	206 Gra	1ve_	15 F	low	Sect	lon	Α	Division/Block	Masoni
Opening/Closing & Setup	Grav	ve space & Can	e Fun	d						-
Handling Fees	Add	Itional spaces a	nd ca	re fund						
Handling Fees	Ope	ning/Closing &	Setup)						-
Handling Fees	Buri	al Container								- L
Paid receipt number Paid receipt number Balance due I hereby certify I am the										
Paid receipt number Paid receipt number Balance due I hereby certify I am the	E 74	ver vases – Mar	ker s	etting fee						9 1 0
Paid receipt number Paid receipt number Balance due				and the second		1200 March 2005 10				40
Paid receipt number Balance due I hereby certify I am the self of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and represented I have the right to make this authorization and I agree to hold this indicated. I certify and represented I have the right to make this authorization and interment. Samuel G. Parisa I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Total Due	Sale	sa taxaa								5 -1 8
I hereby certify I am theself							Tot	tal Due		-
I hereby certify I am theself					Paid rece	lot numb	er		1250	-
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Signature of recorded holder of deed Telephone 17943 Invoice #						A.		В	alance due _	-
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed Signature of recorded holder of deed Telephone 17943 Invoice #	1 ha	rehv costify I am	the.	ge1	f			of th	na ohova nem	orl classical had
Signature of recorded holder of deed Signature of recorded holder of		Jamuel G.	rai	Tag		emains and lagree		e indicat	e Gemetery ha	nd represent umless from
17943 Invoice #	hold	reby authorize t l under deed.	he int	erment in lo	ti ,					
17943 Invoice #	Signa	has of recorded holder	of check	-	-	Sar	n Die	go, C	A 92117	Zie Code
Work Order # E 17943 Invoice #						Telephon	9) 2	76-11	90	
Work Order # E Acct. #		_		1794	3	Invoic	e#			
	Wor	k Order # E		enaw we-so t	200 B	Acct.				95

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This information is available in alternative formats upon request.

E17943

THE CITY OF SAN DIEGO

December 7, 1964

PARK AND RECREATION
DEPARTMENT
ADMINISTRATION BUILDING
BALBOA PARK

232-8941

MT. HOPE CEMETERY

Mrs. A. B. Young P.O. Box #43 Carlsbad, California

Este grund Py

Dear Mrs. Young:

Ater considerable investigation it is our belief that the lots you are interested in near your family plot may now be sold.

The current price is \$145.00 per grave. Should you still wish to purchase any of them please notify us.

Sincerely,

Raymond W. Dehne Cemetery Manager

cc: file

Sam Parisa ophone: 619-276-9578 all: 619-871-9518

E17943

623 South Nevada Street, Oceanside, California.

December 26 1964

Mr. Samuel George Farisa 5102 Providence Road San Diego, California. Tel: 273-0979

Dear Sammy George:

After trying since 1920, I finally have possession of half of the lots at the foot of Grandfather and Grandmother Parisa's graves located in Lount Hope Cemetery in San Diego.

The Lount Hope office has come to the conclusion that the lower tier of the twelve graves were bought in 1881. The chances are this lower tier of graves will never be used. So we were given possession of the six upper graves. Which is good.

I advised the cemetery these graves were to be used for the heirs of the "Parisa" family, but I was buying them for the special use of you and your Parisa family. They gave me the enclosed card for you to come to the cemetery during work hours, and place your signature on the record.

The first grave begins at the foot of Francis Ferkins grave. Which was Aunt Emma's grave. This friend dies with no grave so his remains were placed here. They go to the right for six graves. These lots are large and roomy and one grave is not immediately Touching the other as most cemeteries of today.

At the beginning of World War II all paths and space of any kind were used for graves. A path run around the knoll of the hill and touched grandfather and grandmother graves in the rear. I bought this grave which can be used for two buriels. A body and one ash. Or two ashes.

Also another path run around the top knoll of the hill which passed by the six graves where Andrew is buried. These graves are short so I had to buy two to make the seventh grave an even length with the six we already had. This little square addition that extends to the east of the graves can be used for ashes or I expect an infant grave. Any way it is a little extra spot.

I think we have enough graves in it hope Cemetery for the family. All told six in your plot. Deven in the plot where Andrew is. With the little extension to the east. And the grave tack of the grandparents marker. As luck would have it, that grave just covered the two graves of the grandparents. Takes fourteen graves in all. With the little square protucing to the east.

rile this letter for future use. ..ith Love.

oung.

wary E. Farisa Young.

817943

The following cemetery lots are to be used by the heirs of Eliza and Moses Parisa in order of their passing. I hereby release the Mount Hope Cemetery from any and all liabilities resulting from this authorization.

Witness: 120. She

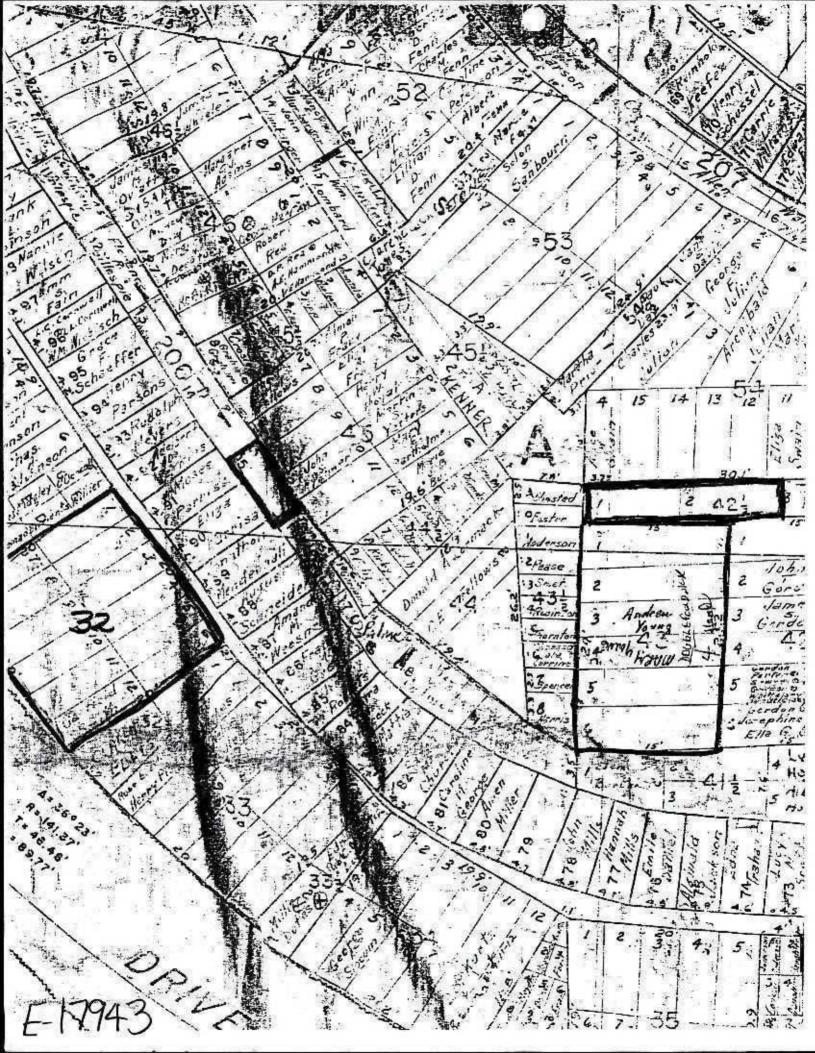
Mary Eliza Parisa Young Present lot-owner of all property concerned

Lot 422 Grave 1 & 2 Section Masonic Division A

- Lot 43 Graves 1 thru 6 Section Masonic Division A
- Lot 206 Grave 15 Section Masanic Division A
- Lot 32 Graves 1 thru 6 Section Masonic Division A

Lot 90 Section Masonic Division A

Lot 91 Section Masonic Division A



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

7-25-2003 Date

You are hereby authorized and inst				
of Transfer to Samuel				
In aType of Build Container	Funer	al, date, time		
Church, Chapel, Graveside		;		Mortuary.
All Funeral cars must arrive before	3:30 p.m. of reg	ular work day or	an extra charge o	\$
will be applied and billed to undersi	gned			
Lot 43 Grave 1-6	Row	_ SectionA	Division/Bio	ck Masonic
Grave space & Care Fund				98
Additional spaces and care fund				952
Opening/Closing & Setup				
Burial Container	************************		************************	
Handling Fees				(4)
Flower veses - Marker setting fee .				
Recording and filling fee				_
Sales taxes				dE40
			Due	200
	Paid receip		1920000000000000	
			Balance due	
	Self		954000000000000000000000000000000000000	TOROGRAFIA DA NUCASA DE P
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said auth Samuel G. Parisa I hereby authorize the interment in	orization and in	mains as above in agree to hold Mitterment.	OST	and represent harmless from
hold under deed.		3014 H	oyd Street	
Signature of recorded holder of deed		City	go, CA 92 76-1190	Zip Code
_ 179	44	Invoice #		
Work Order # E	100 E 100 E	Acct. #		_
REA-104 (7-96) T/	nis information i	ls available in all	ernative formats	upon request.

O Printed on respeled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/25/2003

in a F	uneral, date, time	
Type of Build Container Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive before 3:30 p.m. o	6 A 700	5,000,000,00
will be applied and billed to undersigned.	57D 15	
Lot 42-1/2Grave 1 & 2 Row	Section A	Division/Block Masoni
Grave space & Care Fund		<u> </u>
Additional spaces and care fund		=
Opening/Closing & Setup		
Burial Container		
Handling Fees		D=
Flower vases - Marker setting fee	***************************	
Recording and filing fee		
Sales taxes		
	Total Du	ie
Paid n	ecelpt number	
	٨	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	and I agree to hold Mt. I	of the above named decedent licated. I certify and represent lope Cemetery Harmiess from
Samuel G. Parisa I hereby authorize the interment in lot I	Camul	Stening
hold under deed.	3014 Lloyd	Street
	San Diego,	CA 92117
Signature of recorded holder of deed	(619) 276- Telephone	Zip Codi 1190
17945	Invoice #	
Work Order & E	Acct. #	

Dis

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 2803

	to your rules and regulations, to inter the remains
ine #2 AS voult fine	rel, date, time wed \$30 9:30
Type of Berlai Container Church, Chapel, Graveside	comad Mortuary.
All Funeral cars must arrive before 3:30 p.m. of re	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 213Co Grave Row	Section 3 Division/Block \$
Grave space & Cere Fund	
Additional spaces and care fund	770.
Opening/Closing & Setup	
Burial Container	AID
Handling Fees	
Flower vases - Marker setting fee	2 8 2003
Recording and filing fee	PE-OEMETARY
Sales taxes CITY OF	
Paid recei	Total Due
I hereby certify I am the X Feneral Dic	Balance due
and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and in	emains as above indicated. I certify and represent it agree to hold Mt. Hope Cemetery harmless from interment
I hereby authorize the interment in lot I hold under deed.	Convert Mortray
Signature of recorded holder of deed	\$ 619-460-4601
	J 619-41-0-41-01
Van	Telephone
Jan _ 17946	Tegotone Invoice #

E17976 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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		x	wrangell		
		4	_		
Blind Check In Interment space	e for: Dun	الفتا		Date: _ SU	1/08/
Div: 8	A				r:\
Grave Laid out	by: NORMO	N F	CRGUSO	<u>U</u>	
Agrees with Le	/	′es l	Ę.	ag M	wa-
Blind Check &		51856 B	200 OI	∠ Date:	7-30-05

E17946

LETTER OF APPROVAL FOR DISINTERMENT OF DINIELLE R SEGUIN

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of DINIELLE R SEGUIN 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 DINIELLE R SEGUIN 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.

Section 3

Division 8

The burial site for Dinielle R Seguin is identified as:

Grave 1

Lot 2136

mother
RELATION TO DECEASED
SUBSCRIBED AND SWORN TO BEFORE ME
THIS DAY OF July 20 03
NOTARY PUBLIC

SWIEDBOADATEDIBLIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

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STATE OF CALIFORNIA COUNTY OF RIVERSIDE

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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. Local Registrar RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

OF PUBLICATION OF PUBLICATION OF PUBLICATION OF RIVER

Prima

MT. HOPE CEMETERY INTERMENT ORDER

IMIEMMENI ONDE

City of San Diego

Date July 28 03

0	0 1
You are hereby authorized and instruc	cted, subject to your rules and regulations, to inter the remains
or Tsung-Kuar	19 Chiut Mine Vu Jin
ne Liner >	Funeral, date, time
Type of Buriel Container	TOTAL N. M. A. S. C.
Church, Chapel, Graveside	;Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed
idl mil	2, 11
Lot 141 Grave 10411 R	ow Section Division/Block/_
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
Opening/Closing & Setup	413×2 926-
Burlal Container	200-12 UIS-
Handling Fees	1/4/ >
28 ID-1000000 - CARONE MINERAL MARIE DE 1000 1000 1000 1000 1000 1000 1000	
Flower vases - Marker setting fee H	
Recording and filing fee	
Sales taxesCITY O	OPE CEMETARY /4.2 x 2 32.40
2001	Total Due
	Paid receipt number 6 56315 1696, 40
	Balance due
I hereby certify I am the	Self of the above named decedent
and this is your authority to make dis	position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	prization and interment.
	K Freghang De
I hereby authorize the interment in lot hold under dead.	(2) Charter
	person 7761 bolden St. Apt. 73
Signature of recorded holder of deed	- San Diago, CA gall
	(858)694-0314
	Telephone
_ 1794	7 Invoice #
Work Order # E	Acct. #
REA-104 (7-96) This	information is available in alternative formats upon request.

Q Proposed on recycled paper

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Des 28, 03

	marton
in a liner Furteral, date, time CABerrial	Wed 7
Church, Chape Graveside ; // CO ; // CO All Funeral care must arrive before \$3.50 p.m. of regular work day or an extra charge of will be applied and billed to undersigned.	-Cox (4)
Lot 54 Grave Pow Section Division/Blo	985
Additional spaces and care fund	
Opening/Closing & Setup	413-
	209-
un 0 0 2003	160-
Flower vases - Marker setting fee	-
Recording and filing fee CITY OF SAN DIEGO, CA	50 -
Sales taxes	16.20
de la funcia 2 nous	833.2C
()	833.20
Balance due	0
I hereby certify I am the	and represent
I hereby authorize the interment in lot I hold under deed.	α
Faw Telephone	Zip Cods
17948 invoice#	
Work Order # L Acct. #	

£17948

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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Hays		PertoA			
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Agrees with L	egal Card: [J Yes □	l No	lace	m
Agrees with M	lap: 🛘 Yes	~ = N	0	42	grauld
Blind Check	& Verified By	DARKEY		Date:	229-00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

. 1	ath or seu medo	Date S	28,0
			7 .
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Type of Build Contener Thursh, Chapel, Greveoide		11:00	Mortuer
li Funerei cera must arrive before 200 g	rn, of regular work da	w or an extra chares	2019/13/22
ತ್ತಾರ್. Mi be applied and billed to undersigned.	3		S. samils
ot 54 Grave & Row	Section	Division/s	Block /2
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dditional spaces and care fund			
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neraby centify I am that MORTO	mbala (
neraby centify I am the WOLTO Ind this is your survivority to make disposi- at I have the right to make this authorizati by liability on account of said authorizati	tion of remains as abo don and I zorse to hol	we indicated. I cent is Mt. Hope Cemete	fy and represe ry hismless tro
ereby eathorize the interment in lot (ander deed.	K 5880	O EL CASON	
PRINCES OF PROOFERS ASSESS OF SMALL	Talapanene	734-327	92//C
_ 17948	invoice #		
F	SECONDARIO		

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) ! 18. MIDDLE	1C. LAST (FAMILY)	******	2. DATE OF B	IRTH 3. DATE OF DEATH 4. SEX
	MARJORIE	EILEEN	ETTINGER		12726719	950 407/26/2003
5/	CITY OF DEATH		58. COUNTY OF DEATH		6. NAME, RELATIONSHIP,	FULL MAILING ADDRESS AND ZIP CODE
	SSAN DIEGO		DSAN DIEGO	16	GLORIA MCNET	TT-FRIEND .
7,8	CANIFORNIA	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON CREMATION & BURIAL CHAPEL ! LVD. SAN DIEGO CA 92115	5880	F. LICENSE NUMBER APPLICABLE	The second secon	PL. CA 92114 CANT—Person Laking permit, 88. DATE SHGNED
	ACKNOWLEDGMENT OF A	PUCANT I hereby acknowledge as applicant that the proposed dis Section 10376 of the Health and Safety Cade, and was auth			» /C /C	07/29/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTE: THIS PERMIT OF DISPOSAL DUTSING OF CALIFORNIA.			003	OF LOCAL REGISTRAR ISSUING PERMIT
1	ON REQUIRES A NEW BEAUT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222			OF DISTRICT OF DISPOSI OUR IN ANOTHER DISTRICT IN	
10		DSITION(S) CHECK APPLICABLE ITEMS	95) FOR	CORONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		F DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI			and Address)
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MT HOPE CEMETERY 3751 MARKI SAN DIEGO CA 92102		7-30 05	ED TIC. SIGNATURE O	F PERSON IN CHARGE OF BURIAL
BILE LIEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	FORY	128. DATE CREMA	TED 120. SIGNATURE O	F PERSON IN CHARGE OF CREMATION
APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECE	IVED 19C, SIGNATURE C	OF PERSON IN CHARGE OF FACILITY
OMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		D SIGNATURE OF PERSON IN CHARGE WITH THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C, SIGNATURE C CHARGE OF	

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

MT. HOPE CEMETERY

INTERMENT ORDER

		~ 7
Date	7-28	~

	90.	
5 <u>~</u> 2	MT. HOPE CEMETERY	
_	INTERMENT ORD	ER
AT NEED	City of San Diego	Date_ 7-28-03
	a Betterson U	and regulations, to inter the remains White 134098
ina TS. Vaw	Funeral, date, time	Tues July 29th
Church Chapel Graveside		Sypress View Mortuary.
All Funeral cars must arrive	before 330 p.m. of regular work da	ny or an extra charge of \$
will be applied and billed to	2 1c	
Lot 34 Grave	Row Section_	A Division/Block MAS
Grave space & Care Fund .		175500
Additional spaces and care	fund PAID	
Opening/Closing & Setup	uu 0 0 2005	413.00
Burial Container	JUL 28 2003	275.00
Handling Fees	MT HOPE CEMETA	ARY 204.00
Flower vases - Marker setti	ing fee CITY OF SAN DIEGO), C⊬
Recording and filing fee		50.00
Sales taxes		2/.3/
	Paid receipt number _	otal Due
that I have the right to make		of the above named decedent ove indicated. I certify and represent ild Mt. Hope Cemetery harmless from
I hereby authorize the interr hold under deed.	ment in lot I Significan	as Maria
Gary Nain	1911 hatton	I SIG FIGHT CT
Signature of recomplici holder of deed	City / 103	Veges, NV- 89/2-
Mam	70/0	
SIND WARRIE VALUE	7949 Invoice #_	
Work Order #	Acct. #	K 755 SYS IN THE TOTAL THE TAX
REA-104 (7-96)	This information is available	in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

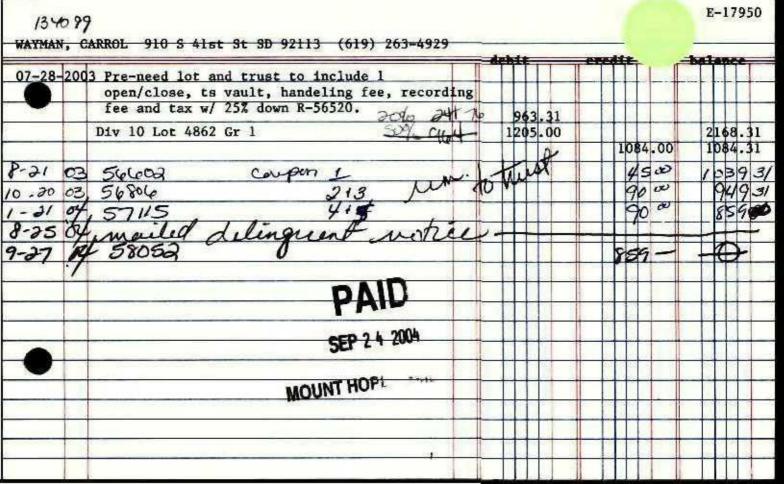
1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM	ILY)			DATE OF DEATH	4. SEX
	LEOLA		BELL	WHITE			01/07/1920 (7/27/2003	F
5/	LA MESA	- 10		58. COUNTY OF ENTER STA	DEATH-OUTSIDE CALIF	OF INFO	ELATIONSHIP, FULL MAIL!	NG ADDRESS AND 2	
7/	ECM-CYPRES	S VIEW CHA	A-FUNERAL DIRECTOR OR PEL 3953 IMPE		B CALIF LICENSE NUME —IF APPLICABLE	LAS V	SKY FLOWER (VEGAS NV 8912	7T 13	
_	ACKNOWLEDGMENT OF A	on many bereby a		roposed disposition stated hereis is or		by Do	URE OF APPLICANT—Passe		te signed 8/2003
-		26,303 (0	376 of the Health and Safety Code, a JED IN ACCORDANCE WITH	nd was authorized pursuant to Section A			SIGNATURE OF LOCAL		UPAN CONTRACT
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORINIA HEALTH AND SAFET TY FOR THE DISPOSITION SI D RIGHT OF DISPOSAL OUTSIDE OF C	PECHPIED \$13.00	07/28	8/2003 2 ENTINE >	2312466	. NEGOTRAN ISSUE	# FERMI
1	OY CHANGE IN DISPOSE TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	VITAL REC	GISTRAR OF DISTRICT OF DISTRIC	85222	E. ADDRESS OF REGIST	TRAR OF DISTRIC	The second secon	N/X	8
N S 19 2 23	B. CREMATION	JOES ENTOMBMENT) OF CREMATED REMI		F. DISINTERME		INIA	C. IT I WAS AND AND ARRANGED AND ARRANGED AND ARRANGED AND ARRANGED AND ARRANGED ARRANGED AND ARRANGED	ER'S USE ONL (DING-REMAINS L 1888)	
					11B. DATE B	4	SIGNATURE OF PERSON	IN CHARGE OF B	BURIAL
ICABLE ITEMS				CREMATORY	128. DATE CR	EMATED 12C.	SIGNATURE OF PERSON	N CHARGE OF CR	REMATION
SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S			FACILITY RECEIVING REMA	INS 13B. DATE R	ECEIVED 13C.	EIVED 13C. SIGNATURE OF PERSON		ACILITY*	
				148. DATE S		PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY							SIGNATURE OF PERSON CHARGE OF DISPOSITIO	N OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego

Date July 24 03

U			0	
You are bereby authorizy	ad and instructed, sub			r the remains
or (aud)	Wayn	non 134	1099	
ina TS VO		Funeral, date, time	100 35 W.	
Type of Birds (Church, Chapel, Graves	Control Control			Mortuary.
All Funeral cars must an	rive before 3:30 p.m.	of regular work day or	an extra charge of	s
will be applied and billed	i to undersigned			
Lot 4862 Grave_		Section	Division/Block	k_/D
Grave space & Care Fur	nd			1205-
Additional spaces and c	are fund			
Opening/Closing & Setu	• ~			413
Burial Container	0 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	193	-	215-
Opening/Closing & Setu Burial Container Handling Fees Flower vases – Marker a Recording and filing fee Sales taxes		OPE CENTE TERN		264-
Flower vases - Marker s	setting fee	C.		Diameter of the Control
Recording and filing fee		,0 _k ,		50 -
Sales taxes		•		21.31
	MOG	Total	Due	48.31
	Paid r	eceipt number <u>R</u> .	56520 10	184.00
	00,		Balance due	08431
I hereby certify I am the and this is your authority that I have the right to m any liability on account of	y to make disposition	of remains as above and I agree to hold M and Interment.	of the above namindicated. I certify a t. Hope Cemetery h	ned decedent and represent armiess from
I hereby authorize the in hold under deed.	terment in lot I	XCarrol 1	Mayme History	m/
Special responsed holder of day		X 619)20	ieg O Ca 23_4929	92113 Zp Code
40	17950	invoice #		
Work Order # E		- Acct. #		
REA-104 (7-96)	This informs	stiop is available in al	ternative formats u	pon request.



OFFICIAL RECEIPT		CITY OF SAN	DIEGO, CALIF	ORNIA			
WH WH	TO CUSTOMER NARY CEMETERY	MOUNT HO	OPE CEME	TERY		580)52
From: Carrel W	aymon Add	ress: 910 (Date:	المول 80	1- 24 9211.		04
	J.			1	Dollars (\$ _	859.	00,
in fuel Pa	yment of	le - nel Blk/ Row_	<u>(</u> Lot.	4862	Grave _		
Acet. No		FOR PURPOSES STAT PAID" IN THIS SPACE.	ED UNLESS	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 100 77184	3	

Pre-Need Lot On Acct

Check X Pre-need Trust Cash

AC-212 (Rev. 4-04)

BALANCE DUE

This information is available in alternative formats upon request.

SEP 2 4 2004

ISSUED BY Paulets

77181 100 77182 100 77185 100 77183 63033 77186 Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax 60101 78390 TOTAL PAID

78390

TOTAL PAID

00

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

Check

Pre-need Trust

CITY OF SAN DIEGO, CALIFORNIA

56602

MOUNT HOPE CEMETERY (619) 527-3400

From: Carrol leayon	M. Address: 910 S. 4	oto: aug. 21	92113	3
part Payment of	grenud lot	Pollars Lust Section	Olivision	0
nvoice No. <u>E-17950</u> acct, No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	45	d
.O	AUG 2 1 2003	Opening/ 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fea 77185		
Pre-Need Lot / At Need On Acct Pre-need Trust / Cash Check	MT. HOPE CEMETARY	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101		
-212 (Rev. 10-02) is information is available in alternative formats upon requ	ISSUED BY OUR HOLD	78390 TOTAL PAID \$	45	ò

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7 30 103

/)	Paul or amos to	Hamilto
Type of Burial Container	ral, date, time	200 Z
	Superior Sup	
All Funeral cars must arrive before 3:30 p.m. of re	gular work day or an extra charge o	(\$
will be applied and billed to undersigned	OTTE HAMILTON 6-23	-69
Lot 67 Grave 445 Row_	Section 4 Division/Blo	de la
Grave space & Care Fund D - 5 o	193	_=_
Additional spaces and care fund		
Opening/Closing & Setup		
Burlal Container		
Handling Fees		_ ~

Flower vases - Marker setting fee		-2
The state of the s		5800
Flower vases - Marker setting fee	f	58 VD
Flower vases - Marker setting fee	f	58 00 5000
Flower vases - Marker setting fee	· · · · · · · · · · · · · · · · · · ·	58 00 5080
Flower vases - Marker setting fee	Total Due	58 00 5080
Flower vases - Marker setting fee	Total Due	58 00 50 00
Paid recei I hereby certify I am the and this is your authority to make disposition of rethat I have the right to make this authorization and	Total Due	SO SO
Flower vases - Marker setting fee	Total Due	SO SO
Paid recei I hereby certify I am the and this is your authority to make disposition of rethat I have the right to make this authorization and any liability on account of said authorization and it I hereby authorize the interment in lot I	Total Due	SO SO
Paid recei I hereby certify I am the and this is your authority to make disposition of rethat I have the right to make this authorization and any liability on account of said authorization and in I hereby authorize the interment in lot I hold under deed.	Total Due	SO SO

CANARY	TO CUSTOMER A	OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE INT HOPE CEMETERY (619) 527-3400	-1.7951 61	757
419-7	297-1704	Date;	6-23,20	09
From: MARY HAULE	ON Address: 15	Date:	= DR. 5.0. 9	211
SINTY FIVE \$ NO	Tur -		_ Dollars (\$ _65=)
in Full Payment	or Quit Claim Ties	ansper From En	LEW HAUILTO	N
Divs	ec 4	Row Lot 6	7 Grave 4	4
Acet. No. <u>P.005243</u>	NOT VALID FOR PURPOS STAMPED "PAID" IN THIS	SPACE. CREDIT 20% Sale: 80% Sale:	s 100	
W.O. BALANCE DUE	DEGE	Opening/ Closing Burial Container	77181 100 s 77182	
☐ Money Order ☐ Charge ☐ Check 12 h %		Handling F Recording Misc. Fest Sales Tax	1 A 100 S 77183	
AC-212A (11-06) This information is available in atternative formats up	ISSUED BY	TOTAL PAI	15	-

E17951

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

/We Ellen F.	Hamilton EMISE, RELEA	SE, A	ND QUITO	CLAIM THE	INI	ERMENT F	RIGHT	rs
FO: Charlotte	THE NEW YORK THE PARTY OF THE P			-	_	. 7.7		
	1538 Golden C	STATISTICS OF THE PARTY OF THE		7:n Con		ot / Unit #: _ 92116		
City: <u>San Die</u> Felephone #: (- 51:	CA	Zip-Coc	ic.	92110		_
Division:	6	8	Section:	" 4 " Grave(s): 4	_	Blk / Row:		•
interment rights WITNESS my/c EXECUTED IN	O HOLD THE above owners, its succour hand this _2 I THE PRESENTING WITNESS:	essors 3rd NCE O	and assigns day <u>J</u>	PORT AND REPORT AND ADDRESS OF THE PARTY OF THE		into the abov	e said	
	WITNESS The Wan	Ao		Legal O	wner.	Reprehénsive Signato	re	66



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
Business hours 8 a.m. to 4 p.m.
264-3151
Monday thru Friday • Gates open daily

QUITCLAIM DEED

1/We	AND QUITCLAIM to x	Clen Homis	Hon
			5
all that Cemetery property	situated in Mount Hope (emetery, in said (City of
San Diego, County of San D		5	0.50
Lot b7 Grave 4 4 5 Ro		W 25	
Lot UT Grave 1 Ro	Section 1	rotston/erock	2.
19		aimed property un	
TO HAVE AND TO HOLD t	le above-described quitcl		to the
TO HAVE AND TO HOLD t	(PAN) - (BANG)	s and assigns for	
said_	, its successor	[일반경기 [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
	, its successor	[일반경기 [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
said_	, its successor	[일반경기 [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	

Cometay on 12.20-74
Sew Sehne RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO Bertha Fassler 12361 Montague St. Pacoima, CA 91331 SPACE ABOVE THIS LINE FOR RECORDER'S USE -MAIL TAX STATEMENTS TO remaining thereon at time of sale. Signature of declarant or agent determining tax - firm name Unincorporated area City of..... **Ouitclaim Deed** FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I, BERTHA FASSLER . hereby remise, release and forever quitclaim to do PAUL HAMILTON the following described real property in theMt. Hope Cemetery county of San Diego, state of California: Lot 67 Graves 4 & 5 Section 4 Division 6 Butha Fassler October 8, 1974 STATE OF CALIFORNIA COUNTY OF Los Angeles October 8, 1974 before me, the underigned, a Notary Public in and for said County and State, personally appeared Bertha Fassler FOR NOTARY SEAL OR STAMP whose name is subscribed to the within to be the person____ instrument and acknowledged that she RUTH I. RILEY IOTARY PUBLIC - CALIFORNIA of Nortry Signature LOS ANGELES COUNTY Commission Expires Jan. 30, 1976 Ruth I. Riley
Name (Typed or Printed) of Notary Title Order No. Escrow No. MAIL TAX STATEMENTS AS DIRECTED ABOVE (G.S.) (Rev. 5-67) (9 pt.)

Inthe with

MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-30-03

ina ASHYAL		AVD
Type of Busin Contain Church, Chapel, Graveelde All Funeral cars must arrive b	etyre 3:30 p.m. of regular work day or an extra	
will be applied and billed to u		
Lot 18 Grave 4	Row Section \(\overline{TOOF} \) Bi	wisian/Block 5
Grave space & Care Fund Additional spaces and care fo		
Additional spaces and care in Opening/Closing & Setup		116.00
	JUL 3.0 2003	7
Handling Fees	JOL 3 0 1969	66.00
Flower veses - Marker settin	MT. HOPE CEMETARY	
	CITY OF SANDIEGO, OA	_50.00
Seles taxes		4.73
	Paid receipt number 2-565	25 292.7
	A Lacia Bala	nce due
I hereby certify I am the and this is your authority to n that I have the right to make t any liability on account of sai	OCULO N. W of the nake disposition of remains as above indicated his authorization and I agree to hold Mt. Hope of authorization and interment.	above named decedent I. I certify and represent Demetery harmless from
NAMEY C. F. I hereby authorize the interminded under deed.	TCH × Signature × 140 Clove	PI
	Binea CA	92871
Jack 714	U 714 529	0336
Λ \	7952 Invoice #	\
Work Order # E	Acct. #	^
REA-104 (7-96)	This information is available in alternative	formate upon resultan



E17952



GRAVE BLIND CHECK FORM

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

			N. a			
<u>.</u>	white	white	Fitch.	, Statie		
-			CARKIN			
Interme	heck Initiate int space for int Date:	D#	evid 1	TC4	_ Date:	7/3
Div: I	Sect:_	ВІ			18_ G	ir 4
Δατρρο	with Legal (Card: 🙇	Yes C	l No	Flag	may
ngi cos						v
ngi des	with Map: / heck & Ver	AC 103	L ()	O		1

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased. and hereby acknowledge receipt of the cremated remains of: FITCH, DAVID RICHARDSON NAME OF DECEDENT: The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains. The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees; and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains. Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home. Dated this MOUNT HOPE Address City State Zip Street

Representative of Cemetery/Funeral Home

Authorized Representative

Authorized Representative

© 1991 SCI Management L.P.

Relationship to Deceased

Relationship to Deceased

SSN #/Photo ID

SSN #/Photo ID

Signature:

Signature:

Witness:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17952

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DAT	E OF DEATH 4. SEX
DAVID		RICHARD	SON	FITC	H		7/23/1914	A STATE OF THE PARTY OF THE PAR	9/2003 M
A. CITY OF DEATH			4.	5B. COUNTY OF DEATH			RELATIONSHIP, FULL	MAILING A	DORESS AND ZIP C
LA MES	A			ENTER STATE SA	N DIEGO	100000000000000000000000000000000000000	FITCH - D.	AUGHTI	CR -
A. TYPED NAME AND AD GREENWOOD M	ORTUARY -		ERIAL AV	ZENUE -	IF, LICENSE NUMBER APPLICABLE 843	140 (BREA,	CLOVE PLACE CA 92821		perna, 88 DATE SIGNED
ACKNOWLEDGMENT OF AP				on stated herem is one of the d pursuant to Section 7100 of the		· A			Ø 07/31/200
PERMIT	THIS PERMIT IS ISSU	ED IN ACCORDANCE Y	WITH PROVI	STATE OF THE PARTY AND THE PARTY OF THE PART	UD . 98 DATE PERMIT		9C. SIGNATURE OF L	Commission of the last	ISTRAR ISSUING PERMIT
111111111111111111111111111111111111111	AND IS THE AUTHORIT	ORNIA HEALTH AND SA Y FOR THE DISPOSITION	N SPECIFIED	\$13.00	ATMEE CRA		2312689		
	IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO	INSHT OF DISPOSAL OUTSIDE	OF CALIFORNIA.	\$13.00	07/31/20	03 ;	>		
NY CHANGE IN DISPOSE	D. ADDRESS OF RE	GISTRAR OF DISTRIC	T OF DEATH-				HCT OF DISPOSITION-		(v
TION REQUIRES A NEW PERMIT TO SHOW FINAL				; "	isposition is to occ	UK IN ANU	THER USTRICT IN CALIF	UKNIA	•
		CA 92186 52	22	- 1					
O. AUTHORIZED DISPO	OSITION(S) CHECK AP	PLICABLE ITEMS			100		FOR CO	RONER'S	USE ONLY
CO & DUDIAL MACE	DES ENTOMBMENT)			E TEMPORARY ENVA	ULTMENT		I L DISPOSITION	PENDING	REMAINS LOCATED A
AA A. DUMINE UNCLU					C810-101.04-5-01.0501		(Name and	Addennal	
B. CREMATION				F. DISINTERMENT			(Name and	Audi daa)	
B. CREMATION C. DISPOSITION C	OF CREMATED REMA	AINS OTHER	Ħ	F. DISINTERMENT G. SHIP IN TO CALIFO	FINIA		(Harrie aug	MOGI BRAN	
B. CREMATION	OF CREMATED REMA	NINS OTHER					(Name and	Moderal	
B. CREMATION C. DISPOSITION (THAN IN A CE	OF CREMATED REMA METERY SE	2550.500.50		G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DE OF CALIFORNIA			9/	0
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B. CREMATION C. DISPOSITION (THAN IN A CE	OF CREMATED REMAINS FERNAL PROPERTY SE	DRESS OF CALIFORN	- 3751 M	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ARKET STREET	DE OF CALIFORNIA	D 1 11C		9/	HARGE OF BURIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMANDED FOR THE PROPERTY OF T	DORESS OF CALIFORN	- 3751 M SAN DIE	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ARKET STREET GO, CA 92102	11B. DATE BURIE	3 110	SIGNATURE OF PE	RSON IN C	, , ,
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMANDERS ITA. NAME AND AD MOUNT HOPE	DRESS OF CALIFORN CEMETERY -	- 3751 M SAN DIE NA CREMATOR	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ARKET STREET GO, CA 92102	DE OF CALIFORNIA	3 110	SIGNATURE OF PE	RSON IN C	HARGE OF BURIAL
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMANDED FOR THE PROPERTY OF THE P	CEMETERY -	- 3751 M SAN DIE NA CREMATOR - 1-805	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ARKET STREET GO, CA 92102	DE OF CALIFORNIA 11B. DATE BURIE 8-6-0 12B. DATE CREMA	3 D	SIGNATURE OF PE	RSON IN C	, , ,
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMANDED IN A NAME AND AD MOUNT HOPE 12A. NAME AND AD GREENWOOD AVENUE, SA	CEMETERY - CREMATORY - CREMATORY -	- 3751 M SAN DIE MA CREMATOR - I-805 A 92102	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS ARKET STREET GO, CA 92102 Y & IMPERIAL	118. DATE BURIE 8-6-0 128. DATE CREMA	3 N	SIGNATURE OF PER	RSON IN C	MRGE OF CREMATION
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COPY 1

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

VS 9 (REV. 8/81)



ATAUL STORES

REA-104 (7-98)

Date July 30, 03

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You are hereby authorize	d and instructed, sub	The state of the s	d regulations, to in	
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All Funeral cars must arriv		of ragular work day o	r an extra charge	of \$
will be applied and billed t	to undersigned			
Lot 182 Grave_	<u></u>	Section	2 Division/B	12 000 -
Grave space & Care Fund				780
Additional spaces and ca	re fund			
				413-
Opening/Closing & Setup Burlal Container	PA	עו		209-
Handling Fees Flower vases – Marker se		n 2003		160
Flower vases - Marker se	itting tee JUL 3	1) E000		
Recording and filing fee	· · ·	CEMETARY		20-
Sales taxes	CITY OF SA	N DIEGO, CA		16.20
0000			il Due	1833.20
			5/4522	823 F
	Paid n	ecelpt number R	2636	700
	,		Balance due	
I hereby certify I am the 2 and this is your authority that I have the right to ma	to make disposition ke this authorization	and lagree to hold l	Indicated, I certif	amed decedent y and represent y harmless from
any liability on account of	said authorization as		=10	0
I hereby authorize the inte		1 Crypt	at 6000	line
hold under deed.		₹ 186 \$ E	· Westingt	SA.
		Sam D	in CA	921117142
Signature of recorded holder of deed		9/10-00		20p Code
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Work Order # E	1/703	Invoice #		
7. The second se	This interest	tion is available in a	Margather former	
REA-104 (7-98)	i nis inionne	(IUX) IS CIVADIALUIS III I	NUNTIAUVO IOITIMA	upon reguest.

& Printed on recycled paper

E17953 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.

	Klatchan	NeDiane	AC Opmi		
		х	Fu	lan	
	Hocary	Ham	giving	7	
Blind Check In Interment space	ce for: R	ul 4_ 1	ime:		
Div: 12 s					ir: <u> </u>
Grave Laid out	by: NORN	CHAI	reed 45	SON .	
Agrees with Le	gal Card: 🛘	Yes [J No	Has	3
Agrees with Ma	ap: 🗆 Yes		lo, r	· 6	ave
Blind Check &	Verified By:	DARPE	<i>[</i>	Date:_	7-31-08

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17953

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

TA	NAME OF DECEDE PAUL	NT—FIRST (GIVEN) 1 1B. MIDDLE	IC. LAST (FAMILY)	ENO	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 02/22/1916 07/20/2003 M.		
5A	5A. CITY OF DEATH SAN DIEGO		58. COUNTY OF DEA ENTER STATE S		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CRYSTAL COODMAN - DAUGHTER		
74	MERK	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR P LEY—MITCHELL MORTUARY FIFTH AVE., SAN DIEGO, (ALIF. LICENSE NUMBER HF APPLICABLE H=119	1868 E. MESTINGHOUSE ST. SAN DIEGO. CA 92111 BA. SIGNATURE OF APPLICANT—Person taking person; 88. DATE SIGNED		
	ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the prop Section 10375 of the Health and Safety Code, and			Mancy (mes 107/22/200		
		THIS PERMIT IS ISSUED IN ACCORDANCE WITH I SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE DISPOSITION SPE IN THIS PERMIT INCE IN BUSH OF GROSAL OUTSIDE OF CAL	CODE CIFIED \$13.00	98. DATE PERMIT			
n	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	DO. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX SAN DIEGO. CA 92186-522	85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORHIA		
10	AUTHORIZED DISPO	SITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY		
	B. CREMATION		G. SHIP IN TO CALIF		I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)		
821	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CO MT. HOPE CEMETERY, 3751 SAN DIEGO, CA 92102		8-4-0	3 - Kull F. long		
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON CHARGE OF CREMATION		
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. DATE RECE	IVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
COMPLETE AL	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STA REMAINS OR CREMATED REMAINS ARE		14B, DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
8	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION 15D. UCENSE NUMBER OF CHEMATED RE- MARIS DISPOSER —IF. APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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

REA-104 (7-96)

City of San Diego

104	1sty ".		Date_	1 2	0 0)
You are hereby authorized a	The second secon	The Control of the Co			er the remains
a dos		O Ubse		atto	
in a Type of Buriel Contain	vace	Funeral, date, ti	me		
Church, Chapel, Graveside	570				Mortuary.
All Funeral cars must arrive t	pefore 3:30 p.m	ı. of regular work	day or an ex	tra charge of	\$
will be applied and billed to u	ndersigned				
Lat 4925 Grave 1	Row	Section	P <u>d</u>	Division/Bio	x 10
Grave space & Care Fund					1205,0
Additional spaces and care for Opening/Closing & Setup	und		n		1
Opening/Closing & Setup	**********	LV.			413,0
Burial Container			2003		275,0
Handling Fees		ויכ שטע	Fana	·····	204.0
Handling FeesFlower vases - Marker settin	g fee	MT, HOPE C	EMETARY	<u> </u>	0.00
Flower vases Marker settin Recording and filing tee		CITY OF SAN	DIEGO, C		50.00
Sales taxes					-
			Total Due		216831
	Pak	receipt number	R-5	5528	
	۹ ۱	C		alance due	Ø
I hereby certify I am the and this is your authority to a that I have the right to make a any liability on account of sal	this authorization	on and I agree to and interment.	above indicate hold Mt. Hop	ed. I certify a e Cemetery I io	harmless from
i hereby authorize the interm hold under deed		Signature	aried	.vac	<i>v</i>
hold under deed	Rino Pai	Ti) Kuthas 34	530 3	6th	It aring
Signature of recorded holder of dead 3 : 19 9 3 4 - 49 3 :	5	XXIII	281-1	3938	st 92104
sintath 1	7954				
Work Order #	()	Acct. # _		_	
REA-104 (7-96)	This Inform	nation is availab	le in alternat	tve formats t	upon request.



MT. HOPE CEMETERY

INTERMENT ORDER

	MT. HOPE CEMETER	RY W	
, IN	TERMENT OR	DER	
0 1	City of San Diego		
T seed	(000 to 100 to 1	Date 7-	30-03
H. S. (2003) S. A. T. (2004) M. C. (2004) M. T. (2004)			
You are hereby authorized and inst	선생이 없는 생각하다. 그 나를 살게 하고 있다면 없는 것이 없는 것이 없다.	es and regulations, to	inter the rema
OF ARSHIELD H	OLLAND /	34/06	
In a D.D. Crupt (A)	Funeral, date, tk	me Mon Au	g.4th 1:
Church, Chapel, Graveside		KAGODALE	Mortus
All Funeral cars must arrive before	360 p.m. of regular work	day or an extra charg	ge of \$
will be applied and billed to undersi-	gned.		
100.04	- 5.40.47-E		
Lat 105 Grave 4	Row Section	Division	Biock_
Grave space & Care Fund			9357
Additional spaces and care fund			The state of the s
			1110
Opening/Closing & Setup			11100
Burial Container	PAID		710.U
Handling Fees			332.0
Flower vases - Marker setting fee	tti 3 n 2002		
Recording and filing tee	*****************************	***********	50.0
Sales taxas MT. I	IOPE CEMETARY		32.4
O1111	JE SAN DIEGO, CA	Total Due	2250
	Paid receipt number	R-56+2	92250
	200	Balance o	u 6
1 X	Uslo)		
I hereby certify I am the and this is your authority to make a that I have the right to make this au	disposition of remains as	above indicated. I ca	e named deced rtify and repres
eny liability on account of said auth	ingization and lagree to orization and interment.	noid Mr. Hope Ceme	tery harmless II
	A. 1	1/000	0
I hereby authorize the interment in hold under deed.	lot I	The state of the s	100
	Address 1	quiller !	May
Signature of recorded holder of dead	- Alu	1 speega	a 193
a str	2619	12661/36	1
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© Printel on regular paper

ELTASS

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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		1		5	
RHEN .		х		-	
Kinga	ASHEY	Honsbon	Hansbaro		-
nterment spac	itiated By: e for: <i>AR :</i> : <u>8-4-03</u>	SHIELD	HOLLAI	VO	
	: <u>8-4-03</u> ect:BII by:N_0_R1		The Control of the Control		
					V WW.
Agrees with Ma	gal Card: (1) ap: (1) Yes Verified By	N 0	10, 3	lig"	236A

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A, NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (F	AMILY)	1		DATE OF DEAT		
Arshield	Arshield -			land		12/18/1937 07/27/2003 1			
5A. CITY OF DEATH				OF DEATH-OUTSIDE CALIF.	B. NAME.	RELATIONSHIP, FULL MAIL!	the second second second		
San Dieg	0		ENTER S	San Diego	1 7000000	ty J. Holland	Wife		
7A. TYPED NAME AND A	DORESS OF CALIFORNI			7B. CALIF. LICENSE NUMBER		4 Tuther Way	, mare		
	No. 1, Sales St. Company of the Comp	tuary, 5050	Federal Blvd.	1	14/5/11/14/07	Diego, CA 921	114		
San Diego,	CA 92102			FD-1329		TURE OF APPLICANT-Person		DATE SIGNED	
ACHINOWLEDGMENT OF A				s one of the dispositions authorized by on 7100 of the Health and Safety Code.	>//	an Camili	cl : 107/	30/2003	
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WI	ETY CODE	OF FEE PAID 98. DATE PER			REGISTRAR ISS	UING PERMIT	
AUTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION	The second secon		/2003	2312643			
LOCAL REGISTRAR	The second secon	IO MINIT OF DISPOSAL OUTSIDE O		B. Cam		***			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL		EGISTRAR OF DISTRICT ED IN CALIFORNIA DECS., P.O. BO		9E. ADDRESS OF REGISTR		BICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	•		
DISPOSITION.	San Diego,	CA 92186-52	222	i .				- 6	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	£	70		FOR CORON	ER'S USE O	NLY	
X A. BURIAL (MCL	UDES ENTOMBMENT)		E. TEMPORA	RY ENVAULTMENT		I DISPOSITION PER	NDING REMAINS	LOCATED AT	
B. CREMATION			F. DISINTER	MENT		(Name and Addre	ess)	ACTOR CONTRACTO	
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN T	O CALIFORNIA					
D. SCIENTIFIC U			H. TRANSIT	TO OUTSIDE OF CALIFORN	IA				
*	11A. NAME AND A	DDRESS OF CALIFORN	A CEMETERY	11B. DATE BUF	MED 110	SIGNATURE OF PERSON	N IN CHARGE OF	BURIAL	
BURIAL	Mt. Hope Cemetery, 3751 Market Stree			eet i	ì	1			
MANAGE .	San Diego, CA 92102			1		March 71			
S CONTINUE OF THE SERVICE OF THE SER	12A. NAME AND AL	DDRESS OF CALIFORNI	A CREMATORY	128. DATE CREE	AATED 120	SIGNATURE OF PERSON	IN CHARGE OF	CREMATION	
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SCIENTIFIC	13A. NAME AND AL	DDRESS OF CALIFORNI	A FACILITY RECEIVING RE	MAINS 138. DATE REC	EIVED 130	SIGNATURE OF PERSON	IN CHARGE OF	FACILITY	
SCIENTIFIC				500 SECTION (1996)	1				
USE	_								
400	14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		RE 14B. DATE SHIP	14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE O		RE OF PERSON	IN CHARGE		
TRANSIT					OF PLACING WITH THE CARRIER				
Z Inamaii			į.	82					
0	154 ANNOESS NEA	BEST POINT ON SHORE	LINE, OR OTHER DESCRIPTION	IN SUF- 15B. DATE OF	150	SIGNATURE OF PERSON	IN IN DES	NSE NUMBER	
SCATTERING AT SEA OR			D CA DISTRICT OF DISPOSIT			CHARGE OF DISPOSITIO	ON OF C	REMATED RE-	
DISPOSITION OTHER THAN IN A CEMETERY				i	8	MAINS DISPOSER —IF APPLICABLE			
ITHE IN A CEMETERY	3	1000					- 0		

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

THIS IS AN IMPORTANT AS INTO MA LAST NAME OF A THE WEST & NAME -THE PARTY OF THE PARTY. Seatt of 48 HOLLAN I, ARSHIELD NAN 13 12 MAVY - USM SECTION FRANCES 100 PER DAKERCHIELD, CA. 93387 DISCHARGED PHIBOD ONF . SAN DIEGO. CA 22155 CHARACTER & FER. TE DD256H HONOR/ BLE ONE SAN DIEGO, CA 92155 N/A DE A SHITTERS FOR THE 48 - 1-3min N/A L L SAN DIEGO, CA 92133 71 11 15 MONTHS VE ADS T478 C5 - 1448 313-CHEFS/COOKS 12 .11 13 16 85 2 The Property of Tracks opinion and I house out it be upa the best 19 95 14 CS - 1048 M/A 92 28 .12 IN TO E WATER TOR PARTE . IT 45. 19 - 1 B1 92 is the one of the anti-12 mm 1 ... SELECTION - TOL IN THE STATE COLUMN COLUMN TO There is a selection of the selection X . 13 -: TI - NONE \$24, ### 13 +10 one 17 home THIRD GOOD CONDUCT SHE EXCORP THE HE A SERVICE LOUMS TOATHER. MEDA FOR PERIOD ENDING 23 HOV 73 RT 1, BOX 65C CAR CHAGE, TX 75633 E. H. BALLER, LCDR, USH PET SONNEL DEFICED DD , 1 18M 214N ATION FROM ACTIVE DUT

ON MATINGS ISTE REVERSE! DOSTROY IN ALL OTHER CASES

ES FORMARD TO HALL DISTRICT KHERE MENULH -00.2 series.)

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/31/03

· Livies	Funeral, date, time Friday ang 84
Type of Build Container	1 de Milhia W
hurch Chapel) Graveside	* Mortus
All Funeral cars must arrive before 3000 p.n	n. of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
ot /83 Grave 3 Row_	Section 2 Division/Blesk- /-
Brave space & Care Fund	902
Additional spaces and care fund	PAID -
Opening/Closing & Setup	H13.0
Burial Container	AUG 0.7.2003 209.0
Ladina Essa	160.0
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JOMEL ASSES - MELKEL SECOND ISSE	CITY OF SAN DIEGO
Recording and filing fee	50.0
Sales taxes	
anit	Total Due
. V/v 0° 0	d receipt number R 5/05 64 1833.
Pair Pair	(A)
healt	Balance due
hereby certify I am the	of the above named decede
ind this is your authority to make dispositi hat I have the right to make this authorizati	on of remains as above indicated. I certify and repres on and I agree to hold Mt. Hope Cemetery harmless for
ny liability on account of said authorization	and Interment.
hereby authorize the interment in lot I	redate portrol
old under deed.	x 1051 Sofurn Blod
	So Over on Ov
ignature of recorded holder of deed	VOIT DIECO CHAGI
19	2019 403.40501
Roulatter 17956	Telephoné
17956	Invoice #
	Invoice #

217956

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

existing r the burial		the appr	opriate s	pace(s) th	at are adja	cent to
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Blind Ch	eck Initiate	nd Bur	Pasar	fault	Date:	7/21
	t space fo		lia	Sho		101
Intermen		18 10	8	Time:	1'-07)	
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3 3121211-1314	nid out by:			_	6	
	ith Legal		in the second	□ No	Flag	grave
Agrees w	ith Map:	J Yes		No ,	0	Ö
Blind Che	eck & Ver	ified By:_	PAK	REA	Date:	7-3/0

€17956

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_			March Sales (Sales Sales) in American Sales (Sales Sales Sal			STREET, A STREET, AND STREET, THE STREET, STRE			
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE GOLIA JEAN		IC LAST (FAM	5-1		TE OF DEATH 4. SEX				
5A. CITY OF DEATH			DEATH—OUTSIDE CALIF.,						
	LEMON GROVE			SAN BE	The state of the s	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDREA STEPHENS—DAUGHT			
7/	CALIFORNIA	BURIAL CH			—IF APPLICABLE	1451 SATURN BLVD. #3 92154			
2	ACKNOWLEDGMENT OF A	sourceut I hereby a	ATIEMAL CITY CA chrowledge as applicant that the proposed	disposition stated herein is a		BA SIGNATURE OF APPLICANT—Person biling	08/05/2003		
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	176 of the Health and Safety Code, and was ED IN ACCORDANCE WITH PRO ORINA HEALTH AND SAFETY OF Y FOR THE DISPOSITION SPECIF O MONT OF MINPOSAL OUTSIDE OF CALIFOR	BA. AMOUNT OF	THE RESERVE OF THE PARTY OF THE	T ISSUED, 9C. SIGNATURE OF LOCAL REC			
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW BINAT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF DID D IN CALIFORNIA DRDS—P.O. BOX 85 CA 92186—5222	700000 V	ME. ADDRESS OF REGISTRA	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA			
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS			FOR CORONER'S	S USE ONLY		
	B. CREMATION		AINS OTHER	F. DISINTERME	MANAGEMENT AND	(Name and Address)	3- REMAINS LOCATED AT		
	BURIAL	BURIAL 3751 MARKET ST. SAN DIEGO			8-8-3	1/	CHARGE OF BURIAL		
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B DATE CREMA	TED 12C. SIGNATURE OF PERSON IN	HARGE OF CREMATION		
COMPLETE ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			AINS 138. DATE RECE	19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E 148, DATE SHIPI	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARI			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER		

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



MT.HOPE ÇEMETERY INTERMENT ORDER

City of San Diego

	subject to your rules and regulations, to inter the remains
of Schalding	112.18/ 9/30
in a Type of Burial Obstainer	Fundral date, time Old 96 150
Church, Chapel, Graveside OUL O	Mortuary.
	of regular work day gran extra charge of \$
will be applied and billed to undersigned	peoble Luciolan
12 1/ '	1 1
Lot Grave Row	Section Division/Block
Grave space & Care Fund	985-
Additional spaces and care fund	PAID
Opening/Oloning & Catus	CONTROL CONTRO
Burial Container	AUG 0 4 2003 284-
Handling Fees	NT HORE CEMETARY /40
Flower vases - Marker setting fee	CITY OF SAN DIEGO, CA
Recording and filing fee	
Sales taxes	11 - 20 1
	(\$2 @ 2c)
Martuary 2 per	Tecept number R-56542 1833.27
	Balance due _ Ø
Y	COMPANIAN AND AND AND AND AND AND AND AND AND A
I hereby certify I am the / and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt, Hope Cemetery harmless from and interment.
	Kim Well
I hereby authorize the interment in lot I hold under deed.	\$ 4820 CLARWOUT MESA BI
	Address
Signature of recorded holder of deed	5AN PIEGO 2000
Van	\$ 858 - 277 - 78 - 20 Zip Code
17057	2000 W 00000
17957	Invoice #
Work Order # E	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

© Printed on recpeled paper

MT HOPE CEMETERY E-17957

GRAVE BLIND CHECK FORM

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

	_					
	-		- 32			
		المد ، له	x			
	Ham	3 agestin				3
		ted By: 1			_ Date: _	7/3/ old
Intermen	t Date:	mor &	9	Time:	1:35	
Div:	Sect:	<u>/</u> BIK/	Row: _	Lot:	13	irY_
Grave La	aid out by	NORMA	o F	ERCUS	ow	
Agrees v	vith Lega	Card: Y	es	□ No		
Agrees v	vith Map:	☐ Yes →	70	No /	,	
Blind Ch	eck & Ve	erified By	K-C	13	Date:	8403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

My

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

A. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
GERALDINE		FIJOLEK	03/16/1937 07/25/2003 F
A CITY OF DEATH		58 COUNTY OF DEATH-OUTSIDE CALIF	
LA MESA		ENTER STATE SAN DIEGO	GREG BROWN - PUBLIC GUARDIAN
MAYER MORT		ON ACTING AS SUCH 78. CALIF. LICENSE NUMBI —IF APPLICABLE FD—1424	
2039 AUAPIS	AVE., SAN DIEGO, CA 92116	ED-1424	8A. SIGNATURE OF APPLICANT—Person taking permit 8B. DATE SIGNED
ACKNOWLEDGMENT OF A		Superation stated herein is one of the dispositions authorized otherwed personnt to Section 7100 of the Health and Safety Code	
PERMIT NUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COO AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT. HOTE: THIS PERMIT CHES NO BEST OF ORDOSAL OUTSING OF CALFORNIA	07/31/2	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEA F DEATH OCCURRED IN CAURONNA VITAL RECORDS P.O. BOX 8522 SAN DIEGO, CA 92186-5222	STH- 9E. ADDRESS OF REGISTI	RAR OF DISTRICT OF DISPOSITION— DOCCUR IN ANOTHER DISTRICT IN CALIFORNIA
. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
D. SCIENTIFIC US		G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA TERY TERY TERY TIB. DATE BU	THED TIC SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	A Section 1	EMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	ITY RECEIVING REMAINS 138. DATE RE	ECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		INPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		

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





MT. HOPE GEMETERY

INTERMENT ORDER

λ	0140 N	
AT Need Top"	City of San Diego Date 7 - 3	31-03
" Military "		E5
You are hereby authorized and instructi	ed, subject to your rules and regulations, to in	nter the remains
or Jame	2 varves	
Ina TS VAULT	Funeral, date, time Lues_ Au	a 5th 110
Church Chapel, Graveside	: Kagsdale	Mortuary.
All Funeral cars must arrive before 3(39	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	1	
Lot III Grave 7 Rov	y Section Division/Bi	lock_//
Grave space & Care Fund	······································	98500
The second secon		
Opening/Closing & Setup	PAID	41300
Burial Container		275.00
	JUL 3 1 7003	204.00
Flower vases - Marker setting fee	NAT HODE CEMETARY	50.00
Recording and filing fee	CITY OF SAN DIEGO, CA	
Sales taxes		2131
	Total Due	174831
	Paid receipt number K - 565 31	144831
	Balance due	_0
I hereby certify I am the	A) ec e of the above n	amed decedent
and this is your authority to make dispo that I have the right to make this authori any liability on account of said authoriza	sition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter ation and interment.	y and represent y harmless from
	Inina skus	SOL
I hereby authorize the interment in lot I hold under deed.	Blanch & Avenida (Del 640
	Address O DIPCO	492126
Signature of recorded holder of seed	ON CES 531 2751	Zp Code
a late	Telephone	7900
1705	0	1 -104
1795	8 Invoice#	-
Work Order #	Acct. #	

REA-104 (7-95)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-17958

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			T		
<i>t</i> -	العنوافي	pennett	Poss		
	CARTE	X	Payne	Davis	-
-	_	Mug	1	-	-
nterment space	nitiated By:	wo Va	Time: _	i: ao Cł	rapel
	t by: Norm				31
Agrees with Le	egal Card: 🗆	Yes	ON D		1000
Agrees with M	agal Card: ☐ ap: ☐ Yes & Verified By	, 0	No	V	cara an
Blind Check &	Verified By	Ward 7	Teriga	Date:	4)4-0

E-17958

APPLICATION' AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF		OF DEATH	4. SEX
	James	Monroe	Varner		08/27		24/2003	M
54	L CITY OF DEATH	- Hono	58. COUNTY OF DEATH ENTER STATE	- P. P. C. S. P. P. S. P. S.	6. NAME, RELATIONSH OF INFORMANT	OP, FULL MAILING A		4
71	Santa Maria	ORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON	Santa Barbara	E I WENDE NIMBED	Olean H. Va			
	- High confit of femous co			APPLICABLE	314 Southloo	\$51000000000000000000000000000000000000		
	Magner-Male	oney Funeral Home	4	FD 270	San Diego, C	A 92113	1122 272	3
_	600 E. Stown	PLICANT Section 10376 of the Health and Sefety Code, and was set	position stated herein is one of the overzed parsuant to Section /100 of the	dispositions authorized by	BA SIGNATURE OF AP ► Mana	Paris		2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT GYES NO RIGHT OF OSPOSAL OUTSIDE OF CALFORNIA		07/29/20	ISSUED, BC. SKINATI	IRE OF LOCAL REG	ISTRAR ISSUM	IG PERMIT
1	TON REQUIRES A NEW	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA 315 Camino Del Remedio	P.C	Box 85222	OF DISTRICT OF DISP JR IN ANOTHER DISTRIC			4
70	AUTHORIZED DISP	Santa Barbara, CA 93110 DISTION(S) CHECK APPLICABLE ITEMS	ı San	Diego, CA 9	2186-5222	OR CORONER'S	HEE ONL	-
2E - 00 - 10 - 20 - 50	B. CREMATION		E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSI	RNIA		POSITION PENDING ame and Address)	REMAINS LO	OCATED AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETI Mt. Hope Cemetery San Diego. CA		8-5-03	1/	E OF PERSON IN C	HARGE OF BI	URIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMAT	TED 12C. BIGNATUR	E OF PERSON OF C	HARGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE REGEI	VED ¹ 13C. SIGNATUR	E OF PERSON IN	CHARGE OF F	ACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148, DATE SHIPP		AND SIGNATURE C NG WITH THE CAR		CHARGE
ō	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OF FICKENT TO IDENTIFY FINAL PLACE AND CA DIST		158 DATE OF DISPOSITION		E OF PERSON IN OF DISPOSITION	I MAINS I	NUMBER NATED RE- DISPOSER NICABLE

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

Ø001 002

E-17958

Fax Cover Sheet

kinko's°

Santa Maria, California, 93455 Tel: (805) 349-3774

Fax: (805) 349-8872

Date: July 30, 2003

To:

Company: MT HOPE CEMETRY

Fax: 1 - 619-527-3403

Comments:

TO PURCHASE PLOT IN

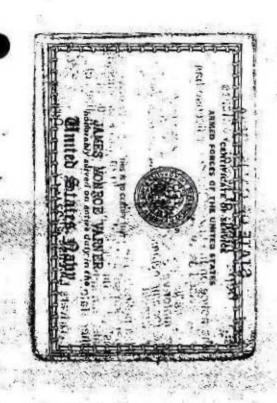
VETERANS SECTION

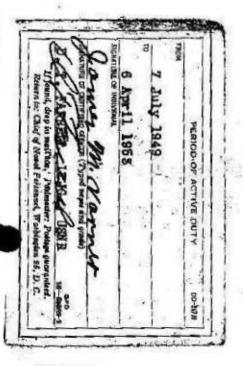
From: OLEAN H. VARNER

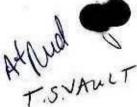
Company: BROTHER OF / JAMES M. VARINER.

Tel: 1-805-928-6361

Number of pages including this one: ____







MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

T.3.	Date 8 - 1 - 0 3
You are hereby authorized and instructed	134110 I, subject to your rules and regulations, to inter the remains
& EDWINA DANI	ELLE BILLUPS = 5 12La
The state of the s	Funeral, date, time Mont Aug & 10.00
Chorch Chapel Graveside	: Simpson Fam. Monuary.
All Funeral cars must arrive before 3.90 p	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
- A.A.	
Lot 247 grave 6 Row	Section _ 2 _ Division/Block _ / 2
Grave space & Care Fund	<u> 7850</u> 2
Opening/Closing & Setup	413.00
Burial Container	5 van (t 27500
Handling Fees	204.00
Flower vases - MR.Att D	
Recording and filing fee	57.00
Selec taxes AUG 0 1 2003	31.3/
MT. HOPE CEMETARY	Total Due1948-31
CITY OF SAN DIEGO CA	aid receipt number A -56539 1948-3
and a state bledo, of	Balance due _ Ø
I hereby certify I am the A ST.	Ster of the above named decedent
and this is your authority to make dispos	ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cernetely harmless from ion and interment.
any liability on account of said authorizati	on and Interment
DOKOTHY LOEMNI	The books of
I hereby authorize the interment in lot I hold under deed.	Wat to Warry of the
	x brotheidae 9132
Signature of recorded holder of deed	000 F 31100 101 2000
Paulette 17959	Talabare
Jane 17959	Contractor and Contra
(= 1//J)	5 35 36 38 34 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Work Order #	Acct. #
REA-104 (7-08) This infi	ormation is available in elternative formats upon request.





MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

			W 8-		
	(Sadaluge)	x			
Blind Check In	itiated By: Paul e for: Edwi	ette (Billu	Date: \S	1/03
	8-4-03	= 110	42		
Div: 12 Se	ect: 2 Blk/l	Row:	Lot: 6	24 / G	r. <u> </u>
Grave Laid out	by: NORMI	N F	ercus	am	
	gal Card: 🛘 Ye			Flagor	r . HOW
Agrees with Ma	ap: O Yes	ARR	54	<i>U 0</i> Date: <u>0</u>	1723

E-17959

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	CONTRACTOR TO USE	2. DATE OF BIRT	
EDWIRA	DANIELLE	1	ILLUPS	09/11/195	
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.,		ILL MAILING ADDRESS AND ZIP CODE
LOS ANGELE	8	LOS	ANCELES	OF INFORMANT	ELENITZ-SISTER
SIMPSON FA	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PI		APPLICABLE	17749 MERRIDY NORTHRIDGE, C	STREET #20
	MCHESTER BL., INGERMOOD, CA			BA SIGNATURE OF APPLICA	NT-Person taking permit 88 DATE SIGNE
ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code, sed	was authorized persuant to Section 71,00 of the	Health and Safety Code	The govern	08/04/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMAT IS ISSUED IN ACCORDANCE WITH F SICHIS OF THE CALLFORMAN HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPEI IN THE REMAIN GRES NO MORT OF REPOSE, QUISSE OF CALL	CIPIED #13.00	08/04/	2003	FLOCAL REGISTRAR ISSUM PERM NOMAS LA MUNICIPAL A
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	BO. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CALIFORNIA. 313 HORTH FIGUEROA STREET LOS ANGELES, CA 90012	DEATH- 9E. ADD F D			
	DISTION(S) CHECK APPLICABLE ITEMS	1 345			CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC UI				11C. SIGNATURE OF	PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CE	AND INDEPENDED	128. DATE CREMAT	ED 12C. SIGNATURE OF	PERSON IN CHARGE OF CREMATIO
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	13B. DATE RECEN	PED 13C. SIGNATURE OF	PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE	TE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPPE		SIGNATURE OF PERSON IN CHARGITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST PORT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C, SIGNATURE OF CHARGE OF DR	

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

4x, 120g

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8 1 03

You are hereby authorized and instructed, subject to your rules and regulation of HNTON 10 Tagalon 134.11	s, to inter the remains
in a Toubelleoth Cryst Funeral, date, time 8 6 08	10:0000
Charles The Control of the Control o	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra of	harge of \$
will be applied and billed to undersigned. Sam FOJO	$-\infty$
Lot Grave Row Section Divis	sion/Block 12
Grave space & Care Fund	782=
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container D.D. Crypt	418-
1.15 Vol 155 Vol	
Handling Fees PAID	
Flower vases - Marker setting fee	- ON -
Recording and filling fee	22 110
MT. HOPE CEMETARY	<u>32.90</u>
.CITY OF SAN DIEGO, WA A	225040
Peld receipt number	
lo II Balanc	se due 4
and this is your authority to make disposition of remains as above indicated. I have the right to make this authorization and I agree to hold Mt. Hope Ce any ilability on account of said authorization and interment.	pove named decedent certify and represent metery harmless from
Addylas	nella led.
Signature of recorded holder of dead	92173
Ounce 17960 Invoice # Acct. #	-3294

MT HOPE CEMETERY E 17960

GRAVE BLIND CHECK FORM

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

0					
			Ru Fo SAMSUN		WILLIAM
		х	NICH dis	TOA	
			E PHILLIP		
			-		
Interment space for Interment Date: <u>1</u> Div: <u>12</u> Sect:	-6-03	ş T	ime: <u>//</u> .o	O P.M	r. <u>7</u>
Grave Laid out by	: NORM	Wa	ERGU	150 W	
Agrees with Lega	Card: 🗆	Yes [J No		
Agrees with Map:					
Blind Check & Ve	erified By:_	Waid !	Toniga	Date:_	8-5-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIR MONTH, DAY, Y	
	ANTONIO	. 0	PAGAYON		. 02/14/195	
64	SAN DIEGO		58. COUNTY OF DEAT ENTER STATE SAN DIEG	56 - 109/07/00/04/100/07/28/A/C	OF INFORMANT	ULL MAILING ADDRESS AND ZIP CODE
74	. TYPED NAME AND AD	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. CA		1954 RIDGEWO	
		A BURIAL CHAPEL	co researces Norman	1000	SAN DIEGO CA	
-	ACKNOWLEDGMENT OF AS	LAND AVE. NATIONAL CITY (UNT—Person taking permit 88. DATE SIGNE
-		Section 10376 of the Health and Safety Code, and w THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI	as authorized persuant to Section 7100 of t	he Health and Safety Code		OF LOCAL REGISTRAR ISSUING PERMI
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY (AND IS THE AUTHORITY FOR THE DISPOSITION SPEC IN THIS PERMIT. HOTE: THIS PERMIT CHIES NO MIGHT OF DISPOSAL OUTSIDE OF CALF	CODE FIED	08/05/200 V. MITCH	13	
AN	THE OWNER WHEN THE PARTY OF THE	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CAUFORNIA	DEATH- SE AC	ORESS OF REGISTRAR	OF DISTRICT OF DISPOSITI	ON
P	DISPOSITION.	VITAL RECORDS-P.O. BOX SAN DIEGO CA 92186-5222	85222		-	
10	. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR	CORONER'S USE ONLY
-	A. BURIAL (INCLU	JOES ENTOMBMENT)	E. TEMPORARY ENV.	AULTMENT		TION PENDING—REMAINS LOCATED and Address)
į	C. DISPOSITION THAN IN A CE		G. SHIP IN TO CALIF		70 SAV	1000
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CE HT HOPE CEMETERY 3751 MARKET ST. SAN DIS	METERY EGO CA 92102	8-6-03	//	PERSON IN CHARGE OF BURIAL
WEE HEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF	PERSON IN CHANGE OF CREMATION
T APPLIE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEIV	VED 19C. SIGNATURE OF	PERSON IN CHARGE OF FACILITY
MPLEIE AL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE T		14B, DATE SHIPPE		SIGNATURE OF PERSON IN CHARGE ITH THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF DI	

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	8-1-03
Date	0-100

You are hereby authorized and in	nstructed, subject to your rules	and regulations, to inter the remains
	Bernick	134117
na T3 Van	ef Funeral, date, time	Muc 9:00 1/7
Type of Burial Container Church, Chapel, Gyaveside	Delivery ?	eather needlesoniary
will be applied and billed to unde		2000 OTHER DESIGNATION & CO. CO. CO.
Lot 7 Grave 9	Row Section _	1_ Division/Bleck 12
Grave space & Care Fund		78500
Additional spaces and care fund		
Opening/Closing & Setup	PAID	413.00
Burial Container		375.00
Burial Container Handling Fees	AUG 0 5 2003	204.00
Flower vases — Marker setting fe Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	50.00
Sales taxes		2/.3/
that I have the right to make this any liability on account of said at FRANK ISERNICK. I hereby authorize the interment hold under deed. Stgraders of recorded holder of deed	Paid receipt number Z	potal Due
Jeth .	Timphone /	30, 0
You _ 17	961 Invoice #_	
Work Order # E	Acct. #	
	teams forty has an inertained	1784 7561 25 7565 P

MT HOPE CEMETERY /

E-17961

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			Sur	6	
	ck Initiated I				8)5
Interment	space for:	us 8/-	7_ Time:	9:0	Eq.
Grave La	id out by: <u>\</u> ith Legal Car	ORMAN) Fer	euson)	
Agrees w	ith Map: ☐ eck & Verifie	Yes _	□ No	Date:	glos

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMA

^ 1	03
11	4
11	10

	U	SE BLACK INK ONLY-MAKE	NO ERASURES, WI	HITEOUTS OR O	THER ALT	TERATIONS			
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	TO MIDDLE	1C. LAST (FAMILY)		1 4	DATE OF BIRTH	S. DATE OF	Y, YEAR	4. SEX
Diane SA. CITY OF DEATH		Kthel	58. COUNTY OF DEATH	Bernick		04/28/1932 ELATIONSHIP, FULL MA	07/26		e cone
San Diego		1,0	ENTER STATE	n Diego	_OF IMEO		12000	. OO AND ZI	COUL
7A. TYPED NAME AND AL	DORESS OF CALIFORN	MA-FUNERAL DIRECTOR OR PERSON A	ACTING AS SUCH 78. CAL	F. LICENSE HUMBER		53rd St.,	STATE 415		-
Feathering:	ill Mortua	7	→F	APPLICABLE	San D:	lego, CA 92	115		200
6322 E1 Ca	ion Blad.	San Diego, CA 9211	5 70	1083	BA. SIGNAT	UBE OF APPERIANT - ME	SOURISHE DECEMBE	BB. DATE	E SIGNED
ACKNOWLEDGMENT OF A	ne ereser hereby	admentedge as applicant that the proposed dispos 0376 of the Health and Salety Code, and was authors	estion stated herein is one of the	depositions authorized by Health and Safety Code.	1	1		07/29	
ANY CHANGE IN DISPOSH	SIONS OF THE CALIF AND IS THE AUTHORS IN THIS PERMIT. NOTE: THIS PERMIT GNES I 9D. ADDRESS OF R	UED IN ACCORDANCE WITH PROVI- FORNIA MEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO MIGHT OF DISPUSAL DIFFICIENT OF DEATH- ED IN CAUPOINNIA.	\$13.00 - '9E. ADD	08/01/20 K. Zaret RESS OF REGISTRAR	OF DISTRIC	23128	326	kar issuini	G PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO Box 852 92186-522	222, San Diego, CA	1	SPESITION IS TO DEE	UN IN ANGIH	IER DISTRICT IN CAUPOR	NIA.		
B. CREMATION G. DISPOSITION THAN IN A CE D. SCIENTIFIC US	IIA. NAME AND A Mt. Hope (DORESS OF CALIFORNIA CEMETER CEMETERY, 3751 Mark		DE OF CALIFORNIA	D 11G.	(Mame and Ad		RGE OF BU	RIAL
9	San Diego,			18-7-0	- 1 /	SWI F	K	M	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	ж	12B DATE CREMA	12G.	SIGNATURE OF PERSO	our crus	GE OF CHE	MATKUN
SCIENTIFIC	13A. NAME AND A	ddress of California Facility	RECEIVING REMAINS	19B. DATE RECE	VED 13C.	SIGNATURE OF PERS	ON IN CHAI	RGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148 DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH		erson in	CHARGE .
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREM MAINS DI —IF APPL	ATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-4-03

1000			J-12	
You are hereby authorized	and Instructed, sub	ject to your rules ar	nd regulations, to	inter the remains
	ana B			
ina T.S. Valle	lt F	uneral, date, time	hurs au	a742 1.00
Type of Burisi Control Church Chapel, Graveside	almer .		Roastal	Mortuary.
All Funeral cars must arrive				
All Funeral cars must arrive	before 3:30 p.m. o	f regular work day	or an extra charg	e of \$
will be applied and billed to	undersigned			Name of the last o
Lot <u>285</u> 2grave	Row	Section	Division/	Block_/0_
Grave space & Care Fund .		E-79	46	
Additional spaces and care	tund2	Juon ra	ses	103.26
Opening/Closing & Setup Burial Container Handling Fees		ta	165	413.00
Burial Container	600 9			275.00
Handling Fees		PAID		204.00
Flower vases Marker settl	ng fee	at tr ፡፡ የነገሥ ማበብ ነ	}	138.00
Recording and filing fee	***************************************		*******************	50.00
Sales taxes	MT	HOPE CEMET	ARY	21.31
N CEMETER PI AT 3.50 FT LOL N#3 036 575	n ,CITY	OF SAN DIEG	O.CA	46331
NOT 3.50 (5)	Poid so	ceipt number M		1204 37
N N3 056 51	, raure	Colpt Huridon	Manager Consum	R
28-07	7-16-2		Balance di	19 1/2
I hereby certify I am the and this is your authority to	T (TC)	d romaine as about	of the above	named decedent
that I have the right to make any liability on account of se	this authorization i	and I agree to hold	Mt. Hope Cemet	ery harmless from
Bayon Butter	134122	3-4-	de	
hereby authorize the interr	ment in lot I	Bleadure	712	3072 / HA
hold under deed.		1002	1140	AKY WIT
Skewstern of exceeded teacher of dead		SANI	DIEGO	92131
XV		my a.	Stode N	262 Zo Code
100		Telephone	- -	
VALUE 1	7962	TAMES AND STREET		
7500 B 10 B	1702	Invoice #		
Work Order #		Acct. #	V-90	
REA-104 (7-98)	This informat	ion is available in i	alternative forms	ats upon request.

MT HOPE CEMETERY E-17962

GRAVE BLIND CHECK FORM

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

		العدم ب		d			
		MINTER	Kran	1			
	LAFF	BATTEY	x	Gnith			
	2011		Imene	2			
	J						
3lind C	heck Initia	ted By:	wet	e C	_ Date:	8-60	3
nterme	ent space f	or: Jia	na-Bi	itter			25
nterme	ent Date: _	8-7-0	3	Time: / (20		
Div:	O Sect	BI	v/Row: _	Lot:	2852	Gr:/	
Grave	Laid out by	c	**				-
Agrees	with Lega	Card:	res l	J No ~	1.0 ag	m	10
Agrees	with Map:	Ø Yes		No	f year	of often	
	Check & V			-1.9840		U	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4. SEX
Tiana	Nicole	Butler			01/2003 F
SA. CITY OF DEATH Chu	la Vista	58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF., 6.	NAME RELATIONSHP, FULL MAILING A OF INFORMANT Bryan Butler, Fath	DORESS AND ZIP CODE
	opress of California Funeral Director or Person agadale Mortuarya 5050 Feder CA 92102	ACTING AS SUCH 7B. CAL	F. LICENSE NUMBER APPLICABLE	10682 Tipperary Wa San Diego, CA 9213	y 1
ACKNOWLEDGMENT OF A		osition stated herein is one of the prized pursuant to Section 7100 of the	dispositions authorized by	The Confell	08/05/2003
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 SHES NO MIGHT OF DISPOSAL OUTSIE OF CALIFORNIA.	9A. AMOUNT OF FEE PA		SUED 9C. SIGNATURE OF LOCAL REP 2312998	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box 852 San Diego, CA 92186-5222	l IFO		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US			RNIA	(Name and Address)	50
BURIAL	San Diego, CA 92102		87-03	Sales F	linus 🛋
CREMATION	12A: NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMATED	12C. SIGNATURE OF PERSON	CHARGE OF CREMA
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY	15A. ADDRESS, MEAREST POINT ON SHORELINE, OR O' FICHENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MARKS DISPOSER —IF APPLICABLE

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

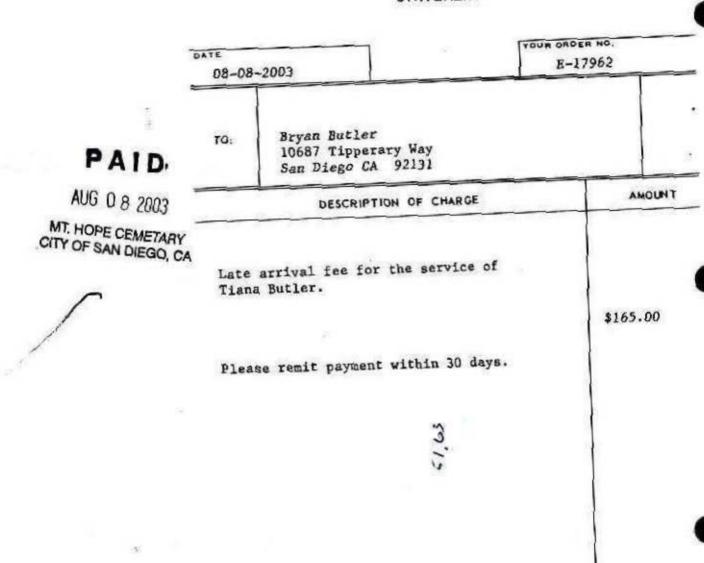
E-17962

Mount Hope Cemetery

3751 MARKET STREET SAN LIEGO. CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Sanofer

Date 8-4-03

You are hereby authorized and instruct of		es and regulations, to in	
in a Type of Bertal Container	Funeral, date, tir	ne	0_
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 undersigne	d		
Lot 470 Grave Ro	PAI	Division/84	ock _ [0
Grave space & Care Fund		***************************************	
Additional spaces and care fund	AUG 0 4 2	003	
Opening/Closing & Setup			
Burial Container	MT. HOPE CEN	EGO, CF	A CONTRACTOR OF THE PARTY OF TH
Handling Fees	CHITCH SPANIS	EGO, O	
Flower vasas - Marker setting fee			
Recording and filing fee	Ransfe	r Fee	50.00
Sales taxes	V		
	Paid receipt number	Visa Cul	50,00
		Balance due	0
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authorize. I hereby authorize the interthent in lot I hold under dead. 1024 Fur 1024	rization and I agree to I ation and interment.	above indicated. I certificated	harmless from
_ 1796	3 Invoice#		
Work Order # E	Acct. #		
======================================		1 30 40 10 14	

COL 9945413 2=9-04

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Date (2 19 4.03

You are hereby authorized and instructed, subject to your rules ar	nd requisitions, to inter the remains
" Rosetla T. Graves	
in a D.D. CRYPT 2ND Deruneral, date, time to	MA 8 1 300
Church, Chapel, Graveside CHADEL DILVERY T	The state of the s
All Funeral cars must arrive before 3:30 p.m. of regular work day	or an extra charge of \$
will be applied and billed to undersigned.	
Lot 4040 Grave Row Section	Division/Block 10
Grave space & Care Fund See C-5699	<u> </u>
Additional spaces and care fund	<u>+</u>
Opening/Closing & Setup. ZND Build D	413.00
Burial Container	<u> </u>
Handling Fees AUG. 0. 4. 200	13
Flower vases - Marker setting fee	TARY
Recording and filing fee	50.00
Sales taxes	
Total	al Due . 463.00
Paid receipt number	1-5037 463.00
	Balance due
I hereby certify I am the DAOq Hter IN - IOW and this is your authority to make disposition of remains as above that I have the right to make this authorization and I agree to hold any liability on account of said authorization and interment.	of the above named decedent e indicated. I certify and represent Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed. Solve Telephone I hold with the solve I hold under deed. Address Solve I hold notice of deed.	BLACKTON DR. DIEGO CO. 9205
Range 17964 Invoice #_	264-7268
Work Order # Acct. #	



E17964

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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					
	21- Bobas	CRANFOR GROWES	E. DAVIS		
		B-KIRH			
Blind Check li	nitiated By:				8-4-o3
Interment Dat Div: 10 S	20		Time: Lot:	<i>4040</i> G	r: <u>/</u>
Grave Laid ou		1)	-
Agrees with L Agrees with N	,				
Blind Check	& Verified By	Dovid VI	musa	Date:_	

E-17964

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Rosetta	NT-FIRST (GIVEN)	18, MIDDLE	IC. LAST (FAM	ILY)	2. DATE OF BIRTH 3. DATE OF DEATH	4
		Theresa	Groves		12/10/1908 08/01/2003	
. CITY OF DEATH			58. COUNTY OF	DEATH-OUTSIDE CALS.	S. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND Z	P CODE
San Dieg	Contract to the second		ENTER STAT	San Diego	OF INFORMANT Leihua Smith, Executor	
Anderson-	Ragsdale M	ortuary, 5050 Feder	orno as such 'r ral Blvd	B. CALIF, LICENSE HUMBER —IF APPLICABLE	2516 Blackton Drive San Diego, CA 92105	
San Diego	, CA 92102		1	FD-1329	BA - BIGNATURE OF APPLICANT -Person taking sermit, BB. DAT	E SIGNED
ACKINDWLEDGMENT OF A	FPLICANT Theretry Section 10	acknowledge as applicant that the proposed disposision of the Health and Salety Code, and was authorize	non stated berein is on and pursuant to Section 7	e of the dispositions authorized by 100 of the Health and Safety Code.		/2003
PERMIT UTHORIZATION OF	THIS PERMIT IS ISSE		BA. AMOUNT OF	PEE PAID 98. DATE PERMI 08/05/20	TISSUED, BC. SIGNATURE OF LOCAL REGISTRAR ISSUED 103 2312969	G PÉRMIT
OCAL REGISTRAR	NOTE: THIS PERMIT GIVES I	IO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA.	13.00	B. Campb		#
IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	egistrar of district of death- id in California rds, P.O. Box 85222 CA 92186-5222	3		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	30 FEB 5		FOR CORONER'S USE ONL	Y
X A. BURIAL (INCL) X B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REM	AINS OTHER	F. DISINTERMEN		L DISPOSITION PENDING—REMAINS L (Name and Address)	OCATED AT
BURIAL	Mr. Hope	cometery, 3751 Mar CA 92102		et 8-/2-0	. / - /	URIAL
CREMATION	CSI Crema	oress of CALFORNA CREMATO tion Services, Inc. Vista, CA 92083		128. DATE CREMA		EMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMA	INS 138 DATE RECE	VED 13C. SIGNATURE OF PERSON & CHARGE OF F	ACILITY
USE						
USE		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C ADDRESS AND SIGNATURE OF PERSON IN OF PLACING WITH THE CARRIER	CHARGE

Certificate of Cremation

This certifies that Rosetta Theresa Groves, who died on August 1. Two Thousand Three, was cremated at Cremation Services, Inc. Crematory, 2570 Fortune Way, Vista, California on August 6. Two Thousand Three.

1 W Schools
Director of Operations

MT. HOPE CEMETERY

INTERMENT ORD

A	
a medicinal	City of San Diego
Pre-ned trust	

1

INTERMEN	T ORDER
e-new trust chyoisa	n Diego
e lata Vi	Date 8-4-03
You are hereby authorized and instructed, subject t	
- Oph I so allen	& Betty Mc Cour
M 1	al, date, time
Type of Build Continer Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg	ex 18% = Servicionale
will be applied and billed to undersigned.	-
Lot 4865 Grave Row	_ Section Division/Block
Grave space & Care Fund	1205.00
Additional spaces and care fund	
Additional spaces and care fund Opening/Closing & Setup	826.00
Burial Container	418.00
Handling Feet	352.00
Flower vases - Marker setting fee	
Recording and filing fee 2) Ruf /	Fee 100.00
Sales taxes PAID	32.40
AUG 0 4 2003	Total Due
MT, HOPE CEMETARY	Balance due
I hereb CITY Far AN OJEGO, CA	
and this is your authority to make disposition of rei that I have the right to make this authorization and in any liability on account of said authorization and inter-	agree to hold Mt. Hone Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	7908 Knowwood Rd
Signature of recorded holder of clean	(619) 464-2199 2000

17965

Invoice # Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER DULUTH /City of San Diego id instructed, subject to your rules and regulations, to inter the remains 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. Additional spaces and care fund Paid receipt number Balance due any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. 17966 Invoice Work Order 6 Acct.

O River or second comme

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY F17966

GRAVE BLIND CHECK FORM

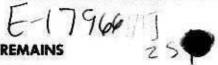
Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

usura Ludur	00			
	х			
Blind Check Initiated By: Po	aulet1	e C. OCKr	Date: <u>8-6-</u>	03
Interment Date: 8-8-03				
Div:MAS Sect: 0 BI	k/Row:	Lot:9	Gr:_ A	6
Grave Laid out by: <u>No Rm</u>	IN F	ERG US	5N	
Agrees with Legal Card:	Yes 🗇	No	(100 00	

Blind Check & Verified By

84103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR	4. SEX
CAROL		HOKA	LOCKREM		07/12/1935 07/30/2003	7
A. CITY OF DEATH	44		58. COUNTY OF DEATH		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT	CODE
CHULA VIST	AND A SECURE ASSESSMENT OF THE PARTY.			AN DIEGO	SHARRY L. WARRIS - COUSIN	
		5600 CARROLL	PERSON ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER FAPPLICABLE	CHULA VISTA CA 91915	•
SAN DINGO	CA 92121		7	D1260	BA. SIGNATURE OF APPLICANT—Person taking person, SB. DATE	SIGNED
ACKNOWLEDGMENT OF AN	PPLICANT I hereby a Section 16	acknowledge as applicant that the pri 1376 of the Health and Safety Code, an	oposed disposition stated herem is one of the id was authorized pursuant to Section 7100 of th	dispositions authorized by Health and Safety Code	► / 0'07/31/	200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFET TY FOR THE DISPOSITION SP	Y CODE PECIFIED	98. PATE PERMI 08/01/20	WIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING 2312775	PERMIT
LOCAL REGISTRAR		O MIGHT OF INSPOSAL OUTSIDE OF C	12777	M. CANDEL	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
NY CHANGE IN DISPOSI-	IF DEATH OCCURRE	EGISTRAR OF DISTRICT O			IF OF DISTRICT OF DISPOSITION— OUR IN ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX SAN DIEG	85222 O CA 92186-52	22			
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	20.00		FOR CORONER'S USE ONLY	
X A. BURIAL (INCLU	DES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	L DISPOSITION PENDING REMAINS LOC	ATED A
B. CREMATION			F. DISINTERMENT		(Name and Address)	
THAN IN A CE		AINS OTHER	G. SHIP IN TO CALIFO	RNIA		
D. SCIENTIFIC US	SE .		H. TRANSIT TO OUTS	IDE OF CALIFORNIA	Y 4	
BURIAL		CEMETERY 3751 CA 92102		8-8-0	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BUR	IAL
	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREM	ATION
CREMATION	1622525	IEW CREMATORY IEGO CA 92113	3953 IMPERIAL	8/5/0	3 10 10/1	
SOIENTIFIC	ISA. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138, DATE RECE		LITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CO. OF PLACING WITH THE CARRIER	gar phone
				i .	1	*
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		E, OR OTHER DESCRIPTION SUF- CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMA	TED RE-

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





MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1.10	City of Sait Diego		Ø.	1/ 02	
AT Need		Date_	0	7-00	g[
Variable baseline and baseline	and and instructed outliest to usur out	134/	28	star the remain	
Tou are neredy authorize	ed and instructed, subject to your rule	S AK	A)-77	CODOW	d
7 1.11	aulf Funeral, date, ti	mas	c.a	UQ-11 11	1.0
Type of Budgl	Container	14 1	21111	9	100
Church Chapel, Graves		(11-7	wat	Mortuan	y.
All Funeral cars must an	rive before 3:30 p.m. of regular work	day or an ext	ra charge	of \$	-
will be applied and billed	to undersigned.				-
Lot HO Grave	10 Row Section	_2_1	Division/Bi	lock //	
Grave space & Care Fu	nd	*************	**********	87500	2
Additional spaces and c	are fund			The state of	5
	PAID			413.0	20
Burial Container	PAID			275,00	2
	AUG 0 6 7003				0
Flower vases - Marker I	entting too	9-9-356666600008860011N	19161 1903A-1110	Marie Allerie	-00
	NAT LICOU CEMETARY			50.00)
Sales taxes	CITY OF SAN DIEGO	M		21.31	0
Garas taxes		Total Due		18383	7
		6 CO	?	1838.3	/
	Paid receipt number	4000	lance due	-0	-
	VA. 1	200		466	-
and this is your authorit	X Grandmother to make disposition of remains as	above indicate	ed. I certif	arned deceder y and represer	nt
that I have the right to m	ake this authorization and I agree to of said authorization and Interment.	hold Mt. Hope	Cemeter	y harmless from	n
	(Day or	1. 1	144	-Caron	Ì
I hereby authorize the in hold under deed.	Rigueture	65+4	wire.	Out	_
	Address	2 63	24		-
Signature of recorded holder of deed	Caty 2	ی دا	9	ZIp Co	- -
P -	X 69 9	262-5	905	- N	20
1 ulette	10000				
Paller =	.17967 Invoice#				-
Work Order # E	Acct. #				5
REA-104 (7-95)	This information is available	e in alternati	ve formati	s upon reques	t.

Q Printed on regular paper

MT HOPE CEMETERY E 17967

VICLA TURNSL

GRAVE BLIND CHECK FORM

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

TO RUTH

PH.ULIS

BLACKER

		WAFKEL	Lewis	O	
NA.					
Blind Check Init	iated By: 15	PAY SOLL	DER	_ Date: _	8-4-03
Interment space					
Interment Date:	8-11-03	ТТ	ime: /,'	00 P.1	n
Div: Sec	t: <u>2</u> B	lk/Row:	Lot: _	40 Gr	10
Grave Laid out	by: Noen	Wan	FERR	cuson	<u> </u>
Agrees with Leg	al Card: 🛮	Yes C	J No		
Agrees with Ma	p: Ø Yes		lo		
Blind Check &	Verified By:	ROBE	et Beogh	A Date	8-7.03

E17967

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (F			SECTION SECTION	2. DATE OF BIRTH	3. DATE OF DE	
FRANK		CORTEZ	1	BALL	ESTERO	S		01721/1986	08/01/20	03 M
SA. CITY OF DEATH			1	5B. COUNTY	OF DEATH-O	UTSIDE CALIF.	6. NAME	RELATIONSHIP, FULL M	AILING ADDRESS A	ND ZIP CODE
SAN DIEGO			1	SANDI	EGO		TANY	PARSON-MOR	HER	
CALIFORNIA RL CAJON 1	DORESS OF CALIFORN CREMATION BLVD. SAN D	& BURIAL	CHAPEL 5	1		PLICABLE	6420 LEMO	BLUE ASH DR N GROVE, CA.	91945	, DATE SIGNE
ACKNOWLEDGMENT OF A	non-vision I hereby a	cknowledge as applicant th 876 of the Health and Salet	at the proposed diagne	olige stated herein is	name of the dispe	sitions aethorized by	> K	R 7-	- 08	/06/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT CHES IN	JED IN ACCORDANCE ORINIA HEALTH AND TY FOR THE DISPOSIT	SAPETY CODE NON SPECIFIED	\$13.00		*08/06/2 K JON	the California of the Californ	9C, SIGNATURE OF LO ▶2313003	CAL REGISTRAR !	SSUING PERMI
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF RIFE DEATH OCCURRENT VITAL RECO	D IN CALIFORNIA	X 85222	-80 T				RICT OF DISPOSITION— OTHER DISTRICT IN CAUFO	RNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		_	N.			FOR COR	ONER'S USE	ONLY
B. CREMATION		ains other	E		MENT O CALIFORNI	Assisted .	·	L DISPOSITION (Name and A	PENDING—REMAI ddress)	NS LOCATED .
BURIAL	MT HOPE CE		1 MARKET	The Salary Control of	i	8-11-0		SIGNATURE OF PER	SON IN CHARGE	OF BURIAL
CREMATION	12A. NAME AND A	odress of Califo	ORNIA CREMATO	AY.	į	28. DATE CREMA	ATED 120	SIGNATURE OF PER	SOME CHARGE	F CREMATION
SCIENTIFIC USE	13A. NAME AND AL	odress of Califo	ORNIA FACILITY	RECEIVING RE	MAINS	3B. DATE RECE	IVED 130	. SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRANSIT	14A, NAME AND AI REMAINS OR	DORESS IN RECEIVE CREMATED REMAIN			HE I	4B. DATE SHIP	PED 140	C. ADDRESS AND SIGN OF PLACING WITH T		ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHE ENTIFY FINAL PLACE				58. DATE OF DISPOSITIO		C. SIGNATURE OF PER CHARGE OF DISPOS	ITION OF	CENSE NUMBER CREMATED RE- AINS DISPOSER IF APPLICABLE

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



MT. HOPE CEMETERY TERMENT ORDER

City of San Diego

re-need dot in

0-t-03

Church, Chapel, Graveelde ; Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 2823 Grave Row Section Division/Block Possibility of the above named decedent and this is your setting fee. Copening/Closing & Setup AUG 5:2004 Burlal Container Milling Fees CITY OF SAN DIEGO; Cr. Flower vases – Marker setting fee. Sales taxes Total Due 1095.00 Paid receipt number Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. Learting har prepared that I have the right to make this suthorization and I agree to hold Mt. Hope Cemeterly harmless from any liability on account of seld authorization and interment. CHAPLE BUILD Selection of the deced. Bignature of accorded holder of dead 17968 Invoice # Invoice #	Pu	127,-		Date 0 0 0	J
Funeral, date, time Church, Chapel, Gravecide All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 2823 Grave Row Section Division/Block Roy Office Section Division/Block Roy Office Section Division/Block Roy Office Section Division/Block Roy Office Section Roy Office Roy Office Roy Office Section Roy Office Section Roy Office R	You are hereby authoriz				
Funeral, date, time Church, Chapel, Gravecide All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 2823 Grave Row Section Division/Block Roy Office Section Division/Block Roy Office Section Division/Block Roy Office Section Division/Block Roy Office Section Roy Office Roy Office Roy Office Section Roy Office Section Roy Office R	of	or Kell	a lass	ren	
Church, Chapel, Graveeide	ina	F	,		
will be applied and billed to undersigned. Lot 2823 Grave Row Section Division/Block 10 Grave space & Care Fund 10 95.0 Additional spaces and care fund 10 95.0 Opening/Closing & Setup AUG 0 5 2004 Burial Container MT. HOPE CEMETARY Handling Fees CITY OF SAN DIEGO, Co. Flower vases – Marker setting fee Recording and filing fee Sales taxes Total Due 1095.00 Paid receipt number Macket by 1095.00 Paid receipt number of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of seid authorization and interment. Delta September 10 10 10 10 10 10 10 10 10 10 10 10 10			;		Mortuary.
Copering/Closing & Setup. Additional spaces and care fund. Copering/Closing & Setup. ADD STATE Burial Container. Handling Fees. MT. HOPE CEMETARY Handling Fees. CITY OF SAN DIEGO. C. Flower vases – Marker setting fee. Recording and filling fee. Sales taxes. Total Due. 1095.00 Paid receipt number. Mallo 195.00 Paid receipt number. Division/Block. I for 5.00 Balance due. I hereby certify I am the sufficient and I agree to hold Mt. Hope Cemetery harmless from erry liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from erry liability on account of said authorization and interment. Burial Container. 17968 Invoice # Invoice # Invoice # Invoice #	All Funeral cars must a	rrive before 3:30 p.m. o	regular work day o	r an extra charge of \$	
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Opening/Closing & Setup					
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Paid receipt number Modern by 1095.00 Paid receipt number Modern by 1095.00 Paid receipt number of the above named decadent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 34 22 Beylin Bushin Continue	Opening/Closing & Sets	n 0 - /	2002		
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Paid receipt number Market day 1095.00 Balance due I hereby certify I am the same disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. By I but I but I but I believe the interment in lot I believe the interment in lot I believe the interment of said authorization and interment. By I but I but I believe the interment in lot I believe the interment in lot I believe the interment of said authorization and interment. By I believe the interment in lot I believe the inte	Flower vases - Marker	setting fee			
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Paid receipt number Market by 1095.00 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Beyon Bushin bushin I hereby authorize the interment in lot I hold under deed. Bignature of recorded holder of deed 17968 Invoice #	Sales taxes		***************************************		1
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 34 22 BPH		Paid re	Tota ceipt number <u>M</u> C	soler dag	
mlette 17968 Invoice #_	and this is your authorit that I have the right to n any liability on account 34 22	ty to make disposition of nake this authorization s of said authorization an BPY On But Iu	and I agree to hold k d interment.	ft. Hope Cemetery ha	ed decedent nd represent irmless from
		d	Address RVL City P . 4	VALLEY 163 7039	9/97/
	me -	17968	Invoice #		
	Work Order #	Carrie Galler	Acct. #		

REA-104 (7-98)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-5-03

na -	Funeral, date, time	0 0
Type of Buriel Container Church, Chapel, Graveside		_ Mortuary.
All Funeral care must arrive before 3:3	IO p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigne	ed	
Lot 9049/ Grave Ro	w Section MAS_ Division/Block	A
Grave space & Care Fund		_
Additional spaces and care fund		-
Opening/Closing & Setup		-
Burlel Container		(1 1.11)
Handling Fees		-
Flower vases - Marker setting fee		-
A CONTRACTOR OF THE PROPERTY O		-
SATISFACE ADMINISTRAÇÃO DE CARROL DE CONTRACTOR DE CONTRAC		-
	Total Due	•
	Paid receipt number	~
	Belence due	-
I hereby certify I am the	Self of the above name	el clanacions
that I have the right to make this author any liability on account of said authors hereby authorize the interment in lot hold under deed.	the I Ste	depresent rmless from
Signature of recorded holder of deed	1619-176-1190	Zip Coun
1796	9 Invoice #	
Work Order # E	Acct. #	

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED	City of San Diego	Date_	8-5	- 03
You are hereby authorized and instructs	ed, subject to wait rules A 574 DI CU			er the remains $34/24$
in a T.S. VAULT Type of Build Container Church, Chape) Graveside	Funeral, date, tim		1	2.8 10:0 Martuary.
All Funeral cars must arrive before 3:30	p.m. of regular work de	ay or an extr	a charge o	1\$
will be applied and billed to undersigned	ı			
Lot 256 Grave 11 Row	v Section _	2	Division/Ble	dr-12
Grave space & Care Fund				985.00
Additional spaces and care fund		••••••		
Opening/Closing & Setup				413.00
Buriel Container		***********		275,00
Handling Fees	PAL	D		204.00
Flower vases - Marker setting fee				
Flower vases – Marker setting fee Recording and filing fee	AUG 062	003		50.00
Flower vases – Marker setting fee	MT.HOPE CEM CITY OF SAN DIE Paid receipt number	ETARY 256	556 ,	21.31 19483 1948-31
Varys In		Ва	lance due	-0-
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization liability on account of said authorization.	eition of remains as ab	ove indicate	s above na cl. I certify	and represent
I hereby authorize the interment in lot I hold under deed.	Address .			
Signature of recorded holder of deed	Telliphone			Zig Code
.17970 Work Order # E	Invoice #_ Aact. #_			
	formation is available	in alternativ	e formats	upon request.

MT HOPE CEMETERY [-17970

GRAVE BLIND CHECK FORM

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

Control of the contro	al space.	appropriate space(s	, mar are adjace	in to
	bisse	Jenniras		
2/g/v		x	Lais	
		torum		
Blind Ch	eck Initiated By	r. Saultae C. Mario Albe	Date: <u>8</u> rto Ostuo	lello
		8 2003 Time:		Cru
Div: 12	1267	Blk/Row:		11
	aid out by: <u>) da</u>	RMAN FER	SUSON	
Grave La				
		: 🗗 Yes 🔲 No	good on	fore

Date:8-6-03

Blind Check & Verified By: Went Ylon

E17970

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IN THREE OF DECED	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE O		DATE OF DEATH	4 SE
MARIO	ALBERTO	ASTUDILLO-CI	RUZ	02714	71987 6	870472063	M
SA. CITY OF DEATH	W. Committee of the com	58. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONS			P Co
SAN DIEG	Ď	SAN DIEGO		OF INFORMANT JUSTA CRU	Z_MOTHER		
A. TYPED NAME AND A	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CAL		2262 MARK		ו שרוכו יו	
GUADALUPA	ANA MORTUARY, 2601 IMPERIAL AV	Æ	FAPPLICABLE	SAN DIEGO			
	,CA.92102	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1425	BA. SIGNATURE OF A	PPLICANT—Parson	taking permit, 88. DAT	
ACKNOWLEDGMENT OF A	I Thereby advantation on auditard that the account days	oution stated herein is one of the	dispositions authorized by	Joken	1 Chai	US 08/0	7/20
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-	9A. AMOUNT OF FEE PA	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ISSUED 9C SIGNAT			
PERMIT	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	G. 1		AVEZ 23131			
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT. HOTE: THIS PERMIT GIVES NO INGHT OF DISPOSAL DUTSING OF CALIFORNIA.	\$13.00	! 08/07/20	003			
INY CHANGE IN DISPOSE	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH		DRESS OF REGISTRAR				-
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECORDS P.O. BOX 85222		DISPOSITION IS TO OCCU	R IN ANOTHER DISTRI	ET IN CALIFORNIA		
DISPOSITION.	SAN DIEGO, CA, 92186-5222	18					3.1
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			()	FOR CORONE	ER'S USE ONLY	0
A. BURIAL (INCL	(DES ENTOMBMENT)	E TEMPORARY ENVA	ULTMENT		SPOSITION PEN	DING-REMAINS LO	CATED
B. CREMATION	F	F. DISINTERMENT			lame and Addre		
The Supplemental Control of the Cont	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	OBUA	1			
THAN IN A C	EMETERY						02
D. SCIENTIFIC U	SE	H. TRANSIT TO OUTS	DE OF CALIFORNIA	ty.			
	11A, NAME AND ADDRESS OF CALIFORNIA CEMETER		118. DATE BURIE	11C. SIGNATU	RE OF PERSON	IN CHARGE OF BE	IRIAL
SURIAL	MOUNT HOPE CEMETERY, 3751	MARKET ST.	012	1 /		/	980931 753
	SAN DIEGO, CA.92102		18-8-3	NUM	/.	Many	n
	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	DRY	12B. DATE CREMAT	ED 1 12C, SIGNATU	RE OF PERSON	H CHARGE OF CH	EMATIO
CREMATION			1	736	//	1000	
ENCENTROCESON.					0		HISTORY .
(i)	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY						
255475320075488400	130. HOME HIS REPRESO OF CHES CHIMA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	/ED 13C. SIGNATU	RE OF PERSON	IN CHARGE OF FA	CILITY
SCIENTIFIC	TOOL SHOWLE PROPERTY OF WHEN SHOWN E-POINTS	RECEIVING REMAINS	13B, DATE RECEI	VED 13C. SIGNATU	HE OF PERSON	IN CHARGE OF FA	CILITY
	TORKE PROPERTY OF SHEET SHIPE ENVILLE	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATU	HE OF PERSON	IN CHARGE OF FA	ACELITY.
1	14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	13B. DATE RECEI	D 14C. ADDRESS	AND SIGNATUR	RE OF PERSON IN	
GGE		COUNTRY WHERE		D 14C. ADDRESS		RE OF PERSON IN	
1	14A. NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE		D 14C. ADDRESS	AND SIGNATUR	RE OF PERSON IN	
TRANSIT	144. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT	COUNTRY WHERE SHIPPED	14B. DATE SHIPPI	D 14C. ADDRESS OF PLAC	S AND SIGNATUR ING WITH THE C	RE OF PERSON IN CARRIER	CHARG
TRANSIT SCATTERING AT SEA	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	148. DATE SHIPP!	D 14C. ADDRESS OF PLAC	S AND SIGNATUR	RE OF PERSON IN CARRIER IN ISD. LICENSE IN OF CREM	CHARG
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MT_HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date 8-6-03

of	ELVERA	SHEETS 1		
ina ASH	VAULT	Funeral, date, time	AYD 9	8
Church, Chepel,	has on memory resembles.		MAYOR	Mortuary.
All Funeral cars	must arrive before 3:30	p.m. of regular work day or	an extra charge of	<u> </u>
will be applied a	nd billed to undersigne	d		
ASH NO	CHES 2 How	v 1 Section 2	Division/Bles	<u>49</u>
Grave space & (Cere Fund	-10184		_
Additional space	es and care fund			_
Burial Container	ASH VA	HUT		0
Handling Fees .				77.5
Flower vases -	Marker setting fee		······································	-
Recording and f	lling fee)
Sales taxes				<u> </u>
		Total I	Due	→
		Paid receipt number		
			Balance due .	0
that I have the ri	authority to make dispo	catton of remains as above in ization and I agree to hold Mit ation and interment.	of the above nandicated. I certify a Hope Cemetery h	and represent
I hereby authoriz hold under deed	ze the interment in lot I i.	Signature		
Daulette	star of deed	Telephone		Zip Code
Non	_ 1797	1 Invoice #		
Work Order #		Appt. #		
REA-104 (7-96)	This li	nformation is available in alt	ernative formats u	ioon request.

Q Printed to regular paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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	crives	x		Thomas	
	Push Push		Charlem		
				<u>.</u>	
Blind Check Ir	AND PRODUCTION AND PROPERTY OF	endo d	x //	Date:	
	ce for: ELU e: 98				\mathcal{D}
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Agrees with M	lap: 🛘 Yes		No A		Sla
Blind Check &	& Verified By:			Date:	

C11171

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

0181

	USE BLACK INK ONLY-MAKE	NO ERASURES, WHITEO	UTS OR OTHER	ALTERATIONS	01	
IA NAME OF DECEDE	ENT—FIRST (GIVEN) 18 MIDDLE	1C. LAST (FAMILY) SCHERTS		2. DATE OF BIRTH MONTH, DAY, YEAR 10/21/1915	3. DATE OF DEATH MONTH, DAY, YEAR 08/02/2003	
SA. CITY OF DEATH	SAN DIEGO	58 COUNTY OF DEATH—OUTS ENTER STATE SAN DIEG	OF #	RELATIONSHIP, FULL MARTING SCHEETS	IAILING ADDRESS AND	OP CODE
7A. TYPED NAME AND A	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A LRY, 2859 ADAMS AVE., SAN DIEC	CTING AS SUCH 7B. CALIF. LICE	NSE NUMBER P.O.	BOX 12232 DIEGO, CA 9	2112	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby achieved figures applicant that the proposed dispos Section 10376 of the Health and Safety Code, and was authors			Tun (H)	T. Q 108/1	1/2003
DISPOSITION	THES PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND/IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT BINES NO HIGHT OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA. P.O. BOX 85222, SAN DIEGO, C. 92186-5222	9E. ADDRESS (3 /1 2/2003 OF REGISTRAR OF DIST		Bowen "	
A BURIAL (INCL. 8. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTMEN F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF		L DISPOSITION (Name and A	PENDING-REMAINS L ddress)	OGATED AT
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MOUNT HOPE CEMETERY, 3751 M/ SAN DIEGO, CA 92102	DEET ST	8-03	C. SIGNATURE OF PER	Familier	BURHAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO COUNTY CREM., 192 COMMERCE I CA 92571	DR. PERRIS.	06/2003	C. SIGNATURE OFFER	■ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMATION
SCIENTIFIC USE	19A, NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 136.	DATE RECEIVED 13	C, SIGNATURE OF PER	SON IN CHARGE OF F	ACRITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR O REMAINS OR CREMATED REMAINS ARE TO BE S		DATE SHIPPED 14	IC. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY PINAL PLACE AND CA DISTRIC		DATE OF DISPOSITION	C. SIGNATURE OF PER CHARGE OF, DISPOS	ITTION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

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

WRobert

REA-104 (7-95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulation to inter the remains delle 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 understaned. Lot / 0/ 6 Grave_ Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup..... Burlei Container..... Flower vases - Marker setting fee Recording and filing fee Paid receipt number . Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. corded bolder of deed Zin Code 17972 Invoice # Acct. #

O Printed on registed paper

This information is available in alternative formats upon request:



817972



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

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\$						
		may	Johnson	Buell		
	rueni)	miller	х	Corell		
= = = =			strait			
3lind Cl	neck Initia	ated By:	am		Date:	8/8
nterme	nt space f	ated By:for: Que	no (8/60
nterme	nt space f	ated By:for:	<u>и</u> (ime:/	0:00	8/60 - Q Sr:_/
nterme	nt space f nt Date: Sect	ved 8/	(3T (7Row:	ime:/ Lot:	1966	8/60 -\Q 3r:_/
nterme nterme Div: Grave L	nt space f nt Date: Sect aid out by	or: Jun Wed 8/1 :3 BIK	(3T VRow:	ime: _/ Lot:	1966	8/60 - X 3r: _/

MT. HOPE CEMETERY INTERMENT ORDER

w/ Robert "	City of San Diego	Olug	603
You are hereby susticitized and instructed	Indiew		
in a Own Vacual F	1 341	athringelf	Mortuery.
All Puneral care must arrive before 3:30 will be applied and billed to undersigned.		t an extra crarge of (
Lot 18/6 Grave Row Grave space & Care Fund		B 9444	8
Agritional spaces and sare fund		E1455 :	<u> </u>
Burlet Container Hendling Field	-985), (41 bfg-14) (44) (44) (44) (44) (47) (47) (47) (8
Flower value - Marker esting les	A PART OF PARTY IN STREET, THE PARTY IN THE	entropia de la contrata del la contrata de la contrata del la contrata de la contrata del la contrata de la con	-0-
\$250 WANT	444 (444) - *, # (p. * * _p . * 444) ₂₁₁ 444 4 (144 4)		8
	aftion of resplains as above ation and//agree to hold it	Belence due	ed decetlent nd represent profess from
I hereby authorize the interment in lot I hold under deed.	X 54 1	RHANSON	Lave 91918
Pan	16191	660-66	14 South
Work Order # E 17972	Acct. #		

This information is evaluable in alternative formats upon request.

E17972

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

479-03

14	NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	Mane		Vernaese	A	ndrew		06/05/1916	07/31/2003	F
5.4	CITY OF DEATH		A)		TH-OUTSIDE CALIF.		RELATIONSHIP, FULL M.	AILING ADDRESS AND Z	MP CODE
1	ian Diego			ENTER STATE	an Diego	Mari	Llyn Miller,	Daughter	
	The same of the sa	and the second s	A-FUNERAL DIRECTOR OR PERSON		ALIF. LICENSE NUMBER		lox 11.		33
		111 Mortuar				Buer	na Vista, CO	81211	
1	1322 El Cej	on, Blvd,	San Diego, CA 9211	5 F	D1083	8A. SIGN	ATMRE OF APPLICANT	erson taking permit, BB. DA	TE SIGNED
5	ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed dispo G76 of the Health and Safety Code, and was author			1	(Neck	08/04	1/2603
	PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED	SA. AMOUNT OF FEE	98. DATE PERMI	TISSUED	9C. SIGNATURE OF LO	CAL REGISTRAR ISSUIT	NG PERMIT
	JTHORIZATION OF	IN THIS PERMIT.	D NIGHT OF BESPOSAL OUTSIDE OF CALLFORNIA.	\$13.0	0 K. Zaret	tske	>		
AN		IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CALFORNA 22, SAN Diego, CA		DORESS OF REGISTRAL DISPOSITION IS TO OCC		BCT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	RNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	v (2)
	B. CREMATION		AINS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU	Messenti V		I. DISPOSITION (Name and Ad	PENDING—REMAINS L idress)	OCATED AT
	BURIAL	Mt. Hope C San Diego,	DDRESS OF CALIFORNIA CEMETE CASTON 3751 Mari CA 92102	et St.,	8-13-0	1	SIGNATURE OF PERS	SON IN CHARGE OF B	URIAL
ABLE ITEMS	CREMATION	Southern C	odress of california Cremator alifornia Cremator Lake Eleinore, CA	y. 601 D	8-603	TED 126	SIGNATURE OF PERS	CHARGE OF CE	REMATION
ALL APPLICABLE	SOIENTIFIC USE	ISA. NAME AND A	doress of California Facility	RECEIVING REMAINS	13B, DATE RECE	IVED 190	: SIGNATURE OF PER	SON-BLICHARGE OF F	ACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPE	PED 140	OF PLACING WITH TO		CHARGE .
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS	ITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

ISSUE DATE.

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.

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

134118	Date_ 8-7-03
	ect to your rules and regulations, to inter the remains
of Jor maria	Socorro Rossos
in &Ft	uneral, date, time
Church, Chapel, Graveside	,, Mortuary.
All Funeral cars must arrive before 3:30 p.m. or	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot <u>229 Grave 3 Row —</u>	Section 2 Division/Block 12
Grave space & Care Fund	985.00
Additional spaces and care fund	ec
Opening/Closing & Setup	418.00
Burtal Container D.D.CRY	r 418 35200
Handling Fees	352 -30.00
Flower vases - Marker setting	50. 00 32.40
Recording and filing fee	50. 00 32.40
Sales taxes	32.40
001 2 0 2003	Total Due
MOUNT HOLT PER 16	CONTRACTOR 56560 1000.00
MODITI NO. 1. P.C.	Balance due 250.40
that I have the right to make this authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	d Interment. 134218
1ARIA SOCOTO AOSAS Lhereby authorize the interment in lot i	×m Docerro Ross
hold under deed.	x 880 Raven st
Signature of recorded holder of deed	San Diego CA 92102
H/s	\$619) 262-9489 2000

This information is available in alternative formats upon request.

17973

REA-104 (7-96)

OFFICIAL RECEIPT

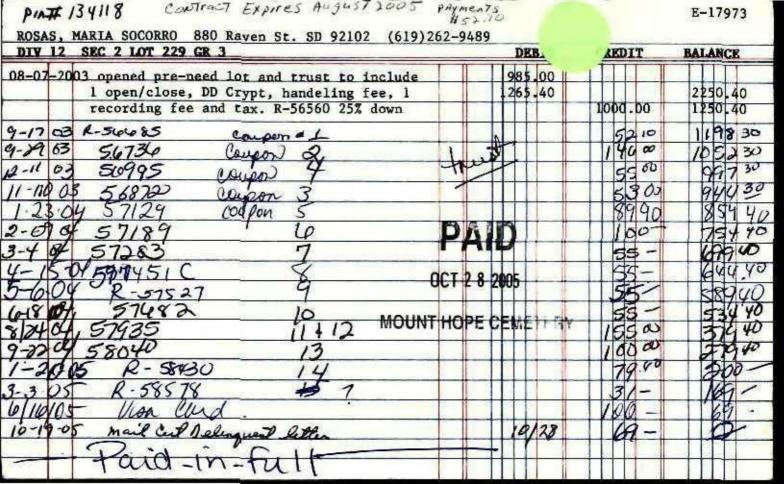
WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

517973 56685

MOUNT HOPE CEMETERY (619) 527-3400

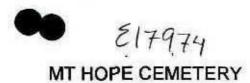
From: Maria Rosas	ر	880 Rave	Date: Su	30	2102	103
Tigty Swo + 1/10		ud		Dollars (\$ 50.1	0
in Payment of Lot 239 Grave	1 2	Row	Section	2	Division Block	12
Invoice No. <u>E 17973</u> Acct. No.	NOT VALID FOR P STAMPED "PAID" I	URPOSES STATED UN N THIS SPACE	CREDIT 20% Sales 80% Sales		V112	1.0
w.ð	=		of Lots Opening Closing Burial	77184 - 100 77181 -	52	10
BALANCE DUE			Containers Handling F Recording	77182 - 100 ee 77185 -		8
Pre-Need Lot At Need On Acct		11 6	Misc. Fees Pre-Need Trust Sales Tax			
Pre-need Trust Cash Check I AC-212 (Rev. 10-02) This information is available in alternative formats upon requ	ISSUED BY W	m Helse	TOTAL PAI	78390	52	10

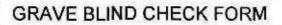


MT. HOPE CEMETERY INTERMENT ORDER

70

	i i			
	MT. HOPE C	EMETERY		
	INTERMEN	IT ORDER	3	
attud	City of Sa	ın Diego		
arjum		SOCIES REGULES:	Date CL	e 7 0
			_	<u>ب</u>
You are hereby authorize	ed and instructed, subject		regulations, to	inter the remains
or year	zut Mite		109	1:00
In a	Funer	rai, date, time	101 7/3	7.00
Church, Chapel, Gravesi	de	:_C	Low	Mortuary.
All Funeral care must arr	tve before 250 p.m. of rec	jular work day or	an extra chang	e of \$
will be applied and billed	to undersigned.			
26	77	19	_	11
Lot 25 Grave_	// Row	_ Section	Division	Block_[[
Grave space & Care Fun	nd			<u> </u>
Additional spaces and ca	are fund			
Opening/Closing & Setu	PAL	D		413-
Burial Container	2 A 542			209-
Handling Fees	AUG บุช ก	741,73		100-
A. 1755 M. 1850 M. W. 1850 M.	etting fent: HOPE CEI			
	CITY OF SAN D			50-
	8-08-03P12:43			16.20
Select taxes	the state of the s	ARREWED .	Due	1723.20
	5.4	T	lsa	1723.20
	Paid receip	it number	Trade a vombre su	
X	W10		Balance d	N.PYZO
I hereby certify I am the and this is your authority	te made disposition of re-	mains as above	indicated Loss	named decedent tify and represent
that I have the right to me	ske this authorization and in said authorization and in	I agree to hold M	t. Hope Cemet	ery harmless from
100 TO 10		10/0-	· m	7-010
I hereby authorize the ini hold under deed.	erment in lot I	Sanction	7	CHANG
Jour 18	Ole Q set.	X 7007	Tour	James
Signature of recorded holder of deed	8	Fran I	2000	TH YOU
+tem	Maria E	119	J326	2818
2 E =0	Carrier Carrier V			
-	17974	Invoice #		7-20-2-20-2
Work Order #	-8	Acct. #		
REA-104 (7-96)	This information i	is available in at	ternative form	ats upon request.





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			Dive			
			972			
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		2 BIL				ir:_)
		Card: (A)				'n
Agrees w	ith Map:	Yes Yes	O N	,	91	ave
DI:- 4 OI .		aread Day	man	_	/ Date	alin!

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17974 F HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDL	E	1C. LAST (FAMILY)	2	DATE OF BIRTH	3. DATE C		4. SEX
ROBERT	JOSE	PH	MITCHEL	L JR.	i'	2/01/1965	08/05/		M
SA. CITY OF DEATH	1.0			ATH-OUTSIDE CALIF.		ELATIONSHIP, FULL M	AILING ADDR	ESS AND ZIP	CODE
SAN DIEGO			SAN DIEG	0	VERA	MITCHELL-MC	THER		
	ORESS OF CALIFORNIA—FUNERAL CREMATION & BUR		100 A 201 100 A 200 A	CALIF LICENSE NUMBER —IF APPLICABLE	2002 SAN D	IRVING ST. IEGO CA 92	2113		ď.
EL CAJON	elvd. San diego C	A 92115 :		D-1357	BA. SIGNAT	URE OF APPLICANT-	erson taking perm	M, 88. DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as ap Section 10376 of the Health	plicant that the proposed dispositi and Safety Code, and was authorize	ion stated herein is one of digursuant to Section 7100	the dispositions authorized by of the Health and Safety Code.	> /c	RJ-		08/07	/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCO SIONS OF THE CALIFORNIA HEALT AND IS THE AUTHORITY FOR THE D IN THIS PERMIT. SNEET OF DIGHT OF DIGHT NOTE: THIS FEMALT GIVES NO RIGHT OF DIGHT	TH AND SAFETY CODE ISPOSITION SPECIFIED	9A. AMOUNT OF FE	98. DATE PERMI 08/07/20 K JON	003	2313113	CAL REGIST	rar issuing	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	OD. ADDRESS OF REGISTRAR OF PARTY OCCURRED IN CALIFOR VITAL RECORDS—POSAN DIEGO CA 92	NEA		ADDRESS OF REGISTRAF # DISPOSITION IS TO OCC			RNIA		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE IT	EMS			- 1	FOR COR	ONER'S L	JSE ONLY	
A. BURIAL (INCLI	OF CREMATED REMAINS OTHER		E, TEMPORARY E F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O			L DISPOSITION (Name and A		REMAINS LOC	CATED AT
BURIAL	11A. NAME AND ADDRESS OF MT HOPE CEMETERY SAN DIEGO CA 92	3751 MARKET		8 13 0	3 110.	SIGNATURE OF PER	SON IN CHA	URGE OF BUR	RIAL Z
CREMATION	12A. NAME AND ADDRESS OF	CALIFORNIA CREMATOR	r y	12B. DATE CREMA	TED 12C.	SIGNATURE OF PER	SON IN CHAI	RGE OF CREI	MATION
SCIENTIFIC	19A. NAME AND ADDRESS OF	CALIFORNIA FACILITY F	RECEIVING REMAINS	138. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHA	ARGE OF FAC	West Collin
TRANSIT	14A. NAME AND ADDRESS IN REMAINS OR CREMATED			148. DATE SHIPF		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT FICIENT TO IDENTIFY FINAL			F 15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		ISD. LICENSE N OF CREMA MAINS DIS —IF APPLI	SPOSER

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date0/2/	1 2003
Pint 22777	5
ject to your rules and regulations, to inte	er the remains
ick to Children & Hospit	al
uneral, date, time	
	Mortuary.
of regular work day or an extra charge of	\$
Section Masonic Division/Bloom	ckM
	_
	_
	-
	352
	- Car
	50:00
to Children's	50-00
Hospital.	-0-
of the above nai of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery no interment.	and represent harmless from
Bignature FOR SIG	NATU
CHV	Zio Code
Talaphone	74,484,0517
Invoice #	
mirotoo #	
	For the pour rules and regulations, to interced to Children's Hospital runeral, data, time Continue

Atual

REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 04 11,03

You are hereby authorized and instructed, subject	to your rules and	regulations, to in	nter the remains
of Jusie you	uson	13413	R
in a Troo of Burisi Container Fune	ral, date, time	ues /	a 1.00
Church Chapel, Graveside	: <i>CH</i>	Buria	Mortuary.
All Funeral cars must arrive before \$500 p.m. of re	gular work day or	an extra charge	of \$
will be applied and billed to undersigned	THE V		
Lot 146 Grave 9 Row	_ Section $\underline{\mathscr{Q}}$	Division/Bi	10dx 13
Grave space & Care Fund			905
Additional spaces and care fund			
Opening/Closing & Setup			413
Burial Container PA	ID	***************************************	209
Handling Fees			140-
Handling Fees	1 2003		· ·
Recording and filing feeMT. HOPE-0	EMETARY	***************************************	50
Sales taxes CITY OF SAN	DIEGO, C	*******************	14.00
		Due	18338
Paid recei	pt number	riso	1833.2
2 -1 1 12.163. 1 n l l l		Balance due	0
Thereby certify I am the SON IN LA	W	of the above r	named decedent
and this is your authority to make disposition of re that I have the right to make this authorization and	I agree to hold Mt	ndicated I certif	v and represent
any liability on account of said authorization and in	nterment.	. 0	
I hereby authorize the interment in lot I	Julie	if I	elly
hold under deed.	2068 n	ARTO'RI	EDR
Signaphies of recorded holder of sheet	YSAN D	ELO CA	9. 92114
Pam	X6/9) 4	166-87	7052000
_ 17976	Invoice #		
Work Order # E	Acct. #		

O Printed on recorded paper

This information is available in alternative formats upon request.

E17976 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.

a io parial	space.					
		taybr	Rebeton	Scatt		
	Solinos		х			
74			Read	Houa		
Interment Interment Div: <u>/o</u> Grave La	Sect:_	r: Du 2 BIII NORMA	VROW:	REUSO	W	M
		Card: ₫` ❷*Yes	res ∟ ⊡•N) No ,	ras	8000 B.11.0

817976

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	ENT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	4. SEX
	SUSIE) II	JACKSON			5/01/1914 0	8/05/2003	H
5/	. CITY OF DEATH	Shirts		TH-OUTSIDE CALIF.,	6. NAME, R	ELATIONSHIP, FULL MAILE		ZIP CODE
	SAN DIEGO		SAN DIEGO)	LOUISE	LILLY-DAUGH	TER	
7,6	CALIFORNI	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A CREMATION & BURIAL CHAPEL BLVD. SAN DIEGO CA 92115	5880	ALIF. LICENSE NUMBER HF APPLICABLE -1357	SAN DI	IARJORIE DR. IEGO CA 92114 TURE OF APPLICANT—Person	Tables arrest 88 DA	TE SIGNED
8	ACKNOWLEDGMENT OF A	I I have described as section but he arrowed that	estion stated herein is one of	the dispositions authorized by	» IC	R 7-	The state of the s	8/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA MEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT.	CONTRACTOR OF THE PARTY OF THE	08/08/200 K JONE	03	C. SIGNATURE OF LOCAL 2313232	REGISTRAR ISSUI	NG PERMIT
41	NY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186—5222	← 9E. /	DORESS OF REGISTRAF	OF DISTRIC	CT OF DISPOSITION— HER DISTRICT IN CAUFORNIA	8	
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	- FW	_		FOR CORON	ER'S USE ONL	Y
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU		80	I. DISPOSITION PEI (Name and Addre	IDING REMAINS L BB)	OCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY 3751 MARKE SAN DIEGO CA 92102		8-12-0	3 N	SIGNATIONE OF PERSON	IN CHARGE OF E	BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY.	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSON	IN CHARGE OF CE	REMATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	IVED 13C.	SIGNATURE OF PERSON	I IN CHARGE OF F	ACILITY *
OWFLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B DATE SHIPE		ADDRESS AND SIGNATU OF PLACING WITH THE		CHARGE
د	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITIO	N OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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



adjud

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date Que 11 03

is a particular and a series and the production of the series of the ser	structed, subject to your rules and regulations, to inter the remains
a togeric	
in a Ohner	Funeral, date, time Wed 8 13 1'00
Church, Chapel, Graveside	: So Memorial Mortuary.
All Funeral cars must arrive before	e 420 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	
134 - 9	_ Flow Section Division/Block
Lot 10 / Grave	_ How Section Division/Block
Grave space & Care Fund	485
Additional spaces and care fund	1,-,-
Opening/Closing & Setup	412
Burial Container	PAID 209-
Handling Fees	PAID 140-
Flower vases - Marker setting fee	AUG-1-1-2003
Recording and filing fee	57
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA 18-22 25
1 600	Total Due 1833 - 20
warroad to to	Paid receipt number 26574 (833.36
ADD 1870	ather Belance due 2
sno this is your suthority to make	of the above named decedent disposition of remains as above indicated.) certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in hold under deed.	5050 Holly di
Styrotom or shoot for for selecting P 0 3 : 3	4 RCVD (40 92113) (40 82) Takephone
179 مالا	77 Invoice #
Work Order # E	Acct. #
BEA-104 (7-00)	This information is sucliable in eligenstive formats upon request

E17977 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.

Blind Check Initiated Interment Space for: Interment Date: We Div: 12 Sect:	By: F	1110	unts sin Sa	Date: S	5/11
nterment space for:	By: F	Rabont	01	Date: S	5/11
nterment space for:	By: F	am	01	Date: 5	11/6
nterment space for:	Patr	1110	01	Date: S	5/11
nterment space for:	Patr	1110	01	Date: 5	6/11
nterment Date: We	N 100 State 1111		. V ()	Jet ts	
niur 12 Sant	ed 8/1	S S S S S S S S S S S S S S S S S S S		1:00	*
JIV Sect	2_ BII	k/Row:_	Lot	134	Gr: 9
Grave Laid out by: 1	NORM	GAI	FERGU	1500	2
Agrees with Legal Ca	ard: 🗆 `	Yes	□ No	flag	M
grees with Map:) Yes	P	No	7	nave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

42

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	
	PATRICIA		ANN	ROBERTS				8/09/2003	
5A	SAH DIEGO			58. COUNTY OF DEATH ENTER STATE SAN DIRCO	-OUTSIDE CALIF.	OF INFOR	LATIONSHP, FULL MAIL MANT EW ROBERTS—I	NA THE PARTY OF TH	ZIP CODE
7A	SAN BIRGO	OFFESS OF CALIFORM		R PERSON ACTING AS SUCH 78. CAL	IF. LICENSE NUMBER FAPPLICABLE	5056 1 SAN D	BOLLY DR. IEGO, CA 921 RE OF APPLICANT—Person	13	ATE SIGNED
	ACKNOWLEDGMENT OF AP	ourset I hereby a		proposed disposition stated herein is one of the and was authorized pursuant to Section 71(0) of th	dispositions authorized by	· gos	igh Seems	-9. 00	/13/2003
	UTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORINIA HEALTH AND SAFE TY FOR THE DISPOSITION : D BIGHT OF DISPOSAL DISTRICT OF	SPECIFIED	98. DATE PERMI 08/12/20 J. LEMON	003	SIGNATURE OF LOCAL	L REGISTRAR ISSU	JING PERMIT
T	IY CHANGE IN DISPOSI- ION REQUIRES A NEW BEIMIT TO SHOW FINAL DISPOSITION.	P.O. BOX		, at (DRESS OF REGISTRAF DISPOSITION IS TO OCC		OF DISPOSITION— R DISTRICT IN CALIFORNIA	N é	
10	AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ON	LY
	B. CREMATION C. DISPOSITION C THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. METERY	ains other	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ANIA		I. DISPOSITION PEI (Name and Addr	ess)	è
	BURIAL	3751 WA	CEMETERY LET ST. CO. CA 92102	CEMETERY	8 13 U	3	IGNATURE OF PERSON	IN CHARGE OF	BURIAL
BLE ITEMS	CREMATION		DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA	TED 12C. S	IGNATURE OF PERSON	IN CHARGE OF	CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	A FACILITY RECEIVING REMAINS	138, DATE RECE	IVED 130, S	ignature of Perso	n in Charge of	FACILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B, DATE SHIPF		DDRESS AND SIGNATI F PLACING WITH THE		IN CHARGE
ō	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		IGNATURE OF PERSON HARGE OF DISPOSITA	ON OF CO	ISE NUMBER REMATED RE- S DISPOSER APPLICABLE

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

MT. HÖPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

	(2)	
D-1-	X -1	1-03
Date	7.1	1 00

*		TA MANTE		34/34	
NA UNER	Vietelier	_Funeral, date, tim			
Church, Chapel, Graves		;2	AB	URIAL	Mortuary.
All Funeral cars must an	ive before 3:30 p.r	n, of regular work de	ay or an e	extra charge o	1\$
will be applied and billed					
at 7.7 Grave	H Bow	Section	1	Division/Bio	12
	105000			- FULL OWNER - SALE	98500
Brave space & Care Fur		FALL III - DAVI 41			
Additional spaces and ca	are fund	PAI	-D		
pening/Closing & Setu					413.00
Suriai Container	÷	AUG 1.1	2003	***************************************	209.00
landling Fèes				-	160.00
lower vases – Marker s	etting fee	MT. HOPE CE	METAR	Υ	_
secording and filing fee					50.00
(WE)					16.20
Sales taxes					1833 70
BRING	/44		Total Dus		18332
TO BRING TO BRING EHECK FOR 18	126' Pai	d receipt number <u>/</u>	1-36	570	1822.00
FHECK GOY "			38	Balance due	1
hereby certify I am the	X		ol	the above na	med decedent
and this is your authority hat I have the right to m	r to make dispositi ake this authorizati	on of remains as ab on and I agree to ho	ove indic	ated. I certify toe Cemetery	and represent harmless from
any liability on account o	f said authorization	and interment.	4 0		•
hereby authorize the im	terment in lot I	X	1	ul Ita	ched
old under deed.		Signature		0	
		Address			
ignature of recoverd Addition of debt	FU3P03:34	RCVRON			Zip Code
		Telephone			
Daylette	45050	15 100 150 150			
CONT. 200	17978	Invoice #_			
Work Order #		Acct. #			
NEA-104 (7-96)	This infor	mation la available	in altern	aliva formate	unan manuact

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E17978 MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

the burial space.		
Momas	x	Buchanal bouter
Interment space for:	ALFREDO BUS	
Div: <u>1 &</u> Sect: <u>1</u>	13-03 Time: Blk/Row: Noreman Feren	Lot: <u> </u>
Agrees with Legal C	ard: ☐ Yes ☐ No	128425
Blind Check & Verif		Date: 811-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

31

1

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

A. NAME OF DECE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATI	E OF DEATH	4. SEX
ALFREDO		R#4	BUSTAMANT	E, SR		MONTH, DAY, YEAR 08/27/1965		8/2003	M
SA. CITY OF DEATH			58. COUNTY OF DEATH			RELATIONSHIP, FULL			P CODE
SAN DIEGO			SAN DIEGO)		ELA SALGADO	-BUST	AMANTE-	WIFE
CALIFORNIA	CREMATION	A-FUNERAL DIRECTOR OR PERSON & BURIAL CHAPEL SAN DIEGO, CA 921	-#	IF LICENSE NUMBER APPLICABLE	4975 SAN I	LISE AVE.	2102		
ACKNOWLEDGMENT OF	Incompany Thereby a	cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was author	position stated herein is one of the	dispositions authorized by	()0	TURE OF APPLICANT—	Person lating		3/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O MONT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PA			C. SIGNATURE OF L	OCAL REG		
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECOR	GISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA DS-P.O. BOX 85222 CA 92186-5222	IF D	DRESS OF REGISTRAR COISPOSITION IS TO OCCUR					U.
	Din, Dinou					500.00	PONED	USE ONL	
	POSITION(S) CHECK A LUDES ENTOMBMENT)	PPLICABLE ITEMS	_ E. TEMPORARY ENVA	ULTMENT		1. DISPOSITION	N PENDING	- HANCHEN LOWINGS	A. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1
A. BURIAL (INC	OF CREMATED REM DEMETERY USE 11A. NAME AND AL MT. HOPE	AINS OTHER DORESS OF CALIFORNIA CEMETE CEMETERY 3751 MAR	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO DUTS	ORNIA IDE OF CALIFORNIA	3	and the state of t	n PENDING Address)	- Remains L	OCATED A
B. CREMATION C. DISPOSITION THAN IN A D. SCIENTIFIC	OF CREMATED REM EMETERY ISE 11A. NAME AND AI MT. HOPE SAN DIEGO	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY KET ST.	ORNIA IDE OF CALIFORNIA	3	i. Disposition	RSON IN C	CHARGE OF B	OCATED A
A. BURIAL (INC. B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC BURIAL	OF CREMATED REM DEMETERY USE 11A. NAME AND AL MT. HOPE SAN DIEGO 12A. NAME AND AL —	AINS OTHER DORESS OF CALIFORNIA CEMETER CEMETERY 3751 MAR 0, CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO DUTS RY KET ST.	PRNIA IDE OF CALIFORNIA I 18 DATE BURNED 8 - 13 - 63	B 12C.	I. DISPOSITION (Name and	RSON IN C	CHARGE OF B	URIAL Z
B. CREMATION B. CREMATION C. DISPOSITION THAN IN A D. SCIENTIFIC BURIAL CREMATION SCIENTIFIC	OF CREMATED REM DEMETERY USE 11A. NAME AND AI MT. HOPE SAN DIEGO 12A. NAME AND AI 13A. NAME AND AI	AINS OTHER CORRESS OF CALIFORNIA CEMETE CEMETERY 3751 MAR CA 92102 CORRESS OF CALIFORNIA CREMAT	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO DUTS RY KET ST. TORY Y RECEIVING REMAINS	PRNIA IDE OF CALIFORNIA I 18 DATE BURNED 8 - 13 - 63	D 12C	I. DISPOSITION (Name and	RSON IN C	CHARGE OF B	URIAL EMATION

REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date August 12, 2003

na LINER	Funeral, date, time FCI - Aug 15	うかいる
Type of Buttl Court	Greenwood	Mortuany
	.m. of regular work day or an extra charge of \$	CIAII
will be applied and billed to undersigned.	#####################################	
ot 38 Grave 6 Row	Section 3 Division/Bleck	12
	E-12960	-
		-
Opening/Closing & Setup		-
Burial Container LINER	·	
landling Fees		
Flower vases - Marker setting fee		_
Recording and filing fee		_
Sales taxes		
	Total Due	0
Pa	aid receipt number	# # W
	Balance due	-0-
hereby certify I am the K und this is your authority to make disposi- het I have the right to make this authoriza- uny liability on account of said authorization	of the above name tion of remains as above indicated. I certify an ation and I agree to hold Mt. Hope Cornetery has on and interment.	d represent
hereby authorize the interment in lot I nold under deed.	Signature X	
ignatura of recorded holder of deed	City	Zip Cod
_ 17979	Invoice #	
Work Order # E	Acct. #	



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	-	-		-		
Salsmi	Hadso		х			
-		(Nec)				
Div: 12	Sect:	<u>3</u> BI	/Row: _	Lot	38	1/05/de/ Gr. 6
		Cord: M.				
Agrees w	vith Map:	Yes	2,4	No 1	(lag)	orave 242-63
Blind Ch	eck & Ve	rmed By:/	1/Va	nev) Date	E & AND

SD MT. HOPE CEMENTERY > 92643433

NO.388 C02

MT. HOPE CEMETERY

INTE	rment order
AT NEED	City of San Diego
You are hereby authorized and instructe	d, subject to your rules and regulations, to inter the remains
MARIA MA	GDALENA
ne Lines	Funeral date time Fri Asa15th 1:30
Church, Chapel, Graveside	Greenwood Mortuary
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
and the appoint that the private the private is the	
	Section 3 Division/Steek/ 2
Grave space & Care Fund	E-12960
	(1984) N. (1984)
Opening/Cipaling & Setup	
Burial Container LINET	<u> </u>
Hending Fees	
Flower vases - Marker setting fee	
topicu incurate proti	The state of the s
3103 (A103)	Total Due
92	TOTO DESANCTO DE 1200 E LA TRANSPORTE DE 1800 E LA TRA
	deld receipt number
Husen	Balance due
I hereby certify I am the ARM I Wo and this is your authority to make dispose that I have the right to make this authorize any Waldilly on account of said authorizet	ition of remains as above indicated. I certify and represent stion and I agree to hold Mr. Hope Cematery harmloss from
I hereby authorize the interment in tol !	X Comenda R Miagdollans
hold under deed.	Johnson 745 Lindbergh VI
Collegium of According holder of Atlant	Spr Dien CATIF 9215
Comment of the commen	CON CO19 C124-868/ 20 COM
	Takehore

17979

Invoice F_____

Wark Order # E

This information is available in alternative formats upon request.

O findamental remaind paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX
MARIA		FAUSTINA	MAGDALEN	0		1/2003 F
SA. CITY OF DEATH	7. 7		58. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING AD	DORESS AND ZIP CODE
SAN DI	EGO	AND THE RESERVE OF THE PARTY OF	ENTER STATE	AN DIEGO	ARMANDO MAGDALENO -	RIICRAND
	Chicago Carrier Contract Contr	FUNERAL DIRECTOR OR PERSON A I-805 & IMPERIAL SAN DIEGO, CA 921	VAEMRE -12	APPLICABLE	3745 LINDBERGH STREE SAM DIEGO, CA 92154	T .
Company Company for all		bowledge as applicant that the proposed dispos	stion stated hereia is one of the	Annual Control of the	A. SIGNATURE OF APPLOCANT—Person belong	
ACHNOWLEDGMENT OF A	Section (0)	76 of the Health and Safety Code, and ess seithers				E 08/14/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	PRINT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00		SBUED, 9C. SIGNATURE OF LOCAL REG TREE 2313553 J3 ¦►	ISTHAH ISSUING PERMIT
COST CALL CARL CARLO CONTRACTOR AND	P.O. BOX 8				F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK AF	PLICABLE ITEMS			FOR CORONER'S	USE ONLY
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	IIA. NAME AND AD	DRESS OF CALIFORNIA CEMETER CEMETERY - 3751 I SAN DIEGO, CA 9	MARKET STREET	DE OF CALIFORNIA	11C. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	11111	12B. DATE CREMATE	12C. SIGNATURE OF PERSON IN CI	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR PREMATED REMAINS ARE TO BE		14B. DATE SHIPPEI	14C. ADDRESS AND SIGNATURE COP PLACING WITH THE CARP	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH HTTFY FINAL PLACE AND CA <u>DISTRIC</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-12-03

Birta Johnson	Funeral, date, time FRI day Aug. 15141.
The of Build Streeter Church Chapel Graveside	Ragsdale Mortuary
All Funeral cars must arrive before 3:30 p.m.	KIDDER
vill be applied and billed to undersigned	
ot <u>878</u> Grave ! Row	Section Division/Block 10
Brave space & Care Fund	
Additional spaces and care fund	The state of the s
Opening/Closing & Setup	
Burial Container	PAID 4/8
Janellan Cara	354
Flower vases - Marker setting fee	ug 15 2003 /38-
Per resource control with control	F1-
recording and filling fee	HOPE GEMETARY
Recording and filling fee	HOPE GEMETARY
Colon town	OF SAN DIEGO ST. TOTAL T
Colon town	OF SAN DIEGO OF TOTAL DUB
sales taxes CITY	OF SAN DIEGO S
hereby cartify farm the #500	Total Due 2 40 Total Due 2 40 Total Due 2 40 Total Due 2 40 Balance due 2 40 of the above named deceden
hereby certify arm the Son and this is your authority to make disposition hat I have the right to make this authorization	Total Due
hereby certify arm the Son	Total Due
hereby certify arm the Son authorization are thereby authorize the interment in lot I	Total Due
hereby certify fam the Son authorization and liability on account of said authorization as	Total Due
hereby certify arm the Son authorization are thereby authorize the interment in lot I	Total Due
hereby certify fam the Something of this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I old under deed.	Total Due
hereby certify fam the	Total Dus Joseph PATD Balance due Of the above named decedent and I agree to hold Mt. Hope Cemetery harmless from and interment Signature Page 19214 Page
hereby certify fam the Society of the latest	Total Due

£17980

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

	ial space.		-			1 - 1
			100 100 100 100 100 100 100 100 100 100			777-7
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grees	with Lega	l Card: 🗹 Y				lagon
			, 0		1	an on
SVI CO	0 B/W/3	erified By:	11 1=	7 7	1959 107	8-13-00

817980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	2011 157 167 151 151 151 151	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Birta		Lee	Johnson		MONTH, DAY, YEAR 09/11/1923	08/11/2003	F
San Dieg	10		58. COUNTY OF DEA		NAME, RELATIONSHIP, FULL NOF INFORMANT	MAILING ADDRESS AND Z	PCODE
7A. TYPED NAME AND AD Anderson-Ra	ORESS OF CALIFORNI OGS dale Mor		PERSON ACTING AS SUCH 78. CA	ILIF LICENSE NUMBER IF APPLICABLE	David E. Johns 6113 Skyline D San Diego, CA	rive	- %
San Diego,	CA 92102		¦ FD	-1329	SIGNATURE OF APPLICANT-	Person taking permit, 8B. DAT	E SIGNED
ACKNOWLEDGMENT OF AP	PLICANT Section 10	chrowledge as applicant that the p 376 of the Health and Safety Code, a	reposed disposition stated herem is one of the and was authorized pursuant to Section 7100 of	the dispositions authorized by the Health and Salety Code.	I lan Ciling	THE RESERVE OF THE PERSON NAMED IN	THE PERSON NAMED IN
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE Y FOR THE DISPOSITION S DINGIT OF DISPOSAL OUTSING OF	TY CODE PECIFIED	08/13/2003 B. Campbe 1	2313420	DCAL REGISTRAR ISSUM	IG PERMÎT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VItal Reco	rds, P.O. Box	85222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFO	AIMA	
10. AUTHORIZED DISPO		CA 92186-522			1 FOR COR	ONER'S USE ONLY	
B. CREMATION C. DISPOSITION C THAN IN A CE D. SCIENTIFIC US	E	AINS OTHER		ORNIA SIDE OF CALIFORNIA	(Name and /	***************************************	7
BURIAL	Mt. Hope	THE RESIDENCE OF THE PARTY OF T	Market Street	8-15-03	Sur 1		
CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF RER	SOUTH CHARGE OF CR	EMATION
SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B, PATE RECEIVES	13C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	148, PATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE .
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELIN ENTIFY FINAL PLACE AND	NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREA	NUMBER NATED RE- DISPOSER NIKABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date 8-12-03

ing D.D. CRYPT 15+ Funera	al, date, time MON. AUG. 18	th 10:00
Church Chape Graveside	CKIP	DER
All Funeral care must errive before 3:30 p.m. of regu	ular work day or an extra charge of \$	
will be applied and billed to undersigned		
Lot 4865 Grave Row		01
Grave space & Care Fund E-17965		0
Additional spaces and care fund		-
Opening/Closing & Setup		-
Buriel Container D.D. CRUPT FIRS	Τ	0-
Handling Fees		
Flower vases - Marker setting fee		-
Recording and filing fee		-
Sales taxes		_
	Total Due	
Paid receipt	t number	-
	Balance due _	6-
	of the above nam	ari dacadani
I hereby certify I am the X	nains as above indicated. I certify ar	nd represent
I hereby certify I am the X and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and inte	agree to hold Mt. Hope Cemetery ha	armiees from
and this is your authority to make disposition of ren that I have the right to make this authorization and I	agree to hold Mt. Hope Cemetery ha	armiess from
and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and into I hereby authorize the interment in lot I hold under deed.	agree to hold Mt. Hope Cemetery ha	armiess from
and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and inte I hereby authorize the interment in lot I	agree to hold Mt. Hope Cemetery ha	Zip Code
and this is your authority to make disposition of ren that I have the right to make this authorization and I any liability on account of said authorization and inte I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed	agree to hold Mt. Hope Cemetery ha	
and this is your authority to make disposition of renthat I have the right to make this authorization and I any liability on account of said authorization and intellined under deed. Signature of recorded holder of deed	agree to hold Mr. Hope Cemetery ha	
and this is your authority to make disposition of renthat I have the right to make this authorization and I any liability on account of said authorization and intelligence of authorization and intelligence of accorded holder of deed. 17981	agree to hold Mr. Hope Cemetery ha	

O Printed on recycled paper

· £17.981

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.

16

	Lancación de la constante de l				200
Blind Che	ck Initiated B	v: Paulet	QC.	Date:	8/13/03
Interment	space for: L	EEALLE	EN MC	Coy	
Interment	Date: MON	.AUG 18+	L_Tjme:_	0:00 CHE	PEL
Div: 10	_ Sect:	Blk/Rov	v:L	ot: 4865 G	ir:
Grave Lai	d out by: <u>V</u>	ORMAN	FERC	uson	580 80 50
Agrees wi	th Legal Care	d: 🛘 Yes	☐ No	Flag on	grave
Agrees wi	th Map: 🗇 🗅	res .	□ No	100	200
Blind Che	ck & Verified	By DA	PKEYI	Date:	8-1963

217981

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

104

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC, LAST (FAMILY)				3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lee	Allen Ma		leCoy		The second secon	08/12/2003	I
SA. CITY OF DEATH SenMesa		ENTER STATE		OF INF	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty McCoy, Wife		
Anderson-R San Diego,	oress of California Funeral Director or Person agodale Mortuary, 5050 Feder CA 92102	ACTING AS SUCH	78. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	7908 San	Knollwood R Diego, CA 92	oad !114	/0€3
PERSONAL PROPERTY OF THE PERSON NAMED AND PERSON NAMED AN		osihon stated becomes			TURE OF APPLICANT—Par	1/A / / A	
ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code, and was author	inzed pursuant to Section	n 7100 of the Health and Safety Code	16	L - 1 1 1	THE RESERVE OF THE PARTY OF THE	5/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA NEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SIVES NO BIGHT OF DISPOSAL CUTSIDE OF CALIFORNIA.	13.00	98. DATE PERM 08/15/20 3. Campbe	03	C. SIGNATURE OF LOC. 2313607 ▶	AL REGISTRAR ISSUM	NG PERMI
TION REQUIRES A NEW PERMIT TO SHOW FINAL	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFFORMA VItal Records, P.O. Box 8522	30	BE, ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORN	WA.	4
	San Diego, CA 92186-5222 DETION(S) CHECK APPLICABLE ITEMS		Ĭ		EOR CORO	NER'S USE ONL	, -
B. CREMATION B. CREMATION C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY	F. DISINTERN G. SHIP IN TO	RY ENVAULTMENT MENT D CALIFORNIA TO QUITSIDE OF CALIFORNIA		i. Disposition P (Name and Add	ENDING REMAINS L dress)	OCATED /
BURIAL	Mt. Hope Cemetery, 3751 Ma San Diego, CA 92102	8- 18- 0	1	SIGNATURE OF PERSO	ON IN CHARGE OF B	URIAL	
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMAT	128. DATE CREMA	TED 12€	SIGNATURE OF PERSO	ON IN CHARGE OF CR	EMATION	
SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY	MAINS 138. DATE RECE	IVED 13C	3C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	RE 148 DATE SHIPI	ED 14C	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTR</u>			SIGNATURE OF PERSO CHARGE OF DISPOSIT	TION OF CREE	NUMBER MATED RE- DISPOSER PLICABLE	

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

at n sed

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-13-03

	7		STATION	- W/		
a _ d	ines		Funeral, date, fir	me It	i aug.	15 1:00
harch Cha	pel, Graveside	Withe n (out efore 330 p.m	tire of growe	cay of an		Mortuary \$1
ili be applie	ed and billed to un	ndersigned.				
	PC	8		Sewi d		
of 30	Grave fo	3 Row	Section	a	Division/Bks	ek //
9-21-3490						8250
	& Care Fund		••••			
dditional sp	paces and care fu	nd	PAID		*************	413.00
pening/Clo	sing & Setup					
urial Contai	iner	All	0 1 3 2003			207.00
andling Fed	os		OPE CEMETA			160.0
lower vases	s – Marker setting	MT. H	OPE CEMETA F SAN DIEGO	RY		
ecording a	nd filling tea	CHYO	F SAN DIEGO	, CA		5000
ales taxes .						1620
albe laxee.	***************************************	****************	**********************	T	***************************************	1723
		1.00000			381	1228
		Pak	receipt number.			1100.0
					Balance due	_0
	200	mu			Dalai Ce due	AHL CARROWS
	tify I am the	Moth	io j		f the above no	amed deceden
nd this is you	our authority to n	his authorization	on of remains as	shove indi	f the above no	and represen
nd this is you	our authority to n	his authorization	on and I agree to	shove indi	f the above no	and represen
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nd this is you at I have th ny liability o nereby auth old under d	our authority to me right to make to make to account of sale horize the intermeled.	his authorization d authorization ent in lot i	on and I agree to	shove indi	f the above no	and represent
nd this is you at I have th ny liability o hereby auth old under d	our authority to me right to make to make to account of sale horize the intermeled.	his authorization d authorization	on and I agree to	bove indinoid Mt. H	f the above no	and represent

© Printed on recorded paper

E17982

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	what	white	_
_				log and the second	_

Blind Check Initiated By: Paul	ette Da	te:8 <u>-13</u>
Interment space for: Harbert	6. White	,
Interment Date: 8-15-03	Time: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Church
Div: Sect: Blk/Row:	Lot: 30	Gr: 3 %
Grave Laid out by: No RM A NO	FERGUSON	
Agrees with Legal Card: Yes	□ No	\$100 cm

Blind Check & Verified By: M. Burnels Brate: 8-14-92

E17982

44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C, LAST (FAMILY)	1,110-2-1-2 (4,1) -	2. DATE OF BIRTH 3. 0	ATE OF DEATH 4. SEX
Herbert		Gregory	White	3		/09/2003 M
Seattle		8	58. COUNTY OF DEATH	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Bethern J. Beyton,	
Anderson-	Ragsdale M	NA-FUNERAL DIRECTOR OF PERSON OFTUARY, 5050 Fede	ACTING AS SUCH ' 78. CAL	IF. LICENSE NUMBER FAPPLICABLE	7390 Navajo Trail Bremerton, WA 9831	
San Diego	, CA 92102		, PD	-1329	BA. SIGNATURE OF APPLICANT—Person to	ling permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby Section 10	acknowledge as applicant that the proposed disp 0376 of the Health and Safety Code, and was autho	osition stated herein is one of the wized pursuant to Section 7100 of th	dispositions authorized by e Health and Safety Code.	Delan Can ber	08/13/2003
PERMIT AUTHORIZATION OF	SIONS OF THE CALL AND IS THE AUTHORS IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- FORMIA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED NO NIGHT OF DEPOSAL DUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE P	98. DATE PERMIT		REGISTRAR ISSUING PERMIT
	90. ADDRESS OF R	EGISTRAR OF DISTRICT OF DEATH ED IN CAUFORNIA	9E. AD	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA P.O. BOX 85222	24
D. SCIENTIFIC US	SE 11A. NAME AND A	DORESS OF CALIFORNIA CEMETE COMMETTER COMMETTE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS RY THAT STREET	IDE OF CALIFORNIA		N CHARGE OF BURIAL
BURIAL		o, CA 92102		13-12-03	21. CU au	ers
CREMATION	12A. NAME AND A	ddress of California Cremat	ORY	128. DATE CREMAT	TED 12C, SIGNATURE OF PERSON I	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	ddress of California Facility	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON	N CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE C	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

pre-need lost & Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

7	9	3 4 13 9
You are hereby authorized and instru	and the second s	regulations, to inter the remains
ina O Liner	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or	an extra charge of \$
will be applied and billed to undersign	ed	
Lot 60 Grave 4 R	ow Section	2 Division/Block 12
Grave space & Care Fund		985.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	413,00
Burial Container		209.00
Burial Container	AUG 1 3 200	160.00
Flower vases - Marker setting fee		
Recording and filing fee	CITY OF CAN DIFFO	O. CA 50.00

Balance due

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

I hereby authorize the interment in lot I

hold under deed.

s of recorded holder of deed

0-13-12

17983

Invoice # Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

,		0	P	+	Cita	dit-	CONTRACTOR	
20	na Pre-need lot and trust to include a complete		15	100			BALAN	CE -
	DD Crypt, handeling fee, 2 recording fees	ľ	987	95			3740	95
	and tax. R-56584 25% down ALSO TO INCLUDE		11		100	0.00	2742	95
			1					
1	Trion vase. Div 5 Sec 4 Lat 53 51 4							E
03		R I			1	1400	200	1895
					1	1400	25	495
					1	1400	24	095
					1	14-	22	699
04	57123 5				1	14-	21	10 99
-04	157131, 6-76 ren	to	de	est	14	3931	7	334
04	57224 17 01	In			1	140	10	964
04	573160 18	IL	H		1	1400	3	15/04
04	57532	000			1	140	3	164
14	57577 an AUG	U 200			1	1400	2	7765
04	57705 27		ARE	TERY	1	1400	110	3 04
04	ST&18, 22 MOUNT HOP	E CE	WIL		Ĩ	1400,	1	1944
04	5788/ 23				14	4964	+4	1
1						A Promise		
					100			
	03 03 03	-2003 Pre-need lot and trust to include 2 open/close DD Crypt, handeling fee, 2 recording fees and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. DIV SSec 4 (J-538) f 03 56635 CALPON C3 56911 C3 57035 C4 57137 C4 57137 C4 57316 C4 57316 C4 57532 C5 57577 AUG 1	-2003 Pre-need lot and trust to include 2 open/close, DD Crypt, handeling fee, 2 recording fees and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. Div 5 Sec 4 (d-53 g) 4 03 5(635 (d-pen) 03 5(635 (d-pen) 03 5(788 2 03 5(911 3,	2003 Pre-need lot and trust to include 2 open/close, 1755 DD Crypt, handeling fee, 2 recording fees 1987 and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. Div 5 Sec 4 (d-53 g) 4 03 5(635 (m-pen) / 3 04 57035 04 57133 04 57131 05 57131 06 7 57131 07 57131 08 57532 09 57532 09 575332 09 575577 09 575577	DD Crypt, handeling fee, 2 recording fees and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. DIV S Sec 4 (a+53 gr 4) 03 56635 (a. pen) 03 56911 3 57035 04 57131 05 57734 04 57310 06 57330 17 PAID 07 57330	2003 Pre-need lot and trust to include 2 open/close, 1755 00 DD Crypt, handeling fee, 2 recording fees and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. Div Sec 4 Lat 53 gr 4 03 5635 (a. pen 03 56911 03 57035 04 57131 04 57310 04 57532 19 AUS 10 2004 10 2005 10 2006 10 20	-2013 Pre-need lot and trust to include 2 open/close, 1755 00 DD Crypt, handeling fee, 2 recording fees and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. Div Sec 4 Cot 33 gr 4 03 5635 (or pen 1 1/4 cot 33 gr 4) 03 5635 (or pen 1 1/4 cot 35 gr 4) 03 56911 3 1/4 cot 57137 04 57137 05 57137 06 57138 17 PAID 17 PAID 17 CROCK 18 PAID 19 PAID 19 CROCK 100 00 100	2003 Pre-need lot and trust to include 2 open/close, 1755 00 DD Crypt, handeling fee, 2 recording fees 1987, 95 and tax. R-56584 25% down ALSO TO INCLUDE 12x30 foundation and border and monument Trion vase. DIV 5 Sec 4 Lat 53 gr f 1/4 to 25 c3 56911 23 57035 44 57035 45 77035 46 57310 47 57131 47 57131 48 57577 48 57577 49 57705 40 57705

Dag at war	PE OEMETERY
METERM	ENT ORDER
City City	of San Diego
() at 1/W	Date Que 1403
9	3
You are hereby authorized and instructed, sur	plact to your rules and regulations, to inter the remains
or 100 to 100 to 100	My 30ms 134140
in a Do Coupt F	uneral/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 53 Grave 4 Row	Section 4 Division/Block 5
	1755
Grave space & Care Fund	PMH3 x 2 826
Additional spaces and care fund Opening/Closing & Setup	1 413 x 8 824-
u disease particular de la Millionia de la Mil	418-
Burial Container AUG 1 0 2	001. 35a.
Hallowing Feet	This um 159.55
HOUNT HOPE C	EMETER SOLA 100,0
Recording and filing	32.40
Sales taxes	3742.99
200	1 56 584 250/2 1000 CC
Paid r	ecelpt number 5457 0540 700
Sle	Balance due 02/70-7
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from nd interment.
The same of the sa	Dames a Spiner
I hereby authorize the interment in lot i hold under deed.	XXII3 Det
	Fichela Vista Cu 91916
Signature of recorded holder of deed	\$644220755 Zg Code
yan	Telephone
_ 17984	Invoice #
Work Order # E	Acct. #

This information is available in alternative formats upon request.

REA-104 (7-95)

OFFICIAL RECEIPT		CITY OF SAN DIEGO, CA	LIFORNIA		F 7 0 (
	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEN (619) 527-3400			5788
From: Qaray	Spires Add	tress: 113 9 AF	· Qu	910	, 20 <u>04</u>
in fuel	Payment of	homivers & po	enu	Dollars (\$ /	01.27,
Div 5 Invoice No. F/		FOR PURPOSES STATED UNLESS	∝_ <i>5</i> 3	Grave	_4
Acct. No	STAMPED."	PAID IN THIS SPACE.	CREDIT 20% Sales Car 80% Sales of Lots Opening/	67007 e 77184 100 77184 100 77181	
BALANCE DUE	2	AUG 1 0 2014	Closing Burial Containers Handling Fee Recording &	77182 77182 100 77185	27 50 20 -
Pre-need Lot At Ne	ash ☐ Check ► M	OUNT HOFE (E.	Misc. Fees Pre-Need Trust Sales Tax	77183 ————————————————————————————————————	पुष्पु
AC-212 (Rev. 4-04) This Information is everlable in after	native formals upon request.	Fun Miles	TOTAL PAID	s	101 2

	OFFICIAL RECEIPT	CITY OF SAN D	IEGO, CALIFORNIA	578
	CANARY		PE CEMETERY 527-3400	378
	From: Jamas Spice	ins Address: 113 g	of Date: gray 3	910 114.00
	in part Payment of Div S	of	Dollars (\$) Lot 53 Grave	4
	Invoice No. <u>E 17984</u> Acct. No	NOT VALID FOR PURPOSES STATED STAMPED "PAID" IN TO ACT	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	
	W.O	JUL 2 0 200	Opening/ 100 Closing 77181 — Bunal 100 Containers 77182 — 100 Handling Fee 77185 —	
-	Pre-Need Loy At Need On A	MOUNT HOPE CEI	Recording & 100 Misc. Fees 77183 100 Misc. Fees 77183 100 Misc. Fees 77183 100 Misc. Fees 77183 100 Misc. Fees 77186 100 Misc. Fees 77183 100 M	11900
	AC-212 (Rev. 4-04) This information is available in alternative formats upo	SISSUED BY FACE OF	TOTAL PAID 5	114 00

OFFICIAL RECEIPT			CITY OF SAN D	HEGO, CALIFO	ORNIA			
	WHITE TO	CEMETERY N	OUNT HO	PE CEMET 527-3400	TERY			5770
From Damus	Spices	Address:	113 9	Pate:	2 gu	Me à	3 _{-,20}	24
in Date	Payment of		le m	ud		Dollars (\$	114.	Ø_,
Div 75	Sec	47	Blk/ Row_	Lot _	53	Grave	4	
Acct. No		NOT VALID FOR PU STAMPED "PAID" IN	THIS SPACE.	UNLESS	CREDIT 20% Sales Can 80% Sales of Lots	87007 e 77184 100 77184		1
W.O	13.44	5 (5	AID		Opening/ Closing Burial Containers	100 77181 — 100 77182 —		
			3 2004		Handling Fee Recording & Misc. Fees	77185 — 100 77183 —		
	Need On Acct	MOUNT ROF	E CEMET	REV DE	Pre-Need Trust Sales Tax	63033 77186 60101 78390	114	00
AC-212 (Rev. 4-04) This information is available in all	ernative formans upon request.			1	TOTAL PAID	s	114	$\mathbb{I}_{\mathfrak{D}}$

-33--

OFFICIAL RECEIPT WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

57577

PINK PINK		8000 C.	
From: James Spe	ias Address: 113 gr. st.	te: may 2	1 ,20 04
inPayment ofSec	4 PSIK ROW	Dollars (\$	114.W
Invoice No. <u>E17984</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAISON THIS SOUCE.	CREDIT 67007 20% Sales Cere 77184 80% Sales 100 of Lots 77184 Opening/ 100	
BALANCE DUE 277. LOY	MAY 2 1 2004	Closing 77181 —— Burlet 100 Containers 77182 —— 100 Handling Fee 77185 ——	
Pre-Need Lot ✓ At Need □ On Acct Pre-need Trust ✓ Cash □ Check	1 Dam Habal	Recording & 100 Misc: Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tax 60101 78390 —	114 00
AC-212 (Rev. 4-04) This information is available in alternative formats upon rec	1	TOTAL PAID \$	114 00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

N

WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY (619) 527-3400 57532

From James Vaires	Address: _//	Date:	Me	91910	,20_8/
in Aavt Payment of	Address:	mud.		Dollars (\$	114.00
Div Sec	4 9 BI		53	Grave _	4
	NOT VALID FOR PURPOSE STAMPED "PAID" IN THIS S	PACE.	CREDIT 20% Sales Care 80% Sales of Los Opening/ Closing Burial Containers	100 77184	
Pre-Need Lot . / At Need On Acct Pre-need Trust / Cash Check / AC-212 (Rev. 4-04) This information is available in atternative formats upon request	MAY 0 / 2	Josep	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 77186 60101 78390	114 00

This information is available in alternative formats upon reques

OFFICIAL RECEIPT WHITE TO CANARY PINK	CEMETERY MOUNT HODE CEME			573	316
From: games Spices	> Date:	Marie V 919	h 12 10 Pollars (\$,20	04
In Payment of Lot Grave Invoice No 17984 Acct. No	NOT VALID FOR PURPOSASIAD UNLESS STAMPED "PAID" IN THIS SPACE. MAR 1 5 2004	ection 4 CREDIT 20% Sales Care 80% Sales	67007 77184 100	Division S	
BALANCE DUE 505.04 Pre-Need Lot At Need On Acct	MOUNT HOPE CEMETERY	Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —		
Pre-need Trust / Cash Check / AC-212 (Rev. 10-02) This information is available in alternative formats upon refuses	ISSUED BY tam Hotel	Pre-Need Trusi Sales Tax TOTAL PAID	63033 77186 — 60101 78390 —	114	∞

Maria Salara	The state of the s	ate:
in	Address: 115 9 81	Dollars (\$ 114.00
Lot 53 Grave . Invoice No E 7984 Grave . Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	Section Block S
W.O. BALANCE DUE 2172.95	PAID	of Lots 77184
Pre-Need Loty At Need □ On Acct □ Pre-need Trust / Cash □ Check /	JAN 2 2 2004	Handling Fee 77.185 Recording & 100 Misc. Fees 77.183 Pre-Need 63033 Trust 77.186 Sales Tax 60101
AC-212 (Rev. 10-02) 2038	issued By Can Hetzel	78390 114 TOTAL PAID \$

OF	110		RE		
		35		Ž.	
			575		

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

(619) 527-3400

57035

MOUNT HOPE CEMETERY

6475264		AND ADDRESS CONTROL OF THE PARTY OF THE PART			
- Oa I Sain	Da Address: 113 J st.	te: Dec. ?			
From Spines Spire	Address: 1133311		ars (\$ 114.00)		
in Payment of Payment of Grave	pu mud	Section	Division 5		
Invoice No. E 17984 Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 670 20% Sales Care 771	84 20		
w.o	PAID	of Lots 771 Opening/ 1 Closing 771	00		
BALANCE DUE 2284 .95	DEC 2 6 2003	Handling Fee 771	00 85 00		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE CEMETERY	Pre-Need 630 Trust 771 Sales Tax 601	96 01		
AC-212 (Rev. 10-02) 200	D ISSUED BY COM COURSE	TOTAL PAID	, 114 -		

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	(819) 527-3400 Date	Upr.	18	. 20	03
From Janua Spires Joute	Address: 113 0x 8t	CV 9	1910 mars (\$_	114.0	
in Payment of	pre-mud	Section 4		ivision C	5
	LID FOR PLIRPOSES STATED UNLESS ED "PAID" I DISAPICE:	20% Sales Care 1 80% Sales	37007 77184 ———	114	OD
W.O	NOV 1 8 2003	Opening/ Closing Bunal	77184		
Pre-Need Lot / At Need On Acct	OUNT HOPE CEMETERY	Recording & Misc. Fees Pre-Need	7185 ——— 100 7183 ——— 3003 7186 ———		
Pre-need Trust Cash Check ISSUED AC-212 (Rev. 10-02) This information is divaliable in alternative formats upon request.	extant fetsel	Sales Tax (\$0101 8390 ———	114	000



WHITE TO CUSTOMER CANARY CEMETERY
PINK AUDITOR

	Date:	Our	13	23
Jone Bundre	Jourteen C	OV 91	910 (s_114.	00
Payment of ot 53 Grave	pu- mud	ection 4	Division 5	_
nvoice No. <u>E-17984</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	nu	w
N.O	OCT 1 3 2003	Opening 100 Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185		
Pre-Need Low At Need On Acct	MOUNT HOPE CEMETERY	Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101		
Pre-need Trust Cash Check (C-212 (Rev. 10-02) (G-212 (Rev. 10-02)	ISSUED BY tan Herret	78390 TOTAL PAID \$	114	00

PINK

56635

WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY AUDITOR (610) 527-3400

From: James Speris	Date Address: //3 J st. (Jept +	, 20	03
in part Payment of	py mud las	Dollars (\$ 114.00 Division Block	
Invoice No E 1 7989	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID SEP 0 4 2003	CREDIT 67007 20% Sales Care 77184 - 80% Sales 100 of Lots 77184 - Opening 100 Closing 77181 - Burial 100 Containers 77182 -	114	œ
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY CITY OF SAN DIEGO CA	Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 77186 - Sales Tax 60101 78390 -	N.A.	iD.
AC-212 (Rev. 10-02) This information is evaluable in afternative formals upon reques		TOTAL PAID \$ _	114	W

Propor

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Destate 14 03

AND THE SECOND			TUTAN - ESTAN PENANCEON MARIANTANA
747	10 TO		julations, to inter the remains
The second secon		rukova	TOTAL CONTRACTOR OF THE PARTY O
ina TS Va	-CAH	Funeral, date, time	
Type of Burial C Church, Chapel, Gravesi			Mortuary.
	886		extra charge of \$
		or regular work day or all	AMERICAN AND AND AND AND AND AND AND AND AND A
will be applied and billed	to undersigned		
1785	1	Section	12
Lot 1 to Grave_	Row	Section	_ Division/Block- / C
Grave space & Care Fun	d		1095
Additional spaces and ca	re fund		
Opening/Closing & Setup)		Q1 413-
Burial Container		PAID	- 4W 275-
randing rees	V	AR 29 2005	
Recording and filing fee .	A PROUNT	HODE CEMETE	RV
Sales taxes	MODIAL	HOLF OF ME . C.	
	N	Total Du	1095 25% 274.00
000	Paid r	receipt numbel 5008	2 25/6 219.00
IGG P			Balance due 821.00
I hereby certify I am the	X Sele		of the above named decedent
and this is your authority that I have the right to me	to make disposition	of remains as above Indi	of the above named decedent cated. I certify and represent ope Cemetery harmless from
any liability on account of	said authorization a	and interment.	vpc validity (=val
I hereby authorize the int	erment in Int I	(Mu	2
hold under deed.	en in lear it in local	2534710	roe Ave #505
		13 Say 9500	0 CA 92 115
Signature of Recorded holder of deed		1/101	CA LA Zap Code
how	8	Telliptions	137-1914
1 00"	17005	V0.000.0000000000000000000000000000000	
-	17985	Invoice #	
Work Order #		Acct. #	
REA-104 (7-96)	This Informa	stion is available in altern	ative formats upon request.

& Printed on respected paper

08-14	-20	03 25 % down on Pr	e-need lot only R-565	85	16	95.0	10	Test		balanc	ie .
		10 111	e-need lot only R-565. 1785, /	219 20	40			274	.00	821	.00
-17	03		Coupon # 2 3, 4	874 80	%	34.	00	3	100	7	P
1-14	03	R-56794	Coupon#23,4	*	1	Oak,	00			68	00
-14	04	57098	, 5			34	۵			Cas	10
-13	04	57215	6:7			68	w			58	30
-11	04	57312	8-10		1	0 2				48	10
-14	04	574460	11-13			03	·w			37	790
33	84	58049	14-16		11	00	LOD			0	770
-9-	04	68218	17-19.		1	02	00			17	50
-24	-0	5 58554	20-24		1	70	-				5.00
130/9	5	Houd in Xul	1 158685 Balance	Due		5		10 10			2
2 10		' ' //									
								153			
_											

OFFICIAL RECEIPT		CITY OF SAN D	IEGO, CALIFORNIA			
	WHITE TO CUSTOME CANARY CEMETER	MOUNT HO	PE CEMETERY 527-3400		582	18
- Raine :	Phillows.	62112	Date:	v. 9	, 20 (04
From: Naca	hundred -	1		Dollars (\$_	102	<u>,</u> .)
in part	_ Payment of <i>P/U</i> - Sec	- need lot Bik/ Row	Lot_ 178	5 Grave	_1	
Invoice No E - [LID FOR PURPOSES STATED ED "PAID" IN THIS SPACE.	CREDIT 20% Sales Ca 80% Sales of Lots Opening/	67007 77184 ————————————————————————————————————	102	<u> </u>
BALANCE DUE	75	NOV 0 9 2004	Closing Burial Containers Handling Fee Recording &	77181 —— 100 77182 —— 100 77185 ——		
Pre-Need Lot X At N		UNT HOPE CEME	Sales Tax	77183 ——— 63033 77186 ——— 60101		
AC-212 (Rev. 4-04) This information is available in alter	852 ISSUED	BVM. Yellegy	TOTAL PAID	78390	102	

MOUNT HOPE CEMETERY (619) 527-3400

3/20

0 : 1 01 1	Date:	0/00	, 20/3
From: Raisa L. Zhukova Address	: _ on record	/	
Five and 00		Dollars	s (\$ <u>5</u>)
in full Payment of Pd W	Jull fre-need	d Cot.	
Div <u>// 10</u> Sec	Blk/ U Lot_	1785 Gr	rave/
Invoice No. E 17985 NOT VALID FOR I	PURPOSES STATED UNLESS	REDIT 67007	- II
Acct No.	2	0% Sales Care 77184 0% Sales 100	- 3 -
w.o.		f Lots 77184 Opening 100	
~	# ### December 1999	Nosing 77181	
BALANCE DUE 0 MA	R 2 9 2005	Containers 77182 100 landling Fee 77185	
Pre-Need Loty At Need On Acct	ODE CEMETERY	tecording & 100 fisc. Fees 77183 re-Need 63033 rust 77186	
Pre-need Trust Cash Check	Old and ord	ales Tax 60101 78390	
AC-212 (Rev. 4-04) 879 ISSUED BY	occampad "	OTAL PAID \$	5 -
This information is qualiship in affamptive formets woon request	<i>U</i>	MAL PAID \$	

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56684

(619) 527-3400

From: Raise Zhuke Thirty Ford In Oath Payment of	Va_Address:	534 Mer	vol ave #50	5 80 9. ars (\$ 34.4	0 03
Lot 1785 Gra	ve	Row	Section	Division Block	10
Invoice No. <u>E</u> 17985 Acct. No W.O BALANCE DUE	NOT VALID FOR P STAMPED "PAID" I	URPOSES STATED UNL N THIS SPACE	CREDIT 670 20% Sales Care 771 80% Sales of Lots 77 Opening/ Closing 77 Burlal Containers 77	34 000 84 000 881 000 001 001 002 003 004	000
Pre-Need Lot At Need ☐ On Acc	W V	Lletal	Handling Fee 77: Recording & Misc. Fees 77 Pre-Need 53 Trust 77 Sales Tax 60	100	
AC-212 (Rev. 10-02) This information is available in alternative formats upon a	ISSUED BY 102	m ercreer	TOTAL PAID	s3H	· 00

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

	(619) 527-3400 Date	Deto	her	14,20	03
From: Kaisa I. The	KOVA Address: 5343 mom	86		102,0	0
in Part Payment of	Dreneed lot access	et, Coup	1	Division //	1
Invoice No. E - 17985 Grave	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.		67007 77184 —	Bleck / C	
W.O	PAID	80% Sales of Lots Opening/	77184 - 100 77184 - 100 77181 -	102.	00
BALANCE DUE \$ 685.00	OCT 1 4 2003	Handling Fee	100 77182 - 100 77185 - 100		
Pre-Need Lot ➤ At Need □ On Acct	MOUNT HOPE CEMETERY	Pre-Need Trust	77183 - 63033 77186 - 60101		
Pre-need Trust Cash Check X AC-212 (Rev. 10-02) This information is available in atternative formats upon requi	ISSUED BY MILLY C.		78390 — \$ _	102.	00

OF	FICI,	ALR	ECEIF	T
	100	0		1
	-		9	

CITY OF SAN DIEGO, CALIFORNIA

57312

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Raisa Zhuka	(619) 527-340	ate: Mouch 1	11 20 Of
in	Address: 337 7 (110)	Dollars (
Invoice No Grave Grave	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlal 100 Containers 77182	Division D
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in afternative formats upon request	MAR 1 1 2004	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$	(0) 60)

OF	FICIAL RECEIPT
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h	

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57098

		- mud	Montea	ollars (\$ 34	-00
otPayment of		Row	Section	Division Block	10
nvoice No. <u>E 17985</u> act. No	NOT VALID FOR F STAMPED "PAID"	PURPOSES STATED UN IN THIS SPACE.	CREDIT 6 20% Sales Care 7 80% Sales	7007 7184 100 3	4 100
1.0	2	PAID	Opening/ Closing 7 Burial	7184 — — — — — — — — — — — — — — — — — — —	
Pre-Need Lot At Need On Acct		JAN 15 2004	Recording & Misc. Fees 7	100 7185 ————— 100 7183 —————— 3033	
Pre-need Trust Cash Check	MOUNT	HOPE CHAR	Poles Ten	7186 0101 8390	1 18

OFFICIAL RECEIPT	CITY OF SAN DIEGO,	CALIFORNIA	572	15
From: R. Zhukava	MOUNT HOPE C (619) 527-3	ate: Leb 1. Umrol ave	3 ,20 \$ 505 C	1
nPeVF Payment of Lot /785 Grave	Row_ NOT VALID FOR PURPOSES STATED UNLESSTAMPED "PAID" IN THIS SPACE.	Section	(\$ <u>6</u> 8-0	(O)
NCCT. NO N.O BALANCE DUE583.00	PAID	80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	<u>68</u>	Œ
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE COMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101		
AC-212 (Rev. 10-02) This information is available in atternative formats upon rec	ISSUED BY TUNK (C)	TOTAL PAID \$	68	യ

CITY OF SAN DIEGO, CALIFORNIA

57446

PINK	CEMETERY MOUNT HOPE CEM AUDITOR (619) 527-3400)	14	ام
From: Raiser 3hos	Kwa_Address: 5343 Min	nol wet 500	5 80 92	115
in paux Payment of Lot 1785 Gr	ave	Section	Division /	- S
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	109	00
BALANCE DUE 379.00	APR 1 4 2004	Closing 77181 Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc Fees 77183		
Pre-Need Lov At Need ☐ On A	MODEL HOLLE (E)	Pre-Need 63033 Trust 77196 Sales Tax 60101 78390		(x)
AC-212 (Rev. 10-02) This information is available in alternative formats upon	n request	TOTAL PAID S	109	

TOCHSTOMER

OFFICIAL RECEIPT		CITY OF SAN DIEGO, C	ALIFORNIA			
WHITE CANARY	TO CUSTOMER CEMETERY	MOUNT HOPE CE			58	049
		(619) 527-340	ate: Sex	y 23	3 20	04
From: Raisa Thu	kwa Addres	s: <u>5343</u> M	mol au	e # 505	80	75/
0018		01	11	Dollars (\$ _	1020	D
in Paymer	sec	Bik/ Bow	Lot 1785	Grave	1	-
Invoice No. E 17985		PURPOSES STATED UNLESS	CREDIT	67007		11
Acct. No	- STANCED FAIL	SEE BUSINESS	20% Sales Care 80% Sales of Lots	77184 —— 100 77184 ——	100	00
W.O	0	PAID	Opening/ Closing Burial Containers	100 77181 —— 100 77182 ——		
	 0	SEP 2 3 2004	Handling Fee Recording &	77185 ———		
C-08-99-08-10-12-46-5 9GB-1995-207-41 995	Acct 🗆	1100	Misc. Fees Pre-Need Trust	77183 ——— 63033 77186 ———		
Pre-need Trust Cash C	Sheck/ ISSUED BY	DINT HORE SEL	TOTAL PAID	78390	102	00
This information is available in alternative formats	upon request.		TOTAL PAID	-		

E-17985

	DECEASED	OWNER	DATE & A	MOUNT	BURIED	ORDER	RI
1777 1	MELLEN, Jeanette Lewis	MELLEN, Jeanette L.	7/7/1970	145.00	5/28/1982	E-3079 C-8851	2000
1778	JOHNSON, VICTORIA	Malkeia Cheketchsha	3/10/1999	\$1264.73	3/15/1999	E-14941	Liner
1779	BONNER, CAMERON D.	Diana Ralph Bonner	12-3-90	\$ 695	12-7-1990	E-9102	Infant 1
1730	NORMAN SR, ROBERT L.	Norman, Robert & Clercy	07/06/1989	\$595.	4/27/1995	E-12180 E-8171	Btm Db1 De OVER
1781	BAKER, Barbara D.	George Shinault, Jr.	7-19-91	\$795.	7-23-91	E-9581	T. S. Vau
1782	E 174 77 Parend	BRAVO, BEVERLYN	04-01-05	\$995	8) -	E-17598	
1783	WARE, MARY LEE	PATRICIA A. CAMPBELL/DAUGHTER	12/19/2002	\$995.00	12/26/2002	E-17499	#5 LINER
1784	ElThell for wid	BRAVO, BEVERLYN	04-01-05	\$995	40-70Mm	E-17671	344
1785	•	ZHUKOVA, RAISA Y LOT P	3/30/2005	\$1095	- Control of the Cont	E-17985	Pla 38 14
1786	BERGER, Edward J.	BERGER, Annette P.	1/18/1971	165.00	1/21/1971	0-9636	Parklaw
1787		Bernard R. & MURPHY, Cornelia J.	7/16/1969	145.00	10 Mg	E-11567 C-7462	(OVER)
1788	,	n n n n	н и п	145.00		E-11567	(OVER)

TAYLOR SYSTEM OF CEMETERY RECORDING

REA-104 (7-98)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	Oily C	i Sali biego	Date_	Cine	15,03
You are hereby authorized of	and instructed, sub	oject to your rules of	100	tions, to inte	r the remains
ina DOC	ust.	uneral, date, time	wea	860	11:00
Church, Obapel, Graveside	siner X /	. P	unb	uph	Mortuary.
All Funeral cars must arrive		of securior work day	or no out	m charge of	
	2:0	or regular work day	Of GIT GAL	I E CHALLES OF	N a -
will be applied and billed to	undersigned			9 9	-3.5.70
Lot 33 grave	Row	Section	2	Divisio r/Blac	k_ \)
Grave space & Care Fund .			E14.	244:	0
Additional spaces and care			***************************************		
Opening/Closing & Setup					-0-
Burial Container		· · · · · · · · · · · · · · · · · · ·			0
Handling Fees					0
Flower vases - Marker setti					0
Recording and filing fee	22				0
Sales taxes					0
			0506240340803		0
	Daid :	ecelpt number	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1 410	ecept nortoer		dance due	62
`	1 Hah				
I hereby certify I am the and this is your authority to that I have the right to make	make disposition	of remains as abo	we indicat	ed. I certify a	ned decedent and represent
any liability on account of si	aid authorization a	nd Interment.	O MIL FIODA		/)
I hereby authorize the intern	mant in lat I	Thomas	WMS	There !	La.
hold under deed.	INDIA HI IOC I	Alettabera &	-6 6	una	5+
S. Charles and Carlotte Street		15 D	10-2	A 15000 100 100 100 100 100 100 100 100 1	92102
Signature of recorded holder of dead		*			Zh Cose
-	7004	Telliphone			
- 1	7986	Invoice #			
Work Order # E		Acct. #			
REA-104 (7-96)	This informs	tion is avaliable k	n alternati	ve formats u	pon request.

& Printed on respeled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		3	Edvarb	
	July	x	dens	
		Ganeth	Ota	
Intermen Intermen Div: 11	t space for: t Date: <u>UU</u> _ Sect:_2	Helen N U 8/20 Tim Blk/Row:	Date: _E lowhews e://`00 Lot: _33 Gr:	25
Grave La	aid out by: <u>\land</u>	RMAN)	No. 1 los M	2 /
Agrees v	vith Map: 🗹 Y	es 🗆 No	vo play gave	
Blind Ch	eck & Verified	By: Said No	Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	. MIDDLE	1C. LAST (FAMILY)		MONTE	DAY, YEAR MO	DATE OF DEATH	
5/	HISAKO A. CITY OF DEATH SAM DIEGO	· · · · · · · · · · · · · · · · · · ·	WATANABE	58. COUNTY OF DEAT	N DIEGO	8. NAME, RELATI	ONSHIP, FULL MAILIN	CONTRACTOR SERVICE	
7/	ECM BENBO	DORESS OF CALIFORNIA	FUNERAL DIRECTOR OR PERSON 051 BL CAJON BL	ACTING AS SUCH 7B, CA	LIF LICENSE NUMBER IF APPLICABLE	5294 ET CULVER	HELDO AVE CITY CA 90 DF APPLAÇANT—PERMI	230	,
	ACHMOWLEDGMENT OF A		whether as applicant that the proposed disp if the Health and Safety Code, and was author			They	Custa	08/	15/200.
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFORN AND IS THE AUTHORITY F IN THIS PERMIT.	IN ACCORDANCE WITH PROVI- IIA HEALTH AND SAFETY CODE OR THE DISPOSITION SPECIFIED BIT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	98 DATE PERMI 08/18/20 L CASTRO	03 231	NATURE OF LOCAL 3631	REGISTRAR ISSUI	NG PERMIT
8	NY CHANGE IN DISPOSH TION REQUIRES A NEW ÉEMIT TO SHOW FINAL DISPOSITION.	VITAL RECOR	TRAR OF DISTRICT OF DEATH CAUFORNIA DSPO BOX 8522	1 15	IDRESS OF REGISTRAF DISPOSITION IS TO OCC				•
10	. AUTHORIZED DISP	OSITION(S) CHECK APPL	The second second	- N N N N N N N N.			FOR CORONE	R'S USE ONL	Y
The state of the s	B. CREMATION		S OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	ORNIA		i. DISPOSITION PEN (Name and Addres		OCATED AT
100	BURIAL		ESS OF CALIFORNIA CEMETE TERY 3751 MARKE A 92102		8 20-6	/	ATURE OF PERSON	IN CHARGE OF B	URNAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	TED 12C. SIGN	ATURE OF PERSON	HYDHARGE OF CE	REMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDR	ESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B, DATE RECE	IVED 13C, SIGN	ATURE OF PERSON	IN CHARGE OF F	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE			14B. DATE SHIPF		IESS AND SIGNATUR LACING WITH THE C		CHARGE		
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEARES FICIENT TO IDENTI	158 DATE OF DISPOSITION		ATURE OF PERSON IGE OF DISPOSITION	OF CRE	NUMBER NATED RE- DISPOSER PUCABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 DEED City of San Diego	
You are hereby authorized and instructed, subject to your rules and regulations, to in a Lavern e Holkins 134140	
	Contract Charge
Type of Burial Container	a 20 1:0
Church Chapel Graveside : IXAgsdate	Mortuary.
All Funeral cars 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 G Row Section 17 Division/B	¬
Lot 33 Grave 4 How Section 1 Division/Bi	
Grave space & Care Fund	1535.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container PAID	209.00
Handling Fees AUG 2 0 2003	160.00
Flower vases - Marker setting fee	_
Recording and filing fee MT. HOPE CEMETARY	50.00
CIT OF SAT DIEGO, W.	16.20
Sales taxes	-
Total Due	238320
08-2 (Paid regelps number ATD 48	3383.2
Balance due	_0
hereby certify I am the	amed decedent
and this is your authority to make disposition of remains as above indicated. I cartifithat I have the right to make this authorization and I agree to hold Mt. Hope Cemeter	y and represent
any liability on account of said authorization and interment.	٨
I hereby authorize the interment in lot I hold under deed. Signature of recorded holder of deed.	01
hold under deed.	V
Address	8
Signature of reconfied holder of deed	Zip Code
Telephone	200238
_ 17987 Invoice #	
Work Order # E Acct. #	
REA-104 (7-96) This Information is available in alternative formati	s upon request.





MT HOPE CEMETERY E-17987

GRAVE BLIND CHECK FORM

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

				11	<	
W. C.S	William	small.				
Plon	Barren	Drich	x	L	D	
10/200	Tevis			L	E	-
		d By: N		and the same	DM THE	8/18/02
		· Lave	444		66-1	o Cronel
		7 BIK				
		Noema			SON	
Agrees w	ith Legal	Card: 🛛 Y	es [J No	Flag	OK
-	rith Map: I	1		13	Flag	18-18.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ly

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX	
LaVerne	Ray	Hoskins		04/06/1934 08/14	A/2003 F	
SA. CITY OF DEATH		58. COUNTY OF DEA	TH-OUTSIDE CALIF 6	NAME, RELATIONSHIP, FULL MAILING AL		
San Dies	20	ENTER STATE	San Diego	OF INFORMANT Virgie Harvey, Daugh		
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 7B. CA	ALIF LICENSE NUMBER	836 West Street	iler	
Anderson-	Ragsdale Mortuary, 5050 Fe	deral Blvd	HF APPLICABLE	San Diego, CA 92113		
San Dieg	San Diego, CA 92102		-1329 8	BA. SIGNATURE OF APPLICANT—Person taking perint, 88. DATE SIGNED		
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed Section 10376 of the Health and Safety Code, and was a			Blan Campbul	08/19/2003	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO.	VI- BA. AMOUNT OF FEE	PAID 98. DATE PERMIT IS	SSUED, 9C. SIGNATURE OF EOCAL REG	ISTRAR ISSUING PERMIT	
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT.	ED	08/19/200	3 2313733		
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORN	u 13.00	B. Campbe			
ANY CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUFORNIA	7 0		OF DISTRICT OF DISPOSITION—		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Records, P.O. Box 85	85222				
DISPOSITION.	San Diego, CA 92186-5222					
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY	
A. BURIAL (INCL)	JDES ENTOMBMENT)	E. TEMPORARY ENV	AULTMENT	I. DISPOSITION PENDING	REMAINS LOCATED A	
B. CREMATION		F. DISINTERMENT		(Name and Address)		
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIF	ORNIA			
D. SCIENTIFIC U		H. TRANSIT TO OUT	SIDE OF CALIFORNIA			
	11A. NAME AND ADDRESS OF CALIFORNIA CEME	TEOV	, 11B. DATE BURIED	11C. SIGNATURE OF PERSON IN C	WARGE OF BURIAL -	
BURIAL	Mt. Mope Cemetery, 3751 M	0.000.00	I THE DATE BORIED	The side of the sound	TOTAL BUNINE	
BUHIAL	San Diego, CA 92102	armer officer	10 2002	1.1.11	Durch	
9	12A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN O	MARGE OF CREMATION	
E	The rest restricted of one officer of the		A see and a second	, /		
CREMATION			i	i		
3		TO DECEMBE DELINE	LANG DATE DECEME	ED 13C. SIGNATURE OF PERSON IN C	**************************************	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		INS 138, DATE RECEIV	TSC. SIGNATURE OF PERSON IN C	MANGE OF PAGILITY	
				1	(6)	
				1		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148. DATE SHIPPEL	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
			£			
Š.			i i	i >		
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. LICENSE NUMBER OF CREMATED RE-	
OR DISPOSITION OTHER	FIGURE TO BURNIET PINAL PLACE AND CA DIS	OF DISPUSITION	DISPOSITION	I MAINS DISP		
THAN IN A CEMETERY		· ·	>	—IF APPLICABLE		

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

L GUEYN = HOKINS a	Ragsdale Morrowy.
Il Funerai cara must entire before 3:30 p.m. of regular work o	
fil be applied and billed to undersigned.	
at 35 Grave G Row Section	17_ Division/seack_7
Grave space & Care Fund	1636.00
difficult spaces and cere fund	
Opening/Closing & Salup	11.4
Surial Consulter	
Handling Fees	
Power vasas - Murker setting fee	
Recording and filing for	
icies (NAC)	
. <i>la</i>	Total Due 238330
Paid receipt number .	
M 1	Balance due
hersby curtify I am the X LLC MADE	of the above named decedent
and this is your authority to make disposition of rechains as that I have the right to make this authorization and I agree to	focus indicated. I certify and represent
any liability on account of said authorization and interment.	0 m 0/ 0
hereby authorize the imperment in lot (e many
cld under deed.	6 WEST ST.U
	NDIEGO CAUFS
Tyrasy's in resorted makes of these	(2) 1 2 1 1 mm 1 1 1 1 49 VIIII
2619	11 264-7418
Work Order * E 17987 Invokes #	1) 264-7418

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-18-03

	rized and instructed, sub VIE TIMM		ınd regulations, to	inter the remains
inaDD CRY	IPT (A) F	uneral, date, time	FRI, AUG	3.22 1:00
Church, Chapel, Grav	eside		RAGODALE	
All Funeral care must	arrive before 3:30 p.m.	of regular work day	or an extra charg	e of \$
will be applied and bill	ed to undersigned			
Lot 88 grave	9 Row_	Section Section	Division/	Biock
Grave space & Care F	und	10775	V 7	783.00
Additional spaces and	care fund			
Opening/Closing & Se	tup			413.00
Burial Container	PAID		***************************************	418.00
Handling Fees	PAID	*********************		352.00
Flower vases - Marke	* 400 to 8 7003			
Recording and filing to	100 1 0 71111)		·····	
Sales tayes 017	П. НОРЕ СЕМЕТА	AY .	************	
Oaco 10.00	TY OF SAN DIEGO	CA	tal Due	1265.40
	Poid r	eceipt number		1,265.90
		ecept number 2	Balance de	10 Ø
that I have the right to	rity to make disposition make this authorization it of said authorization a interment in lot i	and I agree to hold	ve indicated. I can	Tlef
Work Order # E		Acct. #		
REA-104 (7-96)	This Informa	ition is available in	alternative forma	ats upon request.

& Printed on regular paper

MT HOPE CEMETERY E-17988

GRAVE BLIND CHECK FORM

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

	marker's in ial space.	tne appr	opriate sp	oace(s) tha	it are adja	icent to
		-	*			1
		TR	ee.			
	Edwards		х	Clark Par		
2			1200 By			
				100		
	heck Initiate	200		1 Francis	_ Date:	\$/18/0
	nt space for					
Interme	nt Date:	8/22/0	3	Time:	1:00	Shape
Div:	Sect:	2 BI	k/Row: _	Lot: _	88 G	r. 9°
	aid out by:	3725				
Agrees	with Legal C	ard: 10	/ Yes [J No		
5366	with Map: [200		No	play 9	brave
Blind C	heck & Veri	fied By:	Parist 7	Toriga	Date:	8-19-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-11

-17988 6

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	7	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX
Johnie		L.	Times		01/96/1917 08/13/2003 F
SA. CITY OF DEATH	n Diego		SB. COUNTY OF DEATH ENTER STATE SE	-outside CALIF., in Diego	8. NAME, RELATIONSHIP, FULL MAKING ADDRESS AND ZIP CODE OF INFORMANT Roger Timms, Husband
Anderson-I	DORESS OF CALIFORNI Ragadale Mot	A-FUNERAL DIRECTOR OF PERSO TEMATY, 5050 Fede	N ACTING AS SUCH 7B. CALL Bral Blvd -F	F. LICENSE NUMBER APPLICABLE	731 Raven Street San Diego, GA 92102
San Diego	, CA 92102		FD-	1329	SA SIGNATURE OF APPLICANT—Ferson taking permit, BB. DATE SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed di 175 of the Health and Safety Code, and was au			I law yem / w 108/15/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODI Y FOR THE DISPOSITION SPECIFIED DINGIT OF DISPOSAL DIFFSDE OF CALIFORNIA		08/20/200 B. Campbe	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	Vital Rec	GISTRAR OF DISTRICT OF DEA D IN CAUFORNIA OCCU, P.O. BOX 85 CA 92186-5222	I IF D		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DISP		And the second of the second o			FOR CORONER'S USE ONLY
C. DISPOSITION THAN IN A CI	SE 11A. NAME AND AD	IDRESS OF CALIFORNIA CEMET			D ; 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL		Cemetery, \$251D06 , CA 92102	ighet Street	7-22-	
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMA	KTORY	12B, DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO IDE	rest point on shoreline, or (Intify final place and ca <u>dist</u>	OTHER DESCRIPTION SUF- TRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

struck

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Chuy 1803

You are hereby authorized and instructed, subject to your rules and requigitions, to inter the remains
of Court Delimentary of Carrier
In a Type of Batel Container Funeral, date, time Sat 303 11'30
Church Chapel, Graveside : Communic Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Lot 4434 Grave Row Section Division/Block O
/ /)
Opening/Closing & Setup. 110
Buriol Controller PAID '6/
Additional spaces and care fund Opening/Closing & Setup. Burial Container PAID GG GG GG GG GG GG GG GG GG
Handling Fees
Recording and filing fee MI HOPE CEMETARY 50
Sales taxes CITY OF SAN DIEGO, CA
Total Due5387
Paid receipt number 154590 53873
Balance due
I hereby certify I am the 27 1 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
I hereby authorize the interment in lot I hold under deed. Sections (131 Twen Oaks due
Signature of regorded holder of deed (6/9) 422-037/ 20 Code Talophone
17989 Invoice#
Work Order # E Acct. #

(h) Printed on respoled paper

This Information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

	Liv	ncoln	Lord			
70			x	العيا		
_		Crazier	Cooles	Horley		
_					×	- /1
11	eck Initiate t space for	3936	10 152 70	Selph	_ Date: _	
	t Date: _S				Action State	
15/4/252						
15/4/252	_ Sect		r/Row:	Lot: \	4434 Gr	:(_
0 <u>)</u> :vio	Sect				- 827	-13
oiv: <u>(O</u> Grave La		Norm	Wa	FER6	- 827	-35
Div: <u>(O</u> Grave La Agrees w Agrees w	id out by:	NORM Card: D	res C	FERG I No	lag n	

APPLICATION AND PERMIT FOR DISPOSITION OPHUMAN REMAINS

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

1	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAI	The state of the s		OF BIRTH	3. DATE OF I	DEATH 4. SE	EX
	Robert		John	De L y h	enieh	117	6/1929	08/09/2	000 M	
5,	San Diego	į.			F DEATH—OUTSIDE CALIF., TE San Diego	6. NAME, RELATION OF INFORMANT		1		
7/	Communi	ty Mortuar	A—FUNERAL DIRECTOR OR PE y a Vista Califor	i	7B, CALIF, LICENSE NUMBER —IF APPLICABLE FD1682	1131 Twin	sta Calif	ornia 9		
	ACKNOWLEDGMENT OF A	POLYCANT I hereby a	cknowledge as applicant that the propo 376 of the Health and Safety Code, and y	sed disposition stated herein is a	one of the dispositions authorized by	8A. SIGNATURE O	APPLICANT—Per	ton taking permit	08/13/2	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC	ROVI- CODE SIFIED S13 00		2003 2313	ATURE OF LOCA	AL REGISTRAF	R ISSUING PERM	MIT
	Y CHANGE IN DISPOSI- TION REQUIRES A NEW BILMIT TO SHOW FINAL DISPOSITION,	San Diego	GISTRAR OF DISTRICT OF D IN CAUFORNIA VICAL County \$56230x Caalfoonia 92	Records 85222	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO DO			41A		
100	B. CREMATION	OF CREMATED REM.		F. DISINTERME	777)		FOR CORO DISPOSITION PI (Name and Add	ENDING-REM) AT
-	BURIAL	Mount Hop	oress of California Ce cenetery t San DiegopCa		118: DATE BURI 02 8-23-0	FF 20	TURE OF PERSO	ON IN CHARGE	E OF BURIAL	_
ABLE ITEMS	CREMATION	Cremation	oness of california of Services Inc ne Way Vista C		128. DATE CREM	TED 12C. SIGNA	TURE OF PERSO	N IN CHARGE	OF CREMATIO	W.
ALL APPLICABL	SØJENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA FA	CILITY RECEIVING REM	AINS 138. DATE RECE	IVED 13C. SIGNA	TURE OF PERSO	ON IN CHARGI	E OF FACILITY	â
COMPLETE A	TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE 1		E 14B, DATE SHIP		ess and signat acing with the		son in Charc	ЭE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, INTIFY FINAL PLACE AND CA				TURE OF PERSO GE OF DISPOSITI	ION	LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE	E-

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.

Certificate of Cremation

This certifies that Robert John Delphenich, who died on August 9. Two Thousand Three, was cremated at Cremation Services. Inc. Crematory, 2570 Fortune Way, Vista, California on August 18, Two Thousand Three.

> IW Schock Director of Operations

Atual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Ouce A, 03

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
" Johnnie	achardson,
ina liver	_ Funeral, date, time, Inc 8/22 10:00
Church, Chapel, Graveside	: Kayoday amonumy.
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
- Wi	W.E.
100 97 000 1/ Brown	Section 3 Division/Block /2
Grave space & Care Fund	C (33 of C
Grave space & Care Fund	E10007
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	<u> </u>
	<u>-0</u>
Particular of the College State of the College Stat	
entration in the party of the property of the party of th	
	<u> </u>
Sales taxes	
	Total Due
Pa	aid receipt number
	Balance due
15	
i hereby certify I am the X and this is your authority to make disposit	of the above named decedent tion of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
	1
I hereby authorize the interment in lot I hold under deed.	Parenter 1 1 / K
nod under desd.	A Level
Signature of recorded holder of deed	X Date
1000	Zip Code
For	Telephone
_ 17990	Invoice #
CORGO MINISTRA (ACTION 10) 100 100 100 100 100 100 100 100 100	
Work Order #	Acot.#
This Late	





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.

	Pout In		P	
7.11	(50, 16r	х	12 40	6 ×+
			Inula	

	heck Initiated By		-56	13/11 0	T. A
Interme	ent space for:	John	nie 8	Richar	dson
Interme	ent Date: Fri	ed la	Time:	10,0	<u> </u>
Div: _/	<u>گ</u> Sect:_3	Blk/Row	r:L	ot: <u>9º7</u> c	Sr://_
Grave	Laid out by: <u>No</u>	FNAN	FER	wood	32-1-1
Agrees	with Legal Card	Ø Yes	□ No	File	1
	with Map: 17				
Blind C	heck & Verified	By: Nail	Varion	Date:	8-19-03

E-17990 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
Johnnie	Johnnie - Ri		Richardson		02/12/1926 FND 08/15/2003 M		
SA. CITY OF DEATH			5B. COUNTY OF DEAT	-OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
San Die	20		ENTER STATE SE	n Diego	OF INFORMANT Iris Charity, Daughter		
7A. TYPED NAME AND A	ODRESS OF CALIFORN	A-FUNERAL DIRECTOR OR PERSON	N ACTING AS SUCH TB. CAL	507	4368 Keeler Avenue		
		ortuary, Justieu		-1329	San Diego, CA 92113		
San Diego	, CA 92102	V 1841 - 185 - 1818 - 1818	W SK MANNA - HA TSEE	The state of the s	BASIGNATURE OF APPLICANT—Person laking permit, 8B. DATE SIGNED		
ACRINOWILEDGMENT OF A	Section 10	ecknowledge as applicant that the proposed d 1976 of the Health and Safety Code, and was au	thorized pursuant to Section 7100 of th	e Health and Safety Code.	► In the 100 108/20/200		
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PROV ORMA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIE	E C	08/20/20	200 (B) (B. M) (B. B. M) (B. M)		
LOCAL REGISTRAR		O MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	17.57.7.7.	B. Campbe			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Reco	rds, P.O. Box 85			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA		
	San Diego OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY		
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	ORNIA	L DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)		
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEMET Cemetery, 3751 M D, CA 92102		118. DATE BURIE 8 27 0	D 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	NTORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC	13A. NAME AND A	ddress of California Facili	TY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		vrest point on shoreline, or entify final place and ca <u>dist</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREAKED REMAINS DISPOSER — F APPLICABLE		

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

Atual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Our A, 03

Your of Burlay ConvolVide	funeral, date, times Inc 922 10:00
Church Chapel, Graveside	Lapoda lo apportunt
All Funeral care must errive before assessm.	a tagular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section 3_ division 12
Grave space & Care Fund	E 12304 -0
Additional spaces and care fund	
Opening/Closing & Setup	
Burlel Consciner	
Landing Fees	
Flower vases - Marker senting fee	COPPLETE COLUMN TO CONTRACT CONTRACTOR CONTRACTOR COLUMN TO COLUMN
Recording and filling tes	<u></u>
Salas texas	
	Total Due
- *************************************	ecolol number A
~ 1.1	Balance dup
hereby certify I am the X	of the above named decedent
and this is your authority to make disposition in hat I have the right to make this suchorization	of remains as above indicated. I certify and represent and I agree to hate Mt. Hope Cometery harmless from
my liability on account of said authorization ar	nd Interment
ngraby authorize the interment in lot I cold under deed.	3848 Hemlock St
المله أن المالية أن المالية أن المالية	X Col9 204-5279
17990 Nork Order # E	finalcs #

MT. HÖPÉ ČEMETERY INTERMENT ORDER

AT NEED

City of San Diego

Date 8-20-03

of Robert Young	ubject to your rules and regulations, to inter the remains $2 + 8757$
ina Liner	Funeral, date, time FRI Aug. 22 200
Type of Burlis Container Church, Chapel, Graveside	MAYER Mortuary
All Funeral cars must arrive before 3:30 p.m	DEANNE RICOLD
will be applied and billed to understaned.	of legislating to the state of
will be applied and blanc to discologised.	
C-10	Section / Division/Block_//
Grave space & Care Fund	-12550 <u>O</u>
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Recording and filing fee	
Sales taxes	CONTRACTOR OF STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND A
3466 16000	Total Due
Pale	receipt number
rao	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization matry.	of the above named decedent on of remains as above indicated. I certify and represent on and I agree terhold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	x 6320 Sunny Brac Dr
Signature of recorded holder of deed	(69) 337-7607
_ 17991	Invoice #
Work Order # E	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

MT. HOPE CEMETERY INITIAL 1st CALL SHEET



MORTUARY NAME: 1445	CALL TA	AKEN BY:
CONTACT PERSON: MARIY S. TELEPHONE NUMBER: 250 RELATIONSHIP TO DECEASED: NEW S. TELEPHONE NUMBER: 250 RELATION SERVICE: 250 RELATION OF SERVICE: 250 RE	RECEIV	
LAST NAME: OUN S INITIAL: T. D.O.D. D.O.B. VETERAN: Yes BRANCH OF SERVICE: MALINE REGULAR SIZE CASKET OVERSIZE CHILD CASKET MEASUREMENTS: X X SUNERAL SERVICE: CHURCH CHAPEL GRAVE SIDE LOCATION OF SERVICE: CHURCH CHAPEL GRAVE SIDE LOCATION OF SERVICE: CHURCH CHAPEL GRAVE SIDE LOCATION OF SERVICE: AIN EN EN EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: J.O.J SINGLE GRAVE CREMATION SINGLE GRAVE CREMATION DBL/DEPTH I* BURIAL 2** BURIAL CEMETERY SERVICE: COMMITTAL GRAVE SIDE WITNESS ONLY DELIVERY ONLY		CONTACT PERSON: MARTY ENGLS TELEPHONE NUMBER: 458 - 5589 RELATIONSHIP TO DECEASED: NEAR CONTACT PERSON: MARTY ENGLS RELATIONSHIP TO DECEASED: MARTY ENGLS RELATIONSHIP TO DECEASED TO
FIRST NAME: DO.D.	NAME (OF DECEASED: CFCL 889-8338
D.O.D. D.O.B. VETERAN: Yes BRANCH OF SERVICE: MALINE REGULAR SIZE CASKET OVERSIZE CHILD CASKET MEASUREMENTS: N N FUNERAL SERVICE: TYPE OF SERVICE: CHURCH CHAPEL GRAVE SIDE LOCATION OF SERVICE: CHURCH CHAPEL GRAVE SIDE CEMETERY PROPERTY: AN KP/N XLP/N Trust DIV: SECT: BLK/ROW: LOT: A GR. CHAPEL GRAVE CEMETERY SERVICE: TYPE OF SERVICE: COMMITTAL GRAVE SIDE WITNESS ONLY DELIVERY ONLY		
VETERAN: Yes BRANCH OF SERVICE: MAKINE CHILD REGULAR SIZE CASKET OVERSIZE CHILD CASKET MEASUREMENTS:	0000000	[2] 19 2 전 전 경기 : [4] 10 [4] 11 [4] 12 [4] 1
REGULAR SIZE CASKET OVERSIZE CHILD CASKET MEASUREMENTS:		
CASKET MEASUREMENTS:		
FUNERAL SERVICE: TYPE OF SERVICE: COCATION OF SERVICE: CALLES IN SERVICE: CEMETERY PROPERTY: CEMETERY SERVICE: CEMETERY SERVICE: COMMITTAL CEMETERY ONLY CEMETERY ONLY		
TYPE OF SERVICE: CHURCH CHAPEL GRAVE SIDE LOCATION OF SERVICE: CALE COST DATE OF SERVICE: CALE COST EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: CEMETERY PROPERTY: AN AP/N Trust DIV: SECT: BLK/ROW: LOT: A GR: CEMETERY SERVICE: TYPE OF SERVICE: COMMITTAL GRAVE SIDE WITNESS ONLY DELIVERY ONLY		ASKET MEASUREMENTS: X X X
DIV: SECT: BLK/ROW: LOT: GR:	TYPE O	F SERVICE: CHURCH CHAPEL GRAVE SIDE SON OF SERVICE: CLADE CIDS FINE OF SERVICE: 2:00 P.M.
☐ SINGLE GRAVE ☐ CREMATION ☐ DBL/DEPTH ☐ 1 st BURIAL ☐ 2 ^{sd} BURIAL CEMETERY SERVICE: TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE ☐ WITNESS ONLY ☐ DELIVERY ONLY	CEMET	ERY PROPERTY: A/N KP/N Trust
☐ SINGLE GRAVE ☐ CREMATION ☐ DBL/DEPTH ☐ 1 st BURIAL ☐ 2 ^{sd} BURIAL CEMETERY SERVICE: TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE ☐ WITNESS ONLY ☐ DELIVERY ONLY		11 1 121 /
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2st BURIAL CEMETERY SERVICE: TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE ☐ WITNESS ONLY ☐ DELIVERY ONLY	570,700	SECT: BLK/ROW: LOT: /@*/ GR:
CEMETERY SERVICE: TYPE OF SERVICE: WITNESS ONLY DELIVERY ONLY		
TYPE OF SERVICE: COMMITTAL GRAVE SIDE WITNESS ONLY DELIVERY ONLY		
☐ WITNESS ONLY ☐ DELIVERY ONLY		
- '' 기계 및 경영 () 기계 및 경영 (기계 및 기계 기계 및 기계 기계 기계 및 기계	I YPE O	그는 그 아무리에서 그는
☐ P/A DELIVERY ☐ MILITARY DETAIL		. 그리고 있는데 이렇게 되었다면서 바로 함께 가는 사람들이 되었다. (Constitution of the Constitution of the Const
		☐ P/A DELIVERY ☐ MILITARY DETAIL
SPECIAL INSTRUCTIONS:		I IV demand company



GRAVE BLIND CHECK FORM

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

000			18	7.00	
		CAVE	E1		
	young	x	<i>everett</i>		
		Bonks	Jarrett		
Blind Check In	tiated By:	Pam	,	_ Date:	1/20
Interment space					S (
Div: Se	The state of the s				
Grave Laid out	by: NORM	NO F	ERGUS	UD	
Agrees with Le	gal Card: 🗆 🗅	Yes [J No	beg .	M
Agrees with Ma	ap: D Yes	_ D N	io t) -	of and
Agrees with Le Agrees with Ma Blind Check &	Verified By:	DAKKE	71	Date:	8200

7

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX	
ROBERT		JAMES	YOUNG			09/20/1923	08/19/2003	M
A. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.,		RELATIONSHIP, FULL I	MAILING ADDRESS AND Z	IP CODE
SAN DIEGO			ENTER STATE	AN DIEGO	0.0000000000000000000000000000000000000	RT YOUNG, JR.	- SON	
A. TYPED NAME AND AD	ORESS OF CALIFORN	IA—FUNERAL DIRECTOR OR PERSON		LIF. LICENSE NUMBER	6320	SUMMY BRAE	DR.	0.40
MAYER MORTO 2859 ADAMS		DIEGO, CA 92116	- I	-1424	BA. SIGN	DIEGO, CA !	92119 Person taking permit, 8B. DAJ	re signed
ACKNOWLEDGMENT OF AP		chrowledge as applicant that the proposed disp G75 of the Health and Safety Code, and was autho			> X	PAINTES	108/2	olas
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID BUSHT OF DISPOSAL DRISDE OF CALFORNIA.		08/21/20 R. MARTIN	03	9C. SIGNATURE OF N 2313914 ▶	əgai. Registrar işsub	NG/PERMIT
INY CHANGE IN DISPOSE TION REQUIRES A NEW MERMIT TO SHOW FINAL	O. ADDRESS OF R IF DEATH OCCURR VITABLE CO	EGISTRAR OF DISTRICT OF DEAT	1 9E. AC	DRESS OF REGISTRAL	R OF DISTR	RICT OF DISPOSITION— OTHER DISTRICT IN CALLEC	SNIA	
O. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	Y
B. CREMATION C. DISPOSITION O THAN IN A CE 0. SCIENTIFIC US	Æ	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	THE STATE OF THE S		(Name and a	Address) RSON IN CHARGE OF B	URIAL
BURIAL	MT. HOPE SAN DIEGO	CEMETERY, 3751 MAI , CA 92102	RKET ST.	8-22-0	23	Kust F	- learns	n
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREMA	ATED 120), SIGNATURE OF PER	SON IN CHARGE OF CA	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECE	EIVED 130	C. SIGNATURE OF PE	rson in Charge of F	ACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148 DATE SHIP	PED 140	C. ADDRESS AND SIGNOF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION HER			158 DATE OF DISPOSITIO		CHARGE OF DISPO	SITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_0/26/95

	1/1/
Will Ila	structed, subject to your rules and regulations, to inter the remains
ina Vinesta	J. W241111- 114111
Church, Chapel, Graveside	Carle Side: Merke Mortuary.
T. D. LEDVIN CHARLES CONTROL OF C	a 3:30 p.m. of regular work day or an extra charge of \$ 150.
will be applied and billed to unders	1000
War time veteran 400	
161 131 Grave 5 41	RowSectionDivision/Block
Grave space & Care Fund	2 at \$95.00 1190 9950
Additional spaces and care fund	
Opening/Closing & Setup	20 315.00 7500
Burial Container	2 W 196,00 380.0
Handling Fees	20 145,00 340.0
Flower vases - Marker setting fee	26 4500 00
Recording and filing fee	13 20 361
Sales Dis A	Total Due 3 32/
007.00	Paid receipt number 46737 831.
OCT 3 0 1995	Balance due 2,495
INGE-LIGHTE GEMETERY	Sband R-46746 3445.6
that I have the right to make this at	disposition of remains as above indicated. I certify and represent othorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said auth	horization and interment (Sal. &
I hereby authorize the interment in	lot I
hold under deed,	X 8746 DEST CT.
Signature of recorded holder of deed	- Y San Vieyo CA 42/19
	X Telephone
1055	≅ ∩ Invoice #
Work Order # E 1255	Acct. #
PY-593 (Rev. 8-92)	
	44

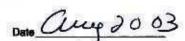
Propud

REA-104 (7-96)

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego



7. c. oh 1110	ubject to your rules and regulations, to inter the remains
7	Toute 8/2 les 1000
Type of Buriel Confident	Funeral, dette, time 17 1000 1000 1100
Church, Chapel Graveside	Mortuary.
All Funeral cars must arrive before 9:30 p.m.	. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 1895 Grave 1 Row	Section Division/Black
Grave space & Care Fund	1095-
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	
Handling FeesAUG 26	7993 160-
Flower vases - Marker setting fee	
Recording and filing fee CITY OF SAN	CEMETARY SO
Sales taxes	16.20
	Total Due/943.20
Paid	receipt number VCSa 1943.20
7	Belance due
I hereby certify I am the X Quite and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of the above named decedent (1/6) remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cametery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	1819 William St
Bigmatury of Rockfeld holder of dead Variations	1 805, 579. 6047 Codes
_ 17992	Invoice #
Work Order # E	Acct. #

(h Printed on respeled paper

This information is available in alternative formats upon request.

PATT. HOPE CEMETERY INTERMENT ORDER City of San Diego

Date_ Duy 2003

200)
You are hereby authorized	and instructed, subje	ct to your rule	es and regulations	to inter the remains
000		neral, date, tir		
Type of Bestal Co	etainer (ierai, Gaie, Di	110	- Harrison 19
Church, Chapel, Gravesid	- Electronica - victoria	ze navena se de	anchi es al respecto est	Mortuary.
All Funeral cars must arriv	e before 3:30 p.m. of	regular work o	day or an extra ch	arge of \$
will be applied and billed to	o undersigned			
Lot 5/46 Grave_	Row	Section	Divis	ion/Block/O
Grave space & Care Fund			•	<u>-0</u>
Additional spaces and car	e fund			*
Opening/Closing & Setup.		MAG	/13x 5	2 828-
Burial Container	علال سرا	M	***************************************	418-
Handling Fees	1 00 1	1		
Flower vases - Marker se	V 11-1			
Recording and filing fee	**************************		50 × á	190
Sales taxes				32.40
			Total Due	1728.4
	Paid rec	elpt number £	6 51.1.17	- 1/
MARK	0	1,		0 due/294.4
I hereby certify I am the	Sel		of the ab	ove named decedent
and this is your authority that I have the right to mal	e this authorization a	id i agree to i	hold Mt. Hope Ger	netery herman from
any liability on account of	seid authorization and	Interment.	\mathcal{I} .	7(1)
I hereby authorize the inte	rment in lot I	A CONTRACTOR OF THE PARTY OF TH	mis	lotes,
HORO DINGS COMO.		- Baldress	9300	05/420
Signature of recorded holder of deed		100	n Diego	92105
Pau		X 6/9	7-262-	7040
7 2	17993	Invoice #		
Work Order #		Acct. # _		
REA-104 (7-96)	This Information	on is available	e in alternative fo	rmats upon request.

CANARY	CITY OF SAN DIEGO, TO CUSTOMER CEMETERY AUDITOR CITY OF SAN DIEGO, MOUNT HOPE C (619) 527-3	EMETERY	9 ³ 5667	78
From: Ethel Sodd.	Address: <u>2535</u> 55		16 ,20 92105 18 54.0	03
Lot 5146 Gr	aveRow	Section	Division (C	9
Invoice No	Stamped "Paid" MTHASPACE Stamped "Paid" MTHASPACE Stamped "Paid" MTHASPACE MT. HOPE CEMETARY	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 100 Handing Fee 77185		
Pre-Need Lot At Need On A	- OF SAN DIEGO, CA	Recording 8	54	B
AC-212 (Rev. 10-02) This information is available in alternative formats upon	9 ISSUED BY QUILLE TO THE	78390 TOTAL PAID \$	54	00

OFFICIAL RECEIPT WHITE	CEMETERY MOUNT HOPE CEMETERY	5688	12
From: Ettel Jodd Tyte Jour in part Payment of	(619) 527-3400 Date: 1007 · 10	2105 \$ 54	<u>Q</u> -
Lot 5140 Grave	Row Section	Division Block	10
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 20% Sales 100 For Paid Containers 100 Containers 77182 Containers 77183 Containers 77185 Co		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE CENTER Recording 8 100 Misc Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101	54	000
AC-212 (Rev. 10-02) This information is available in alternative formats upon reque	ISSUED BYOUR HELDEN TOTAL PAID \$	SH	Ø



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Amos & Hal Jo	dd Address	s: <u>2535</u> 5	Date: Cure	SD	92103	5
in part Payment of Lot 5144 Grav	pri W	Row_	*Section_	Dollars (S 499	.。。
Invoice No	NOT VALID FOR STAMPED "PAID"	PURPOSES STATED UN 'IN THIS SPACE.	CREDIT 20% Sales Care 90% Sales of Lots Opening/ Closing Burial Containers	67007 77184 - 100 77184 - 100 77181 - 100 77182 - 100		
Pre-Need Lot ☐ At Need ☐ On Acct Pre-need Trust Cash ☐ Øfeck	2 1	2 class (Handling Fee Recording & Misc. Fees Pre-Need Trust - Sales Tax	77185 - 100 77183 - 63033 77186 - 60101	432	ගට
ac-212 (Plaz 18-02)	PISSUED BY	in Hara	TOTAL PAID	78390 -	43)	को

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Clug 21,03

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
in a Do. Coupet (Funeral, date, time Hon 8/25 11:00
Church, Chapel Graveside	: Kassaa e Mortuary.
All Funeral cars must arrive before 300 p.	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 2822 Grave Row_	Section Division/Bleak
Grave space & Care Fund	-1 130-5
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	<u> </u>
Sales taxes	<u> </u>
	Total Due
Pe	sid receipt number
2	Balance due
i hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization is ability on account of said authorization.	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
i hereby authorize the interment in lot i hold under deed.	Sagrature of feech of
Signature of recorded holder of deed	Capo Zie Code
_ 17994	Invoice #
Work Order # E	Acct. #
REA-104 (7-96) This info	rmation is available in alternative formats upon request.

MT HOPE CEMETERY [17994

GRAVE BLIND CHECK FORM

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

	nettle.		Tram	body in	ikos		
	San -	- 100	el x	LE POR		Hi M	
- 1		Skin		<u>S</u> al	real		
lind Checonterment	space fo	r. 140	rel	B	eth	nouje:	<u>क्षत्रा</u>
)iv: <u>10</u>	Sect:_		Blk/Row:		Lot:2	-6684	Gr:\
Grave Laid	dout by:	NORI	MAN	FEI	264.	SON	
Agrees wit	h Legal	Card: [) Yes	DN	lo	play	m
Agrees wit	h Map:	☐ Yes	7		.1	0 3	Sum
Blind Chec	k & Ver	ified By	AU	RRE	11_	Date	:8-21-03

E-17994

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Hazel Marie		Battle			18/2003 F
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING A	
San Di	ego	ENTER STATE Sa	n Diego	OF INFORMANT	
7A. TYPED NAME AND AD	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 7B. CAL		Hames Battle, Jr., 1 13137 Tawny Way	son
	REPORTED A SECURE OF THE PROPERTY OF THE PROPE	TO THE RESERVE OF THE PROPERTY OF THE PARTY	1000	Poway. CA 92064	
, san Diego	, CA 92102		-1329	8A. SIGNATURE OF APPLICANT—Person taking	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	Section 10376 of the Health and Salety Code, and	was authorized pursuant to Section 7100 of the	Health and Salety Code	I the Campbell	08/20/2003
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE AUTHORITY FOR THE DISPOSITION SPE IN THIS PERMIT SINS NO BEST OF DISPOSAL OUTSIE OF CA.	COPIED	98. DATE PERMI 08/21/20 B. Campl		ISTRAR ISSUING PERMIT
TION REQUIRES A NEW	NO. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCUMED IN CAUFORNIA Vital Records, P.O. Box	l IF D		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA	
	San Diego, CA 92186-5222				
The same of the sa	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION C THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	FINIA	(Name and Address)	- REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery, 3751 San Diego, CA 92102	MODEL OF THE GOOD CO.	8-25-Q		CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STA REMAINS OR CREMATED REMAINS ARE		14B, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Des Clug 21,03

10 DU CAMPITIE	Pumeral, date, time Hori 8/2 11:0
church, (hapel) Graveside	Rassdale Monu
If Funeral care must errive before 300 p.m. o	of reguler work day or an exma cherge of 5
vill be expiled and billed to undersigned	
ot 2522Grave Row	Section DMslon/Block /D
Brave space & Care Fund	
dditional spaces and care fund	
Spening/Closing & Setup	<u> </u>
Jufal Contelner	<u> </u>
landing Fato	
lower vocas – Marker setting tes	60mm
Recording and filling fee	
Sales 18x69	
	Total Due
Peld re	receipt number
	Balance due
hereby cartify I am the hand this is your authority to make disposition has I have the right to make this authorization my lability on about of eald authorization as	of the above named decay of remains as above indicated. I certify and repre- send I agree to hold Mt. Hope Cemetery humiless f and interment.
hareby embarize the interment in lot !	X- Suma III Dal
hareby authorize the interment in lot! rold under dead.	13137 Tawny Way
	13137 Tawny Way Poway, CA 92064 (858) 451-0634
rold under desd.	POWAY, CA 92064

MT. HOPE GEMETERY

INTERMENT ORDER

hust

City of San Diego

re not & thus	Oily or Carrologo	Date 8-25-03	70
You are hereby authorized and instruct		d regulations, to inter the remaind	ains
1/800		2000.	
Type of Buriel Container	Funeral, date, time	20.00	
Church, Chapel, Graveside		Mortu	lary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day o	an extra charge of \$	- 20
will be applied and billed to undersigne	d		
Lot 72 Grave 10 Ro	w Section		
Grave space & Care Fund		9851	00
Additional spaces and care fund			-
Opening/Closing & Setup		<u>413.</u>	00
Burial Container	PAID	209.	00
Handling Fees		160.	
Flower vases - Marker setting fee	AUG 2 5 2003		
Recording and filing fee	45	50.0	20
Spine tayes	CITY OF SAN DIECO	16.3	20
DL 10448123		Due 1833	20
DL 104103	2 -	/an/les 1833	321
110.0	Paid receipt number/W.o.	Balance due	
I hereby certify I am the		of the above named dece	dent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoria Juli 2 A. Sul lugar I hereby authorize the interment in lot hold under deed.	rization and I agree to hold it eatlon and interment.	indicated. I certify and repre- it. Hope Compitery harmless to Augustus Augustus Augus	sent from Qui
Signature of recorded hobber of dead	(8619) 5	Daniel Color	Oode
1799	5 Invoice #	100	
Work Order # E	Acct. #		-

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

No-	-Date 8-	2507
n e e e e e e e e e e e e e e e e e e e	A CHAIRS	
	sted, subject to your rules and regulations,	to inter the remains
Kuby I	TRAYLOR &	
no POH VALUT	Funeral, date time SEPT 41	h Thurs 23
Church, Chapel Graveside	FAMILY	Mortuary.
Ul Funeral cars must arrive before 3≾	00 p.m. of regular work day or an extra char	ge of \$
will be applied and billed to undersign	ed	
_ot38 Grave8 _ Rk	owsectiona Division E - 9761	n/Block
Grave space & Care Fund	E-9761	_
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Opening/Closing & Setup		
Burlel Container E - 3	(२९२	
- 1		
lower vases - Marker setting fee		
Secording and filing fee		
	Total Due	
	Paid receipt number	
	Balance	due
haraby sartify I am the	7 of the above	a comed decadem
I hereby certify I am the and this is your authority to make distinct I have the right to make this authority in the said authority on account of said authority of the said aut	Paid receipt number Balance of the above position of remains as above indicated. I contribution and I agree to hold Mt. Hope Cemeration and interment.	due
neraby authorize the imprinent in lot hold under deed.	Storage Island	AVE.
	_ San Diego	9210 / 20 Code
Symphine of recorded holder of dead	(619)454-9231	25 Code
_ 1799	6 Invoice #	
Work Order # E	Acct. #	
CEA-104 (7.00) This	information le avallable in alternative forr	nate unon reguest

MT HOPE CEMETERY E-17996

GRAVE BLIND CHECK FORM

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

					/· \a	
white	, KYKIA	i vatkins	x	rene	TSuda	
/N	EUSION	ra x zay	x Dightus	Bylus		

			R.		
-		-			ate: 9 - 2
Interment	space for:	Kuby	Trayl	or ex	
Interment	Date Soo	Ath	Time:	2:30	pm 65,
Div: 7	_ Sect: 2	Blk/Rd	ow:	Lot: <u>38</u>	Gr: <u>ユ</u>
Grave Lai	id out by: N	DORMAK	Lte	eg us a	J
Agrees wi	ith Legal Ca	ard: 🗹 Yes	O No		01.00
Agrees w	ith Map: 🗹	Yes	□ No	71	ag on
Blind Che	eck & Verifi	ed By:	17 long	<u></u>	Date: 9-2-03

84217

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17996 AAJ AN REMAINS 570

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE RUBY INEZ.			TRAYLO	M2/4	MONTH,	DAY, YEAR MO	DATE OF DEATH NTH, DAY, YEAR /23/2003	4. SEX	
5/	SAN DI	teo	M	58. COUNTY O	F DEATH—OUTSIDE CALIF.,	B. NAME, RELATION OF INFORMAN	ONSHIP, FULL MAILIN	G ADDRESS AND 2	IP CODE
7/	ECM-BEI		EL 3051 EL		78. CALIF. LICENSE NUMBER —IF APPLICABLE 70-480	SAN DIE	AND AVE. GO, CA 921 FAPPLICANT—Puton I	O1 Sking permit, 88. DA	
_	ACKNOWLEDGMENT OF A			the proposed disposition stated herem is ode, and was authorized pursuant to Section		-	Je_	08/2	5/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE FORMA HEALTH AND S TY FOR THE DISPOSITION O MIGHT OF DISPOSAL OUTSIES	AFETY CODE ON SPECIFIED	98. DATE PERM 08/26/2 J. FLOR	003 231	NATURE OF LOCAL	REGISTRAR ISSUI	NG PERMIT
T	Y CHANGE IN DISPOSI- ION REQUIRES A NEW BEAUT TO SHOW PINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT IN CAUFORNIA P. G	. BOX 85222	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			8	8
State of the state of	A. BURIAL (INCLU B. CREMATION			F. DISINTERMI	7988		DISPOSITION PEND (Name and Address		•
	BURIAL	HI HOPE CE SAN DIEGO,		NIA CEMETERY MARKET ST.	9-4-0	11C SIGNA	TURE OF PERSON	IN CHARGE OF B	
ABLE ITEMS	CREMATION	CONTRACTOR OF THE PARTY OF THE	DORESS OF CALIFOR BY CREMATOS CA 92113	A CONTRACTOR OF THE CONTRACTOR	2/2 7/03	TED 12C. SIGN	TURE OF PERSON		
ALL APPLIC	SCHENTIFIC USE	13A. NAME AND AD	IDRESS OF CALIFOR	INIA FACILITY RECEIVING REM	AINS 198 DATE RECE	IVED 196 SIGNA	TURE OF PERSON	IN CHARGE OF F	ACILITY
COMPLETE	TRANSIT			G STATE OR COUNTRY WHER ARE TO BE SHIPPED	E 14B DATE SHIPF		ESS AND SIGNATUR ACING WITH THE C		CHARGE
_	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	R PROJECT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISP					TURE OF PERSON GE OF DISPOSITION	OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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

fre need

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

or <u>Catherin</u>	3 A C - 20	-Miller Brief Frague		0 = 0 = 2
in a Type of Buriel Container	Funer			
Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive be	fore 3:30 p.m. of reg	ular work day o	r an extra char	ge of \$
will be applied and billed to un	dereigned.		_	
1011				10
Lot 568 Grave	Row	_ Section	Division	VBlock
Grave space & Care Fund				109>
Additional spaces and care fur	id			
Opening/Closing & Setup	*******************************			1661
Burial Container		PAIL	2	****
		11/571		
Handling FeesFlower vases - Marker setting	fee	AUG 26 2	M3	
Recording and filing fee		HOPE GEN	ETARY	
Sales taxes	GIT	OF SAN DI	EGO, CA	···· 1505
		Tota	Due,,	
	- Paid receip	t number 51	العم	1095
			Balance	tue Ø
I hereby certify I am the 50	N	~~~	of the abov	e named decedent
and this is your authority to make the	ske disposition of red is authorization and i	staree to hold h	indicated. I ce It. Hope Ceme	rtify and represent tery harmless from
any liability on account of said	authorization and int	erment.	-0	1.
I hereby authorize the intermer	tin lot 1 , 500 d	ghet, 7	· None	
I hereby authorize the intermer hold under deed.	1941	667013-	Bell B	uff one.
Monature of recorded holder of deed		Zan Du	in CA	92/19
	1	(10)9	17-52	9 4 Zp Code
Quette	C	Telephone		
	997	Invoice #		
Work Order # E	omensions 35	Acct. #		
REA-104 (7-96)	This information i	s available in a	Itemative form	nats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Ony on	dan biogo
AT NEED	Date 8-26-03
	act to your rujes and regulations, to inter the remains
a capol Ann	Moliere
in a Liner Fur	neral, date, time FRIDAY AUG. 29 10:0
Church, Chapel Graveside	Feathering III 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 7 Grave 10 Row	Section/ Division/Bleek/2_
Grave space & Care Fund	98500
Additional spaces and care fund	
Opening/Closing & SetupAUG2.620(93 4/3.00
Burial Container	TARY 160,00
MI. HOPE CEME	1ARY 30, CA
Flower vases - Marker setting fee	
Recording and filing fee	50.00
Sales taxes	16.20
~ 507.539	Total Due 1833.20
Paid rec	Balance due
i hereby certify I am the	of the above named decedent remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from linterment.
I hereby authorize the interment in lot I hold under deed.	x Gemen Mohal Moller 6504 OSIEC ST
Signature of recorded holder of dead	Talephone 292 \$197
aulatu _ 17998	Invoice #
Work Order #	Acct. #

This information is available in alternative formats upon request.

REA-104 (7-96)

MT HOPE CEMETERY 7 998

GRAVE BLIND CHECK FORM

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

	T		T	6	-6	1-
	Mabrey		x			
				Junes		*
ntermer ntermer	neck Initiated nt space for: nt Date: 8 20 Sect:	Carol	Am	Time: 15	ere 2.00 Gr	aveside
Grave L	aid out by: N	Jorn	Ga	FORE		
Agrees (Agrees (with Legal Ca	100	Yes	☐ No		

E-17998

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	A CONTRACTOR OF THE CONTRACTOR	2. DATE OF BIRT		
-	Carol			Moliere	11/25/194	11/25/1944 08/25/2003		
-	an Diego			ENTER STATE	ATH-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FU OF INFORMANT James Moliere	u month o	NO ZIP CODE
1	feathering!	11 Mortuary		1 -	ALIF. LICENSE NUMBER -IF APPLICABLE	5093 Conrad A San Diego, CA	92117	
-	ACKNOWLEDGMENT OF A	I hereby ad	am Biego, CA 92115 montedge as applicant that the proposed dispos 76 of the Health and Safety Code, and was authors	thon stated herein is one of	D1083 the dispositions authorized by the Health and Safety Code	8A SIGNATURE OF ADPLICA		DATE SIGNED /26/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALLEC AND IS THE AUTHORITY IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- DRNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED BEST OF DISPOSAL OUTSIDE OF CRUFORNA.	9A. AMOUNT OF FEE \$13.0	98, DATE PERMIT	NAME OF THE OWNER OWN	F LOCAL REGISTRAR II 2314238	SSUING PERMIT
1	Y CHANGE IN DISPOSI- TION REQUIRES A NEW MINIT TO SHOW FINAL		GISTRAR OF DISTRICT OF DEATH- IN CAUCORNA 2, San Diego, CA			OF DISTRICT OF DISPOSITION OF IN ANOTHER DISTRICT IN C		•
The special property of the	A. BURIAL (INCLI			E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU	35 00,735.00 W 5 7	I. DISPOSIT	CORONER'S USE (TION PENDING—REMAN and Address)	ACCUPATION OF THE PARTY OF THE
	HO OF TAIL	Mt. Hope Ca San Diego,	DRESS OF CALIFORNIA CEMETER' Betery, 3/51 Marke CA 92102	t St.,	7-28-0	1 1	PERSON IN CHARGE (OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	RY	128, DATE CREMAT	TED 12C. SIGNATURE OF	PERSON IN CHARGE O	F CREMATION
ALL APPLICA	SCIENTIFIC USE	ISA. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 19C, SIGNATURE OF	PERSON IN CHARGE	OF FACILITY
COMPLETE /	TRANSIT		DRESS IN RECEIVING STATE OR O REMATED REMAINS ARE TO BE S		14B, DATE SHIPP		SIGNATURE OF PERSO TH THE CARRIER	ON IN CHARGE
SCATTERING AT SEA OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT THAN IN A CEMETERY					15B, DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS	SPOSITION OF	CENSE NUMBER CREMATED RE- KINS DISPOSER IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

ne need rouser City of San Diego

Date 8-27-03

na Service (from Ruth Moush Bowen to	gan
Type of Burist Container Church, Chapel, Graveside		_ Mortuary.
ill Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$	
vill be applied and billed to undersigne	sd	
STATE OF THE PARTY	w Section _2 Division/Bleek	7_
irave space & Care Fund	A-5429	<u>e</u>
dditional spaces and care fund		
pening/Closing & Setup	······································	
lurial Container		_
landling Fees		
lower vases - Marker setting fee		_
lecording and filing fee		45.00
Sales taxes		
	Paid receipt number R - 56615	45.0
	Balance due	0
hereby certify I am the	, (See attai	d represent miless from
ignature of recorded holder of deed	City	Zlp Code
noth	Telephone	
aulittu 1799	3 Invoice #	

Q Printed on respeled paper

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and to obtain a partial refund of the finance charge, if any, provided for herein. (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request. (5) You the Buyer may cancel this transaction with full refund at any time prior to midnight of the 5th calendar day after the date of this transaction, provided no interment has been made. To cancel, mail written notice of your intent to above address.

AME: SAMUEL	AND OR	SALLIE	Jones	H & W.
cepted by Cemetery Broker day of	INE . 19	4007 BUYE	ER'S SIGNATURE ER'S SIGNATURE EADDRESS:	Salling Johns Way
ntract No Source		TELE	SAN DIGGO	STATE ZIP CODE)

under, including transfer fee, is fully paid, except upon written permission of Seller. Any interment made or wincullidy us made used in any and is payment shall be only temporary, and no rights shall, by reason of said interment or interments, be acquired by Buyer. Seller may and is hereby irrevocably authorized and empowered, immediately upon declaration of cancellation for non-payment as above provided, or at hereby irrevocably authorized and empowered, immediately upon declaration of cancellation for non-payment as above provided, or at any time thereafter, upon ten days' notice deposited in the regular United States mail addressed to Buyer at his last known address as

	(I)	Claims and litigation.			
1 - W	CHORNE	2.50		7130	
	(J)	Personal and family main			
	(K)	Benefits from social secur	ity, medicare, medicaid	, or	
		other governmental prog	rams, or civil or milit	ary	(4)
		service.			
	(L)	Retirement plan transaction	ons.		
	(M)	Tax matters.			
RMB	(N)	ALL OF THE POWERS	LISTED ABOVE.		
19 NO 4 NO	YOU	NEED NOT INITIAL ANY OTHER	LINES IF YOU INITIAL LI	INE (N).	40
UNLESS YOU DIRECT O' UNTIL IT IS REVOKED.		/ISE ABOVE, THIS POWER OF A	TTORNEY IS EFFECTIVE IN	MMEDIATELY AND V	VILL CONTINUE
This power of attorne	y will	continue to be effective ever	n though I become incap	pacitated.	
STRIKE THE PRECEDIT	NG SEN	TENCE IF YOU DO NOT WANT	THIS POWER OF ATTORN	EY TO CONTINUE I	F YOU BECOM
of attorney is not effe	ctive a	party who receives a copy of is to a third party until the thir for any claims that arise ag	ird party has actual know	wledge of the revo	cation. I agree
Signed this 3	o day	of December	_, 2000 in the County o	f San Diego, State	of California.
		Puth mil	had Bowe	n	
	<i>(=</i>	(Your signa	ature)		
	-	443-18-6535 (Your social securi	ity number)		
		(1 our social securi	ny number)		
		CTING UNDER THE A R LEGAL RESPONSIBIL	일 사용하다 나타 보는데 이번 내가 하는데 나무면서는 무슨 사람이다.		SUMES TH
STATE OF CALIFORNIA	*)) ss.			•
COUNTY OF SAN DIEGO)	-)			
appeared RUTH MILDRED instrument, and acknowledge	BOWE ed to me	30, 2000, before me, SALLY E. N, proved to me on the basis of satis that she executed the same in her autierson acted, executed the instrument.	factory evidence to be the pers	otary Public in and for sa son whose name is subsort signature on the instruc-	ribed to the within
WITNESS my ban	15	9/1	-		

[Seal]

RECORDING REQUESTED BY Ruth Mildred Bowen

AND WHEN RECORDED MAIL TO

RUTH MILDRED BOWEN 317 ESTORNINO LANE EL CAJON, CA 92021 E-17999

DOC # 2001-0004132

JAN 03, 2001 4:05

7129

OFFICIAL RECORDS
SAN DIEGO COUNTY RECORDER'S OFFICE
GREGORY J. SMITH, COUNTY RECORDER
FEES: 11.00



UNIFORM STATUTORY FORM POWER OF ATTORNEY (California Probate Code §4401)

NOTICE:

THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THE DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, RUTH MILDRED BOWEN, whose address is 317 Estornino Lane, El Cajon, California 92021, appoint VIRGINIA RUTH FRANSWAY, whose address is 317 Estornino Lane, El Cajon, California 92021, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT, EACH POWER WITHHELD.

INITIAL:

(A)	Real property transactions.
(B)	Tangible personal property transactions.
(C)	Stock and bond transactions.
(D)	Commodity and option transactions.
(E)	Banking and other financial institution transactions.
(F)	Business operating transactions.
(G)	Insurance and annuity transactions.
(H)	Estate, trust, and other beneficiary transactions.

OFFICIAL RECEIPT

CITY OF SAN DIEGO. CALIFORNIA PARK DEPARTMENT - CEMETERY DIVISION

E 17999 Nº C 6057

MOUNT HOPE CEMETERY

		DATE - 14	<u>ک۔ک</u> 19
When stamped "PAID" in space be	low. this acknowledg	es payment	
BY (Teth M) March	7/-	4 Encaly hturs	186 Pm
BY CALLER III III WOOD	ADDRESS A / L	4 Concary nuva	1 Col Carpet,
or Sixty troller		ARS (\$ 60 ==	7.00
or the state of th	BOLI	ARS () (
IN Leel PAYMENT OF The	Tuck		
1			
07 7	- DIVISION -		purpose stated d "PAID" in this.
LOT 83 GRAVE Z ROW SECT	ION - SLOCK	space.	TAID IN INIS.
INVOICE NO. 33478	w.o. A 54	29 65	· 1 m
11		1/1/1	(10)
CREDIT: SALES (306/951) # 3/	BOXES (100/778 2)	(10)(B)	ille of 1
DPENINGS (100/7781) FEM	OVALS (100/778 3)	1 1 1/1/2	E OFFIETERY
		00	C. C.C.
OF	LOTS (100/778 4)	/ "4 H2	· /
UNPAID BALANCE	(+) f J.	1	./
[1] [1] [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	SUED BY A	<u></u>	
FORM 212		- CO.	

POWER OF ATTORNEY

Virginia F	RANSWAY		-	
The undersigned (jointly and severally in REDRIC E. ZARSE, a licensed and attorney for him and his name, place and natters pertaining to the sale, disposal, arcel of cemetery property described as Mount Hol	bonded cemetery be d stead and for his use, or to give buria s follows:	roker in the State of se and benefit to per il rights to any other	California, his true and form and sign in his ploparty or parties to that	ace in all
Division. 7, Lot	83 Sec	ion 2 GR	AVE Z	= ==±±,
IVING AND GRANTING unto his ad thing whatsoever requisite, necessared purposes as he might or could do if to or cause to be done by virtue of these	ry, or appropriate to personally present, l presents.	be done in and about hereby ratifying all th	t the premises as fully at his said attorney sh	to all inte
herever the context so requires, the maccludes the plural.	asculine gender inci	udes the teminine an	/ and the su	ngular
		xU	Uginia) Xr	MAL
Signature.			Signature	
	SE ACKNOW	LEDGEMEN		
ALL PURPO	SE ACKNOW			
ALL PURPO	ounty of San	Diego		id State
ALL PURPORTATE CO	ounty of San	Diege undersigned, a Nota	ZVZNI EXAMELII —	id State
ALL PURPO	before me, the	undersigned, a Nota undersigned, a Nota sfactory evidence), towledged to me that heir signature(s) on the	ry Public in and for sa to be the person(s) who	ose ne same
ALL PURPORTAL Control of California Control	before me, the	undersigned, a Nota isfactory evidence), to whedged to me that heir signature(s) on the instrument.	ry Public in and for sa to be the person(s) who	ose ne same on(s), or t alls 216068 allfornio unity
ALL PURPORTAL CONTROL CALL FORMAL CONTROL CONT	before me, the Franking as e on the basis of sattement and acknown and that by his/her/te acted, executed the	undersigned, a Nota isfactory evidence), to weldged to me that is heir signature(s) on the instrument.	be the person(s) who se/she/they executed to the instrument the person is in the instrument the person is in the commission in the same Diego Co	ose ne same on(s), or t alls 216068 allfornio unity

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1 10		12	
You are hereby authorized and inst	(()	and regulations, to inte	er the remains
a Drivey	-your swift		
in a Prop of Burlet Container	Funeral, date, time	Set 8/30/0	3 10:00
Church, Chapel, Graveside	;.k	(agsdale	Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work de	ay or an extra charge of	*
will be applied and billed to undersi	gned.		
1/8 1/		0	1.1
Lot 40 Grave	Row Section _	Division/Blo	ck
Grave space & Care Fund	E-1757	Ч	0
Additional spaces and care fund	Saturday (overtime.	660
Opening/Closing & Setup	E-17574	->	Deposit of the second
Burial Container	Control of the Contro	\Rightarrow	
Handling Fees	٧٠	シ	5 90 V
Flower vases - Marker setting fee .	A	P	
Recording and filing fee	15	~	
Sales taxes	11	-	
		Total Due	660
	Paid receipt number		660
×		Balance due	0
I hereby certify I am the	anter	of the above na	T
and this is your authority to make that I have the right to make this au	seposition of remains as at	ove indicated. I certify	and represent
any liability on account of said auth	orization and interment.	m) &	7 ,
I hereby authorize the intershent in	lot Jul	MAUNI	1
hold under deed.	40X.	Subflowers	street
Signature of recorded holder of dead	Savoi	VIL U	61874
\ nredit	Curci (3/7)	355-6441	Zip Code
- J. Ch.	Talopiscon		- W
_ 180	00 Invoice#_		
Work Order # E	Acct. #		
REA-104 (7-96)	nis information is evallable	in alternative formats	upon request.



GRAVE BLIND CHECK FORM

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

the buria	r space.		1		1
			tweer	turvev	Va
Wille	Keekne	x		1	Change
		12W14	Soft	Shabar	
Intermen Intermen Div:	eck Initiated By t space for: S t Date: 830 Sect: 2	Blk/Row:_		40_ G	phbs
	id out by: <u>No</u> rith Legal Card	/	HERCU J No	BOW	399
	rith Map: 🗹 Y		No.		

Date: 8 - 28 - 03

Blind Check & Verified By: Marid Yorks

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY	E .	2. DATE OF BIRTH 3. DATE OF DEATH 4. ST
Shirley		Marv	Swift	WO-1155	03/22/1938 08/26/2003 F
5A. CITY OF DEATH Nat	ional City	8	58. COUNTY OF DE ENTER STATE San I	ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Trina J. Wright, Daughter
7A. TYPED NAME AND AD	DRESS OF CALIFORN		ERSON ACTING AS SUCH 7B.		408 Sunglower Street Savoy, IL 61874
San Diego,			(2000) M	-1329	8A. SIGNATURE OF APPLICANT—Person taking servit, BB. DATE SIGNE
ACKNOWLEDGMENT OF AP	PLICANT hereby a Section 10	chrowledge as applicant that the prop 376 of the Health and Safety Code, and	osed disposition stated herein is one of mas aethorized pursuent to Section 7100	the dispositions authorized by of the Handle and Safety Code.	► D(a 08/21/200
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH I CORNIA HEALTH AND SAFETY I'Y FOR THE DISPOSITION SPE ID BEGIT OF DISPOSAL OUTSIES OF CAL	CODE	98. DATE PERMI 08/28/20 B. Campl	AND THE RESERVE OF THE PARTY OF
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW PINAL	Vital Reco	rds,-P.O. Box	85222	ADDRESS OF REGISTRAF	R OF DISTRICT OF DISPOSITION—
10. AUTHORIZED DISPO	Marian Company of the	CA 92186-5222 PPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY EI F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO O		I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
BURIAL	Mt. Hope		EMETERY Market Street	I 18. DATE BURN	
0	AUSCIONA ACCIONA	o, CA 92106		8-30-0	12 12 12
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA C	REMATORY	128: DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138. DATE RECE	IVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY.
TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		IREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUI DISTRICT OF DISPOSITION	- 158. DATE OF DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATINE MAINS MISSON AND APPLICABLE.

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

undy repet ours

MT. HOPÉ CEMETERY INTERMENT ORDER

City of San Diego

Date 08/27/03

Can XX	Date OO A
You are hereby authorized and instructed, aut	eject to your rules and regulations, to inter the remains
or Stanley C-	Lee
ina TOD Seal F	uneral, date, time Fr. 9503 1000
Church, Chapel, Graveside	: Hartord Mortuary
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$ 5 11
will be applied and billed to undersigned	
V Q	Ohim
Lot Grave Row	Section Division/Block
Grave space & Care Fund	<u>SS</u>
Additional spaces and care fund	117-
Opening/Closing & Setup	AID AS
Burial Container	41 9
Handling Fees	3 2 7 2003 509 -
Recording and filing fee	SANTING OF THE COMPANY
Sales taxes	871, 31
	Total Due165.31
Paid n	eceipt number
	Belance due (63.5)
I hereby certify I am the BROTHE	R of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from
WILBUR LEE	4210 -10 P-0
I hereby authorize the interment in lot I hold under deed.	Bangura T DODS ON ST
iv and it as	50 DITTO CA 92/03
Styreture of recorded holder of deed	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10	[619] 232-370 8
_ 18001	Invoice #
Work Order # E	Acet. #
	tion is available in alternative formats upon request.

@ Printed on reguled paper

MT HOPE CEMETERY 616001

	GRAVE BL	IND CH	ECK FOR	KM	
block marked	ame of the dec with "X". Place er's in the appr ce.	e the name	e's, lot # ar ace(s) that	nd grave	# of all
					8
-	-	-			
		7.5			-
		Х			
		Bruce	Quen		
Blind Check I	nitiated Bv:	Pa	m	Date:	9/2
	ce for: Stan	les .	cle	o itwaredaetri	
Interment Dat	e: 9 5 03	1	imo: 1'A	۸ ۸	
- Chin -	Sect: BI	9		Open	10
Divi_VVVV S	Sect: BI	k/Row:	Lot: _	Gi	12
	at by: WRM			744	-
Agrees with L	egal Card: 🗇	Yes [No IN	m per	0.1
	fap: ☐ Yes	A19431 144	Y	Ogla	we
Blind Check	& Verified By:	1000		_ Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE TC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 16N71 271 831 10871272003 C. Lee Stanley 5A. CITY OF DEATH 5B. COUNTY OF DEATH -- DUTSIDE CALIF. IS NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE. ENTER STATER I Verside OF INFORMANT Carla Thibeault Hemet PO BOX 812 74. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 79. CAUE LICENSE NUMBER Harford Funeral Home: 120 N. Buena Vista Barnstable, MA 02630 Hemet, CA 92543 FD 282 8A. SIGNATURE OF APPLICANT—Person taking permit (8B. DATE SIGNED) I hereby advice/reduce as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1030556 ACKNOWLEDGEMENT OF APPLICANT 08/27/2003 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-\$13.00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW San Diego County Health Department Riverside County Health Department PERMIT TO SHOW FINAL PO Box 85222; San Diego, CA 92186-5222 PO Box 7600; Riverside, CA 92513 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT T | DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market Street BURIAL San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATIC CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B. DATE RECEIVED : 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE 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.

MT. HOPE CEMETERY INTERMENT ORDER

AT NEED City of San Diego

Date 8-28-03

in a Liner Speed Bertal Bordelner	Funeral, date, time	FRI	AUG. 2	9+11.00
Church, Obapel Graveside		Am	BIRHEL	Mortuary 3-8850
All Funeral cars must arrive before 3:	30 p.m. of regular work day	y or an	extra charge o	1 \$ 8 3 0
will be applied and billed to undersign	ned			
Lot 1895 Grave / F	low Section		_ Division/Bk	xx 10
Grave space & Care Fund	=-17992			0
Additional spaces and care fund				_=_
Opening/Closing & Setup	-17992			D-
Buriel Container	, C			0_
Handling Fees				<i>Q</i>
Flower vases - Marker setting fee				
Recording and filing fee	11			<u> </u>
Sales taxes	· · · · · · · · · · · · · · · · · · ·			0_
	To	otal Due		0
	Paid receipt number_6	id b.	Visa	
	THE THE CONTRACT OF THE PROPERTY OF A SECOND CONTRACT OF THE PROPERTY OF THE P		Balance due	<u> </u>
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any liability on account of said author	orization and I agree to hol	we indi	cated. I certify ope Cemetery	harmless from
I hereby authorize the interment in lo hold under deed.	Address Of	J ₄	toch	
Signature of recorded holder of deed	City	0		Zip Cod
tulether	10.576			
~ <u> </u>	12 Invoice #			
Work Order #	Acct. #		Se comb	No.
DEA 104 (7.00) This	information le available i	n altern	ative formate	UDON FRANCE

MT. HOPE CEMETERY INTERMENT ORDER

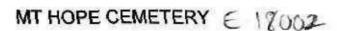
City of San Diego

ER Carry 2003

You are hereby authorized and instrict $JoSeph$	ucted, subject to your rule. We in Dercy	s and regulations,	to inter the remains
1	Funeral, date, tim	1	hala Ha
All Funeral cars must arrive before 3	:30 p.m. of regular work d	ay or an extra char	ge of \$
will be applied and billed to undersig	ned		
Lot 1895 Grave 1 F	Row Section	Divisio	n/Block_O
Grave space & Care Fund			1045
Additional spaces and care fund			
Opening/Closing & Setup	9 A I D	***************************************	413
Burial Container			<u>201</u>
Handling FeesAU	G-2-D-2003		160-
Flower vases – Marker setting fee MT. HY Recording and filing feeCITY OI Sales taxes			10.00
	7	Total Due	1940.00
	Paid receipt number	Visa	1943.20
I hereby certify I am the X and this is your authority to make distinct I have the right to make this authority in the said authorit	auditus sposition of remains as at portzation and I agree to he	Balance	due
I hereby authorize the interment in lo hold under deed.	distance (819 W	Mano St
Eignesury of Recogled holder of deed Van-	Ticaphone	5,579.	6047
_ 1799	92 Invoice #_		
Work Order # E	Acct. #		

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

	Durbin	mattson	x	Comptell	,	Ghson
		0			<u> </u>	
Intermer	nt space fo	ed By: 1000000000000000000000000000000000000	Me	inberg		
Intermer	nt space fo	1: <u>Joseph</u> 1: <u>Joseph</u>	Me	inberg		
Intermer Intermer	nt space fo nt Date:	r: Uszeph		Time:	11:00	6.5.
Intermer Intermer Div: <u>10</u>	nt space fo nt Date: Sect: _	1: <u>06540 k</u>	Row:	Time:Lot: \(\frac{1}{2} \)	11:00	6.5.
Intermer Intermer Div: <u>10</u> Grave L	nt space fo nt Date: Sect: _ aid out by:	r: <u>0654PK</u> 8-29 Bik/	Row: _	Time:Lot: \\ \(\text{Erendand} \)	11:00	6.5.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH	3 DATE OF DEA	
JOSEPH			WEINBERG 05/03/1914 08/27/2003*					3 M
SA CITY OF DEATH		·	SB. COUNTY OF DEATH	-OUTSIDE CALIF.,		ELATIONSHIP, FULL N	MILING ADDRESS AN	ID ZIP CODE
CORONADO		S.	ENTER STATE SA	N DIEGO	OF INFO	SUE KR	ILOFF, DAU	GHTER
7A TYPED NAME AND AL		IA—FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER FAPPLICABLE			illiams st Dolega 81 1	
6316 EL CA.	And the second section in the section in the second section in the section in the second section in the sec	AN DIEGOI CA 9211		-1320	BA - BIOTA	THE OF APPLICANT	Person taking permit, 68.	DATE SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the propaged disp 1376 of the Health and Safety Code, and vigs auth			1	Ma	- 08	/27/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID MEST OF REPOSIL OUTSIDE OF CALIFORNIA.	3.11 (1110-111) 01 1.22 1.	98. DATE PERMIT 08/28/20 RUSSELL	003	2314340	CAL REGISTRAR IS	SUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	VITAL RE	EGISTRAR OF DISTRICT OF PEAT TO IN CAUGORNIA CORDS P.O. BOX 85 TO, CA 92186-5222		PRESS OF REGISTRAR HISPOSITION IS TO OCC			RIAA	
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	OF CREMATED REM	IAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNEA		I. DISPOSITION (Name and A	PENDING—REMAIN Iddress)	S LOCATED A
BURIAL	11A GAME AND A	POPESS OF CALFORNIA CEMETE REST STREET GO, CA 92102	ERY	1 118. DATE BURIE	D 11C.	SIGNATURE OF PER	YOURS	F BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	TORY	128. DATE CREMA	TED 12C.	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC	13A. NAME AND A	ddress of California Facilit	Y RECEIVING REMAINS	138, DATE RECE	IVED 19C.	SIGNATURE OF PER	ISON IN CHARGE O	F FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH 1		N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rhest point on shoreline, or o entify final place and ca <u>distr</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION OF	ENSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE

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



MT. HO	PE CEMETERY	N. I
) INTERN	IENT ORDER	
and and with	of San Diego	
pre let + 950/0 down city	Date &	-28-03
7 you g5%	PINT 1341	7
ou are hereby authorized and instructed, su	bject to your rules and regulations	
yor Hongalo & Je	sephine P. are	valo
DA CUSOT	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra ch	arge of \$
will be applied and billed to undersigned		
	W.	
ot <u>47</u> Grave 10 Row —	Section _ / _ Divisi	on/Block 12
Grave space & Care Fund	***************************************	985.00
Additional spaces and care fund		
Opening/Closing & Setup(2)	ening / closing	826.00
Buriel Container	May 1	418.00
tandling Fees	1.04	352.00
lower vases - Marker setting fee OCT.	2 8 2005	
Recording and filing fee	ndig/filig	100.00
Sales taxesINOUNT HO	PE CO O	32.90
LOL CO19 35230-03P03:	05 PA : Total Due	27/340
1-10-06 Paid	receipt number MC 257	678.00
(-10 00	Balance	2035, 40
hereby certify I am the	Bal	tnce
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I	certify and represent
iny liability on account of said authorization		A A
hereby authorize the interment in lot I	IN James Che	ralo
contalo arevalo	1638 Pri	MEYA ST.
CON 2006 CI EVALO	Lemon Grov	F CA 9199
Grant or records record or cases	(619) 337-18	1/2 Zip Godes
ulata 10007	Tellephone	
_ 18003	Invoice #	
Work Order # E	Acct. #	
		SERMIN OF PROPERTY.

This information is available in alternative formats upon request.

Merilia Based 11-1-05

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x a age

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88

Contract Expires Aug. 2005			-18003
Arevalo, Gonzalo & Josephine P. 1638 Primera St., Lemo	DEBIT	CREDIT B	337-1868 ALANCE
8/28/03 Opened Pre-need Lot/Trust w/25% down, paid by MC. Trust includes: TWO O/C, B/C, H/F, TWO R/F Fee and Sales Tax on the D.D.Crypt.	985.00	678.00	2 71 00
10-13 03 R 56787 (Super 1) 11-10-03 R-56873 NOV/DEC 11 243	10	1695	1950 59
1-29 04 5-7147 Jan/ Feb No Compon 3/3904 5734 Mar/Apr No Compon 4/26/04 57480 May/ June "	A ALLER	16962	144/73
12-10-04 58307 in coupor		16962	1/02.49
4/29/05 54793 II PI	AID	16962	593 63 924 01 254 39
9-1-05 marled certified Delinguest letter OCT 2 9/16 05 59/92 11-1-05 pd by visa - pd IN Full MOUNT HOP	2000 0000	16962	84 117
Balance O	4 Odine Her		

WHITE TO CUSTOMER CANARY CEMETERY PINK ... AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

	4	900 30000	Date:	100.	/3_,20	03
From: G. aug	ralo,	Address: 1638	Primera	84. LG	# 11	45
Lighty Jos	N 9 81/11	D C	$\overline{}$	Dollars (s 84.81	<u></u>)
in past	Payment of	pre-m	ud		Division	
Lot 47	Grave _	/ <i>b</i> Rov	w Section	/	Division /	2
Invoice No. E 180	03	NOT VALID FOR PURPOSES ST STAMPED "PAID" IN THIS SPACE		67007		11
Acct. No.		E	20% Sales 80% Sales	Care 77184 - 100	84	81
W.O		PAID	of Lots Opening/ Closing	77184 - 100 77181 -		
BALANCE DUE 195	0.59		Burial Containers	100 77182 -		
		OCT 1 3 200	Handling F Recording		8	
Pre-Need Lot / At Nee	d On Acct		Misc. Fees	77183 - 63033		
Pre-need Trust / Cas	h Check	MOUNT HOPE GE	METERY Trust Sales Tax	77186 - 60101 78390 -		
AC-212 (Rev. 10-02)		ISSUED BY Taw +	TOTAL PAIL	S .	84	18
This information is available in alternal	tive formats upon request					

> WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS
ESTABLISHED FOR:

23 Months a

\$ 85,00

1 month 2

Name Aggress

GONZALO Arevalo
JOSEPHINE P. Arevalo

1638 Primera ST Street Address (Mail)

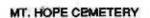
Lewon Gous CA 91945
City State Zip Code

CITY OF SAN DIEGO Mt. Hope Cametary

By: Paulette Crawford

SLW:st(62-1) 1-23-90





INTERMENT ORDER

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		8	Ĺ
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AT DEED

ty of Gail Diago	Date	8	29	03	
					_

or Douglas E.	Bottle gh
In a LUNCA A	uneral, date, time twoods. Sept & 11.4
Church Chapel Graveside	: CA BULLY Mortuary.
All Funeral care must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
	Section
Grave space & Care Fund	PAID 98500
Additional spaces and care fund	
Opening/Closing & Setup	SEP 0.8 2003 413.00
Burial Container	209.00
Handling Fees	MT. HOPE CEMETATI
Flower vases - Marker setting fee	
Recording and filing fee	50.00
Sales taxes	76.20
- pry	Total Due 1,833.20
Paid re	sceipt number R-36051 1,833.30
56-2617	Balance due
I hereby certify I am the HATRICIA	0/57em of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization ar	nd interment.
I hereby authorize the interment in lot I	Street To sey
hold under deed.	711 ZXW514-5T
Skurature of recorded holder of deed	San Dreso 92100
.206	014 269 2276 2000
ulutu _ 18004	Telightone
1 4 4 4 4	19 St (A1)
w ^c = 18004	Invoice #





MT HOPE CEMETERY (- 19004

GRAVE BLIND CHECK FORM

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

	Reed	Reda	Rees		
		X			
	6,8145				
Interment Dat	ice for: ie: <u>\$ 9/9</u> Sect: _/ B	Ik/Row: _	ime: //- Lot: _	83 G	rpel
	ut by: <u>Nora</u>			01)	
Agrees with L	egal Card: 🗹	Yes [J No		-2
Agrees with M	/lap: ☑ Yes	. 01	lo .	600	73
Blind Check	Map: Yes & Verified By:	Vard Ya	rug XV	Date:	7-8-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)					OF DEATH 4. SEX
Douglas		Earl	Battle				08/26/	2003 M
SA. CITY OF DEATH		N.	58. COUNTY OF DEAT	TH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA	ILING ADDR	RESS AND ZIP CODE
San Diego			San Diego			FORMANT 1ca Rensey-S :	ister	
TA. TYPED NAME AND AI California (PORESS OF CALIFORN	A—FUNERAL DIRECTOR OR PERSON Burial Chapel	ACTING AS SUCH 7B. CA	LIF, LICENSE MUMBER IF APPLICABLE	711	Escuela St.,		Z(#3%
5880 El Gajo	on Blvd., S	en Diego, GA 9211	5 74-	-1357	BA. SIGN	Diego. CA S	rson taking perr	WE BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT Bereby : Section 10	schowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was author	position stated herein is one of the prized personnt to Section 7100 of	e dispositions authorized by the Health and Salety Code.	> -	Y 1	1	09/02/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	BIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE ITY FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$13.00	09/02/20 J.Benya)03	9C. SIGNATURE OF LOC 2314510	AL REGIST	TRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERAUT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEATH D IN CAUCONIA BOX 8522 CA 92186-5222				RICT OF DISPOSITION— OTHER DISTRICT IN CAUFOR!	MIA	
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	· ·			FOR CORD	NER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	8E 🛷	AINS OTHER		ORNIA SIDE OF CALIFORNIA		(Name and No.	nisteekti	ARGE OF BURIAL
	San Diego	, CA 92102		19-9-0	211	NIM F	1	min
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMA	TED 120	SIGNATURE OF PERSO	CHA	RIGE OF CREMATION
SOMENTIFIC	18A. NAME AND A	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B, DATE RECE	IVED 130	SIGNATURE OF PERS	ON IN CH	ARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPE	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION		C. SIGNATURE OF PERSO CHARGE OF DISPOSIT		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY

X ODG WINIERW	ENI UNDEN
Ne Tree Lairs City	of San Diego
12 chairs City of	Date 8-29-03
120051	AND
You are hereby authorized and instructed, sub	J34165 ect to your rules and regulations, to inter the remains
of . Har Blade	
	uneral, date, time 9/4/03 10:00 aw
Type of Burtel Container Church, Chapel Graveside	Feetheringall Mortuary.
manager of the state of the sta	
All Funeral cars must arrive before 3:30 p.m. o	ir regular work day or an extra charge or \$
will be applied and billed to undersigned	
Lot 7 Grave 5 Row_	Section / Division/Bleak / 2
Grave space & Care Fund	985.00
Additional spaces and care fund	
선생님이 아이를 내려가 있다면서 모든 하고 먹었다. 이 이 나 보는	16.7.00
Burial Container	PAID 209.00
Useding See	160.00
Handling Fees	AUG 2 9 2003
Recording and filing fee	HOPE CEMETARY 50,00 OF SAN DIEGO, C. 16.20
Sales taxes	OF SAN DIEGO, C. 76.20
	Total Due
Paid n	eceipt number R-56624 1833 20
	Balance due
Son	
I hereby certify I am the and this is your authority to make disposition	of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from
	1 . 16 - 1
I hereby authorize the interment in lot I hold under deed.	Burnell
Topant R	11332 Pepper pr.
Signature of Roorded holder of deed	El Cajon, CA. 92021
CHARLES (100 - 60000435)	6/9-4/40-05-492000
, HE	Telephone
Jaulate _ 18005	Invoice #
Work Order # E	Acrt #

REA-104 (7-95)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 18005

SRAVE BLIND CHECK FORM

GIVA	VE BLIND CHECK	K FORIVI
block marked with "X".	Place the name's, appropriate space	ch the grave is for in the lot # and grave # of all (s) that are adjacent to
		tree
	x	bushed?
nakros		
Blind Check Initiated E	By: Dim	Date: 9/2
Interment space for:	and the second second	
Interment Date: 1		
Div: 12 Sect: 1		
Grave Laid out by: N		
Agrees with Legal Car		
Agrees with Map:		mary
Blind Check & Verifie	d By: Sail Mou	Date: 9-2-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Gladya 12/17/1917 08/30/2003 Louise McClelland 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE La Masa San Diego Joe Rea. Son 1332 Pepper Dr., 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER -IF APPLICABLE Featheringill Mortuary El Cajon, CA 92021 6322 Kl Cajon Blvd., San Diego, CA 92115 FD1083 BA. SIGNATURE OF RPPLICANT Person taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 09/03/2003 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Cade, and was authorized oursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 09/04/2003 2314634 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT. \$13.00 K. Zaretzka MOTE: THIS PERSON CIVES NO RIGHT OF DESPOSAL OUTSIDE OF CHLEDRINA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-AME CHANGE IN DISPOS Box 85222, San Diego, CA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 19 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery, 3751 Market St., BURIAL San Diego, CA 92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER

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

15B. DATE OF

DISPOSITION

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

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

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

15D. LICENSE NUMBER

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE

TRANSIT

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/2/03

Torac	ructed, subject to your rules and regulations, to inter the remains
ina lings	Funeral, date, time Thus 9/4/0:00
Type of Build Container Church Chapel, Graveside	: Atzlan Mortuery.
All Funeral cars must arrive before	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersi	gned.
Lot 144 Grave 8	RowSection_2_Division/Bleek_/2
Grave space & Care Fund	985 -
Additional spaces and care fund	
Opening/Closing & Setup	PAID 4/3
	T
Handling Fees	SEP 0 2 2003 160 -
Power veges - Norker setting for	T.C.LOPE CEMETARY
Recording and filing fee	CITY OF SAN DIEGO, CA 50
Sales taxes	16.20
3898 BA69	1833 34
	Paid receipt number RSG435 U33.86
	1 land
and this is your authority to make o	of the above named decedent disposition/of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in hold under deed.	inti
Reporture of recorded holder of deed	X SANDIOGO ZO COCK
Work Order # E	0 6 Invoice #
ACHEMICAL STREET	nis Information is available in alternative formats upon request.

O Printed on recycled poper

MT HOPE CEMETERY = 18006

GRAVE BLIND CHECK FORM

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

		John			- 2	
		1,	Taylor	Roberts	n	
/	Gigh	5 Sulvas	х			
				end		
Į.						<u> </u>
Blind Ch	eck Initia	ited By:	Parm		_ Date:	9/2
		for:_Te				
Intermer	nt Date:	Thurs 9	14 -	Time:	10:00	
40.000	193	<u>, 2</u> ві				
Grave La	aid out by	· Nor	MAN	FER	EUSOL	
Agrees v	with Lega	l Card: 🗹	Yes (J No	blan	m
		l Card: Ø Ø Yes				
Blind Ch	eck & V	erified By:	Oil 2	Porrega	Date:	9-2-03
				4		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

540

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				OF DEATH 4. SI	EX
Teresa SA. CITY OF DEATH		-		Magana EATH — OUTSIDE CAUF	6. NAME, RELATIO	MARIA MARIA	ADDRESS AND ZIP C	ODE
	Aztlan 785 CA 91941	A - FUNERAL DIRECTOR OR PERSON (LA Mesa Blvd.	PO	FAPPLICABLE 1658	3719 Acact	ernandez-Hus La St.		ED
ACKNOWLEDGEMENT OF A	APPLICANT of the Health a	megage to approant that the proposed disposition sai and Salety Code, and was authorized pursuant to Sec	stion 7100 of the Health and Sale	ety Code.	Frun C	1 //rain	4/02/2	.00
AUTHORIZATION OF	THE CALIFORNIA HEALTH . ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA	\$13.00	98. DATE PERMI Leah A. 09/02	Mata No-	TURE OF LOCAL REGISTI		M
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	IF DEATH OCCUPRE	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA PO BOX 85 CA 92186-5222		ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCCU				
A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	S ENTOMBMENT) CREMATED REMAINS CITERY	E	E. TEMPORARY ENVA	DFINIA		FOR CORONOR ISPOSITION PENDING — Name and Address)		
BURIAL	The second secon	DRESS OF CALIFORNIA CEMETER **********************************	Day Salary	118. E E BURIE	11C. SIGNAT	URE OF PERSON IN C	HARGE OF BURIAL	
CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREA	MATED 12C. SIGNAT	URE OF PERSON IN	HARGE OF CREMA	
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	S 13B, DATE RECE	IVED 13C. SIGNAT	3C. SIGNATURE OF PERSON IN CHARGE OF FAC		
TRANSIT COMPLETE		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPE	ATT 100 000 000 0000 0000 0000 0000 0000	14C. ADDRESS AND SIGNATURE OF PERSON IN CH OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	KREST POINT ON SHORELINE, OR () IDENTIFY FINAL PLACE AND CA D EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSI			URE OF PERSON IN E OF DISPOSITION	15D. LICENSE NUMBE CREMATED REMAINS POSER — IF APPLICA	DIS-

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

Transfer ownership

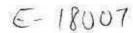
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9 2 03

AUTO AND THE CONTROL OF THE CONTROL	
ne	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	100
Lot Grave Row	Section 2 Division/Block 12
Grave space & Care Fund	12 louge
Opening/Closing & Setup	Well Colonial Colonia Colonial Colonial Colonia
Burial Container	w BALB
Handling Fees St a 15	PAID
Flower vases - Marker setting fee	SEP 0.2 2003
Recording and filing fee Transfer	OF DUNEISHID 50 -
Sales 1axes	TY OF SAN DIEGO: CA
	Total Due
Paid	receipt number LXWED
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization i	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the Interment in lot I hold under dead.	Ley Polnica Andrewstellow
St. Mathew's Epwagel Church	ch Thetional City, C/a 91950
587 34	Telephone (474) 86916 2000
_ 18007	Invoice #





THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: Septemb	er 2, 2003					
/We St. Matt	hew's Episcopal Chur	ch			- 10	
DO HEREBY R	REMISE, RELEASE,	AND QUI	TCLAIM TI	HE IN	TERMENT I	RIGHTS
TO C'esar Lir	20					
	9233 Fenway Rd	-	100	A	pt / Unit #:	
City: Santee		: CA	Zip-	_	92071	
Telephone #: _(619) 596-6611	0			S A	
	property interment ri- ounty of San Diego, S		lifornia, desc	cribed		" N/A "
Lot(s): 8		Section	Grave(s):	6	DIK! ROW.	- 14/24
interment rights WITNESS my/o EXECUTED IN	O HOLD THE above-towners, its successor our hand this 2nd THE PRESENNCE ONG WITNESS:	s and assig day <u>Se</u>		San San San	unto the abov	e said
		S.	D. AI	/	ala	1112.
	WITNESS		Keet attack	Cual Owner	Reprebensive Sagnatu	allose
PA VIII	WITNESS	— <i>i</i>	for St N	atti	Reprehensive Signatur	orgal C
Pa				50	11	-



Prud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

of	STANTISMY.	lay Th	. : 0/-	1000
n a Type of Buriel	Combine	Funeral, date, time	1 75	1:00
Church Chapel, Graves	No. of Contract Land	; CA	Bural	Mortuary.
All Funeral cars must ar	3:00	n. of regular work day or a	n extra charge of	\$
MC-19120XX-1982/1985/2000				
Lot 249 Grave	3_ Row_	Section 2	Division/Big	12
Grave space & Care Fu	nd	E17830	<u> </u>	-0 -
Opening/Closing & Setu	Jp			-0
Burial Container				-0
landling Fees	P J	AID	***************************************	0
Recording and filing fee	SEP () 2 2003		2
		OEMETARY		
		AN DIEGO OF Total D		
	Paid	d receipt number $K-$	200-0	
	, 0		Balance due .	-0
hereby certify I am the	X XO	n	of the above nar	med decedent
and this is your authorit	v to make dispositio	on of remains as above in on and I agree to hold Mt.	dicated. I certify	and represent
any ilability on account	of said authorization	and interment.	Hope Cemerally	A A
	A TAX ARCHITECTURE OF THE COURT	V. L	200 *	10 -
	starmant in let !	ALTON	The same	myon
hereby authorize the in	CONTRACT IN INC. I	/ 0000000079		
hereby authorize the in hold under deed.	USA I ASA K III KALI	X 415 1	nilbras	,57
nold under deed.		2415 1.	nilbrae	
nold under deed.		2415 M	OA	92/13
old under deed.		2415 M 2 SIS	OA	92/13
old under deed.		2415 1 20 619 26 Theologie	OA	92/13
old under deed.		Abdress St.	OA	92/13
and under deed.		Invoice #	OA	92/13
		o Telephone S	OA	92/13

O Printed on recycled paper





MT HOPE CEMETERY E 18008

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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				Byrd
100	V	X			chamberla
V01	eu	-			
Blind Check Initi Interment space Interment Date:	for: Any Eni 9/5	un ul	ime: 1	Date: Th :00 Cl	meh
Div: Sec Grave Laid out b	CHEST				Gr: <u>3</u>
Agrees with Leg	/	110 2 - 24		Flag	2 m
Agrees with Map				(and and
Blind Check & \	erified By:	avil	Noug	Date	9-3-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN) 18	. MIDDLE	IC. LAST (FAMILY)		DATE OF BIRTH	3. DATE O		4 SEX
ANNIE		×	THOMAS				08/29/		F
SAN DIEGO	M		SB. COUNTY OF DE	EATH—OUTSIDE CALIF.,	6. NAME, RI OF INFO	ELATIONSHIP, FULL MA RIMANT DELORES			
7A. TYPED NAME AND AL	A SERMATION &	UNERAL DIRECTOR OR PERSON (BURIAL AN DIEGO CA 921)	i i	CALIF. LICENSE NUMBER —IF APPLICABLE D—1357	312 TR	RUSN ST. SA	100000000000000000000000000000000000000	7/1	
ACKNOWLEDGMENT OF A	Des CANT I beneby actions	ledge as applicant that the proposed dispo the Health and Soloty Code, and was pather	ration stated hereia is one of	the dispositions authorized by	8A. SIGNAT	URE OF APPLICANT—Fo	rson taking permi	E-man	E SIGNED 3/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CALIFORN AND IS THE AUTHORITY FIN THIS PERMIT.	IN ACCORDANCE WITH PROVI- TA MEALTH AND SAFETY CODE OR THE DISPOSITION SPECIFIED OF DISPOSAL OUTSIDE OF CALFORNIA.	A STATE OF THE PARTY OF THE PAR	89/04/26 V. MITCH	03	2314673	CAL REGISTI	NAME OF TAXABLE PARTY.	THE PERSON NAMED IN
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRED IN VITAL RECOR	TRAR OF DISTRICT OF DEATH CAUFORNA DS-P.O. BOX 852.		ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			HA		•
A. BURIAL (INCLU		, , , , , , , , , , , , , , , , , , ,	E. TEMPORARY EI F. DISINTERMENT G. SHEP IN TO CAL H. TRANSIT TO OU			FOR CORO	ENDING-R		33
BURIAL	MT HOPE C	ESS OF CALIFORNIA CEMETER ENETERY ET ST. SAN DIEGO	DIVERNA WALFRAGERIA	118. DATE BURIE 9-5-3	. 1	SIGNATURE OF PERS	ON IN CHAI	RGE OF BU	FIAL
CREMATION	12A. NAME AND ADDR	ESS OF CALIFORNIA CREMATO	ORY:	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSO	ON IN CHAR	IGE OF CRE	MATION
SHEMTIFIC USE	13A. NAME AND ADDR	SS OF CALIFORNIA FACILITY	RECEIVING REMAINS	3 13B. DATE RECE	IVED 13C.	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			CILITY
TRANSIT CONTRACT		ESS IN RECEIVING STATE OR MATED REMAINS ARE TO BE		148. DATE SHIPE	IPPED 14C. ADDRESS AND SIGNATURE OF PERSO OF PLACING WITH THE CARRIER			CHARGE 4	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		POINT ON SHORELINE, OR OT Y FINAL PLACE AND CA <u>DISTRIK</u>		- ISB. DATE OF DISPOSITION		SIGNATURE OF PERSI CHARGE OF DISPOSIT		SD. LICENSE I OF CREM, MAINS DI —IF APPL	ATED RE-

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Supf 3 03

You are hereby authorized a				inter the remains
ina TS Vac	it,	Funeral, date, time	Sat 9/4	11:00
Church, Chapel, Graveside	Funeral, date, Type of Burist Consider urch Chapel, Graveside Funeral cars must arrive before Top.m. of regular wo be applied and billed to undersigned. The applied and		wires	
All Funeral cars must arrive		of regular work day	or an extra char	le of \$ CA
will be applied and billed to	undersigned.		-	
Lot 8 Grave C	P Row	Section	2 Division	Block 12
Grave space & Care Fund		Ľ-	1800	
Additional spaces and care	fund	OT	***************************************	660.
				775
	1847 - 6			204-
randing rees	. SEP	U 3 2003		

Recording and filing fee	MT. HOP	E'CEMETARY"		0131
Sales taxes	CITY OF S	AN DIEGO, CA	**********************	<u> ۱۳۶۱ کی</u>
		To	stal Due	1(e23.3)
	Paid r	eceipt number	via	1423.31
	Con		Balance d	uo <u>——</u>
that I have the right to make	this authorization	and I agree to hole	ve Indicated. I ce	e named decedent ritiy and represent tery harmless from
I hereby authorize the intern hold under deed.	nent in lot i	Spretter 92	THE PARTY OF THE PARTY OF	ay Rd
Signature of recorded holder of deed	W .	X 619-	596.00	92071
Work Order # E	8009	Acct. #		
REA-104 (7-96)	This informs	stion is available in	n alternative form	ats upon request.

@ Printed on recycled paper

MT HOPE CEMETERY E- 18009

GRAVE BLIND CHECK FORM

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

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ti.	9 84	trac		fur	nes	
	Blown	-	x			
	F	raker				
			_			<u></u>
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		2 Blk				
Grave L	aid out by:	NORMA	in Fo	creuso	2	
Agrees	with Legal	Card: ØY	es (J No L	long !	ne
9. 000	***************************************		-	3.5	4.4	
Blind Cl	heck & Ve	rified By:	and 7	mign	Date:	9-3-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE O		4. SEX
SATURNINA	TURNINA PLADIO LIMO				03/10/1923 08/28/2003 1					F
A. CITY OF DEATH			200	5B. COUNTY OF DE	ATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA	AILING ADDR	ess and Z	P CODE
SANTEE				SAN DIEGO			LINO - SON			
A TYPED NAME AND AL BAYVIEW MEM EL CAJON, C	ORIAL FUNE			DWAY	ALF. LICENSE NUMBER HF APPLICABLE -1709	SANTE	FERWAY RD. E, CA 92071			
an one on, c	E SZATO			100	Control of the Contro	In	YURE OF APPLICANT-N	erson taking perm	/	
ACKNOWLEDGMENT OF AF			Code, and was authorize	ed personnt to Section 7100 o	THE RESERVE OF THE PARTY OF THE	> KU	PHAME	3	THE REAL PROPERTY.	2/700
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE FORNIA HEALTH AND TY FOR THE DISPOSIT ID MERT OF DISPOSAL OUTS	ION SPECIFIED	\$13.00	99. DATE PERMI 09/02/20 R.MARTINI	03	9C, SIGNATURE OF LOG 2314482	CĀL REGISTI	RAR ISSUIN	ig Permi
	VITAL'S CHEC	EGISTRAR OF DISTR CAUCONIA CA 92186-	BOX 85222		ODRESS OF REGISTRAF DISPOSITION IS TO OCC		HCT OF DISPOSITION— THER DISTRICT IN CALIFOR	ENIA		
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	10				FOR COR	ONER'S U	SE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND A	DORESS OF CALIFO	RINA CEMETERY		FORNIA TSIDE OF CALIFORNIA 11B. DATE BURIE	D 110		1		URIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFO	RNA CREMATOR	RY.	128. DATE CREMA	The state of the s			EMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B, DATE RECE	19C. SIGNATURE OF PERSON IN CHARGE OF FACILIT			ACILITY		
TRANSIT	14A. NAME AND A REMAINS OR	DDRESS IN RECEIVI CREMATED REMAIN	NG STATE OF C IS ARE TO BE S	OUNTRY WHERE HIPPED	14B. DATE SHIPF	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAIR OF PLACING WITH THE CARRIER			CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER		FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOS		50. LICENSE OF CREW MAINS D —IF APP	NATED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

Date	9-	3	-07
nate_			

	MT. HOPE CEMETERY INTERMENT ORDER	
AT NOW	City of San Diego Date 9-	3-03
Donco	nd instructed, subject to your rules and regulations, to	inter the remains
Lines	Funeral, date, time Mon SEA	OT. 8+h 10
in a Type of Surfact Contact Church, Chapel, Graveside	CA Buri	
	before 3:30 p.m. of regular work day or an extra charge	1911011C
will be applied and billed to		
an de approva and direct to t	The state of the s	
Lat 108 Grave 9	Row Section 2 Division	Block 12
Grave energe & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	985.00
	und	
W		4/3.00
Burial Container		209.00
Handling Fees	FAIR	160.00
	ng too SEP 0 4 2003	
		50.00
Peter taves	MT, HOPE SEMETARY	1620
Sales taxes	CITY OF SAN DIEGO, OF	1833.20
Fax de To Das	Total Due	1833-X
mart. 10	Paid receipt number 12 5 6 6 3 8	
i hereby certify I am the and this is your authority to	make disposition of remains as above indicated. I car	named decedent tify and represent
that I have the right to make any liability on account of sa	this authorization and I agree to hold Mt. Hope Cemet id authorization and interment.	ery hermiess from
		1.0/
I hereby authorize the interm hold under deed.	Signature	0 has
	Address Address	$\overline{\psi}$
Signature of recorded holder of deed	(D)	Zip Code
Roulette 1	Telephone	
Mu.	8010 Invoice#	
Work Order # E	Acct. #	
PEA 104 (7 pm	This information is evallable in alternative form	

03/04/2003

SD MT. HOPE CEMENTERY * 92292750

AT NOW

MT. HOPE CEMETERY

INTERMENT ORDER

City of Sen Diego

na Liner	F ₁	maral, date, time MC	on SGPT. 8	THA U
Type or & 400 Church, Chapel, Gravesk	de	CA	BuriaL	
All Funeral cars must sm	ve defore 3:50 p.m. o	regular want day or an	extra charge of \$	ELT &
will be applied and billed	to uncersigned			
cat 108_ Grave_	9_ ROW	Section 2	Division/Blook-	12
Grave space & Care Fund	d ,,,,,,,,,		<u>9</u>	82:00
Additional spaces and ca	re fund			
Oganing/Circung & Serup	Section and the second	t man de annocation a	4	4/3.00
Burial Container	was acceptable to a large w	TV 1875 report and title between	·	109.0
Handing Fees	Campiner (Sec.)	ormonia materiores de	X	60.00
Flower vases - Market se	atting fee	454F45 (1438 (8178 (F177 (F1	» - +00000000000	
Recording and filing fee .				50.00
Sales taxes	y			1600
1 229-2750 mord. To P.	E CONTRACTOR	Total Di	ia	330
abd. 70 /	Palo re	tadmun hafaa		
MY .	U		Balance due	
hereby cartify I am the and this is your authority that I have the right to me any liability on account of	yee this authorization is I said authorization is:	of remains as above inc and I agree to hold Mr. I	of the above name licated. I certify end tope Cemetary har	d represent
l hereby authorize the inte hold under deed	arment in lot (5848 3	Stemuer	Dr
\ <u>-</u>		& Smuller	92/65	-
Big-tenure of recorded holder of feed		(619) 26	9-1706	Zb Code
a lette		Family 10		
Richard of scienced hidden of the	18010	Invoice •		

MT HOPE CEMETERY E-18010

GRAVE BLIND CHECK FORM

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

the burial space	•				
		 		£	
			Canal	190	
		x			
*					
Blind Check Initi Interment space MonDAy Interment Date:	for: De	2 Coo	K		9-3-03
Div: 12 Sec					Sr: 9
Grave Laid out l	DU: NORW	LAP CHAI	ERGO	(DON)	
Agrees with Leg	al Card: 💇	Yes _	□ No [=lag o	Snew
Agrees with Map Blind Check & \	D: LM Yes	, 0	NO		

E- 18010

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NA	ME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			ATE OF BIRTH	3. DATE OF DEAT	
D	EE.		E	COOK	COOK		26/1945	09/62/200	
SA. CIT	TY OF DEATH			5B. COUNTY OF DEATH	H-OUTSIDE CALIF.,	6. NAME, RELA		MAILING ADDRESS AND	ZIP CODE
	AN DIEGO			SAN DIEGO	V	Of the Oran		OOK-WIFE	
C	ALIFORNI	DORESS OF CALIFORN A BURLAL C LAND AVE.	PROF (1) (1) (2) (1) (1)	1 -	F APPLICABLE		REAMVIEW 20 CA 921		
S	CHOWLEDGMENT OF A	DES VIANT 1 hereby	achieviedge as applicant that the proposed d	specition stated herein is one of the	dispositions authorized by	8A. SIGNATURI	E OF APPLICANT—		DATE SIGNED
		20CH00	1376 of the Health and Selety Code, and was aud UED IN ACCORDANCE WITH PROV		March 1997 September 1997 September 1997	IBELIED OC S	IGNATURE OF L	THE PROPERTY OF THE PERSON NAMED IN	/03/200
,	PERMIT	BIONS OF THE CALI	FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIE	5	09/04/2		14723	CAL REGISTRAN ISS	DEG PERMIT
	DRIZATION OF	IN THIS PERMIT.	IO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	V. MITCH	ELL ! >		È	
TION R	ANGE IN DISPOSH EQUIRES A NEW TO SHOW FINAL SPOSITION.	F DEATH OCCURE	EGISTRAR OF DISTRICT OF DEA ED IN CAUPORNIA CORDS—P.O. BOX 85 D CA 92186—5222	l IF I	DRESS OF REGISTRÂR DISPOSITION IS TO OCC				•
10. AU	THORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COP	CONER'S USE OF	NLY
	. CREMATION		AINS OTHER	E, TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	AINA		I. DISPOSITION (Name and /	PENDING—REMAINS Address)	LOCATED AT
	BURIAL	MT HOP	DORESS OF CALIFORNIA CEMET E CEMETERY ARKET ST SAN DIE	GO CA 92102	118. DATE BURIE	D 11C. Sie	NOTURE OF BEE	SON IN CHARGE OF	BURIAL
C TEMP	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 120 SKG	NATIBLE OF PER	SON'IN CHARGE OF	CREMA
Tr APPLICA	SOIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	138. DATE RECE	VED 13C. SIG	NATURE OF PER	RSON IN CHARGE OF	FACILITY
DWMLETE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP		DRESS AND SIGN PLACING WITH	NATURE OF PERSON THE CARRIER	IN CHARGE	
DISE	TTERING AT SEA OR POSITION OTHER N IN A CEMETERY	FIGIENT TO ID	REST POINT ON SHORELINE, OR CENTIFY FINAL PLACE AND CA DIST		158 DATE OF DISPOSITION		nature of Per Arge of Dispo	SITION OF C	NSE NUMBER REMATED RE- IS DISPOSER 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.

Afrual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/3/03

You are hereby authorized			s and regulation	ns, to inter the remains
or JULIA		jashi	(X)	
111 4	ault 1	Funeral, date, tir	ne Sout	9/4/11:00
Type of Build Cont Church, Chapel Graveelde	DOM: NO.		Encini	tres Charper
All Funeral cars must arrive	before 9:00-p.m.	of regular work	day or an extra	charge of \$
will be applied and billed to	undersigned			-
Lot 29 Grave 3	2_ Row_	Section	11 Div	Islan/Bleck
Grave space & Care Fund		Ąź	2594	<u> </u>
Additional spaces and care	fund	OT		210
Opening/Closing & Setup		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••	
Burial Container	PAID) 		<u> </u>
Handling Fees	SEP 0 3 20r	دا		<u> </u>
Flower vases - Marker sett	ing fee			
Recording and filing test.	HOPE CEME	TARY		<u> 50-</u>
Sales texes	OF SAN DIEG	iO, C/		<u>4.73</u>
			Total Dug	<u>501.7</u>
	Paid	receipt number .	viso	507-13
V	Com		Bala	nce due —
i hereby certify I am the and this is your authority to that I have the right to make any liability on account of a	e this authorization	n end I saree to I	bove indicated.	shove named decedent I certify and represent ematery harmless from
I hereby authorize the inter hold under deed.	ment in lot I	M		
Biggsburg of recorded holder of deed		Telephone		Zip Gode
70 _ 1	18011	Invoice #	į	
Work Order #		Acct. # _		-85 - 81
REA-104 (7-95)	This inform	ation is availabl	e in alternative	formats upon request.

w/ Kateshiren

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.

		uyesi	Kane yl	1		
	- 1	Jakamura	xter	yashi	Nakam	wa_
			yosh	inine		
Intermen	nt space	for:	ikie Îlo_T	Hayo ime:	11:00	Ø
		by: <u>Norm</u>	Λ			
Agrees v	vith Leg	gal Card: 🗹	Yes [J No	, lan	m
		p: 🗹 Yes	1		1 J	MOUNT
Blind Ch	eck &	Verified By:	David Z	louiza	Date: <u>4</u>	4-03

- ULLI

E-18011

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

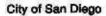
1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST OFAMILY		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	
TORIE		Le	HAYASHI	HAYASHI		08/22/2003	
SA. CITY OF DEATH	ENCIN	TTAS	5B. COUNTY OF DE	ATH-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL OF INFORMANT STEVEN HAYASHI		ZIP CODE
BCH-ENCINI	TAS CHAPEL	340 MELROSE A	PERSON ACTING AS SUCH 78.		1105 EVERGREEN ESCIBITAS, CA	DR.	
ENCINITAS	. CA 92024			D-857	BA. SIGNATURE OF APPLICANT-	Person taking permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby Section I	acknowledge as applicant that the pro 0376 of the Health and Safety Code, and	pased disposition stated herem is one of I was authorized pursuant to Section 7100	the dispositions authorized by of the Health and Safety Code.	>	08/	25/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORMIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPI NO RIGHT OF DISPOSAL OUTSIDE OF CA	CODE	98. DATE PERM 08/26/20 C GRIE		ocal registrar issui	ING PERM ₍ T
The second secon	F DEATH OCCURR	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA ORDSPO BOX O, CA 92186-52	85222		R OF DISTRICT OF DISPOSITION- CUR IN ANOTHER DISTRICT IN CAUF		100
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND A	DDRESS OF CALIFORNIA C	EMETERY	118. DATE BURI	ED 11C SIGNATURE OF PE		BURIA
CREMATION	12A. NAME AND A	CO, CA 92102 DDRESS OF CALIFORNIA O VIEW CREMATORY M DIEGO, CA 92	3953 IMPERIAL	9-4-63 128. DATE CREM		RSON IN CHARGE OF CI	REMATION
SOMENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	138, DATE RECE	IVED 19C SIGNATURE OF PE	rson in Charge of I	FACILITY ,
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIP	PED 14C. ADDRESS AND SIG OF PLACING WITH		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION OTHER			15B DATE OF DISPOSITIO	N 15C. SIGNATURE OF PE CHARGE OF DISPO	ISITION OF CRE	E NUMBER MATED RE- DISPOSER PRICABLE

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



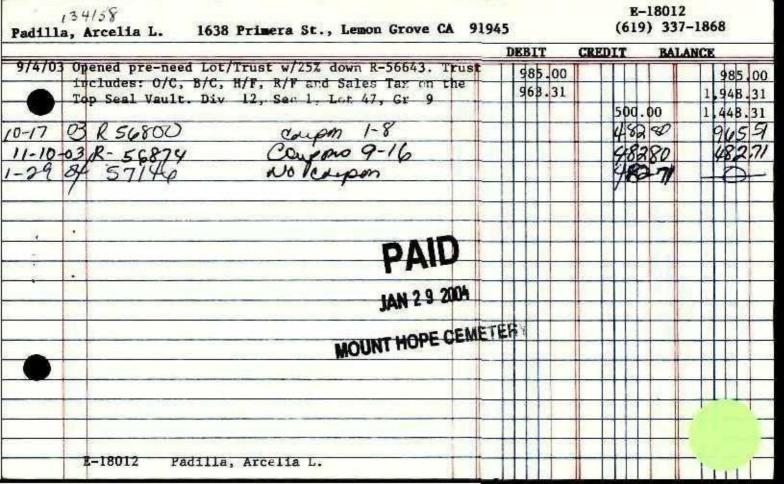
W.	
Sec	

Pre-need Planst

	0	4-	. 0
Date	4	11-	11.5

11	Pia d. Padella 1341	
in a T.S. Vault	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra cho	arge of \$
will be applied and billed to undersign	ned	
	Row Section/_ Division	on/Block 12
Grave space & Care Fund		<u> </u>
Additional spaces and care fund		
Opening/Closing & Setup		4/3.00
Burial Container Z S.	MARAID	275.00
Handling Fees	77 T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	204.00
Flower vases - Marker setting fee	JAN 2 9 2004	
Recording and filing fee		50.00
Sales taxes	OUNT HOPE CEMETERY	21.31
		1948.3
R-56	Paid receipt number Stocott	n 500.00
	() Balance	1448.3
· · · · · · · · · · · · · · · · · · ·	ton	4
i hereby certify I am the and this is your authority to make dis	sposition of remains as above indicated. I	ove named-decedent certify and represent
that I have the right to make this auth any liability on account of said autho	nortzation and I agree to hold Mt. Hope Cerr rization and interment.	netery harmless from
x Arcelia L.Pa	dilla sopportant	Prodella
I hereby authorize the interment in in hold under deed.	1 1638 Prime	Ture ST
	(4	7
Signature of recorded holder of deed	- Lemon Grov	E CO, 9/793
New York	[619) 337-1868	Z-1,
sulate 1801	The second secon	
1801	2 Invoice #	
Work Order # E	Acct. #	
REA-104 (7-66) This	s Information is available in alternative for	rmats upon request.

@ Printed an regular paper



Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dept 5 03

or michael	Sullivan
ina Liner	Funeral, date, time Thurs 9/11 9:00
Type of Burist Container Church, Chapel, Graveside	: Humphrce Smortuary.
All Funeral cars must arrive before 3990 p.m.	of regular work day or an extra charge of \$
വുത will be applied and billed to undersigned	
	Section 2 Division/Bleek 12
Grave space & Care Fund	E17995 _
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	<u> </u>
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	<u> </u>
Sales taxes	<u> </u>
	Total Due
Paid	receipt number
1	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization s	· · ·
I hereby authorize the interment in lot I hold under deed.	Mytacher
Recording to recorded to the desired	Training Contra
Work Order # E 18013	Acct. #
REA-104 (7-96) This informs	ation is available in alternative formats upon request.

Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Sept 5 03

	Funeral, date, sma, Tours 9/11 920
Church, Chapel Galacias	HUNGANCE SMORLERY.
All Furnish para must arrive before \$600 p.m.	of regular work day or an extra charge of \$
حرين) applied and billed to undersigned.	
10 TA Greve 10 ROW_	Section 2_ Okrafon/asour_12_
Greve space & Care Fund	E17995 -
Additional spaces and care fund	
Opening/Closing & Gollyp	
Buriel Container	<u> </u>
Hending Food	<u> </u>
Flower vises - Marker setting fee	
Recording and filing fee	<u> </u>
Sajas takee	<u> </u>
	Total Dua
Paid	ecelpt number
(1) x 1	Balance due
hereby couttly I am the	Alle Little of the above named decaders
what I have the right to make the authorization are liability on account of said evaluatization a	of remeins as elected indicated, I certify and represent and I agree to hold Mr. Hope Cametery hetmises from
	Karin Calleron
I hereby authorize the Interment in lot I hald under deed,	Janes Time in the
	A TOUR OF THE PERSON OF THE PE
Springer of Passings Regal of Squa	(619) 583-847X
4004	
₩E 18013	Involce 4
Work Order # E	Acct. 0

This information is available in eliginative formats upon request.

MT HOPE CEMETERY E- 18013

GRAVE BLIND CHECK FORM

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

	1 1					}
			Haywood	Grooms	Poryait	
	milicusm		х			
				ADV	tms	
Blind Ch	eck Initiated	i By:	Pam		_ Date:	9/5
Intermen	t space for:	M	chael	Sull	ivan	
Intermen	t Date: Th	urs	9/11 T	ime:	9:00	
Div: 12	Sect:	ع BII	k/Row:	Lot: _	72 G	r: 10
Grave La	aid out by:_	Noen	NAN	Fore	SUSON	
Agrees w	ith Legal C	ard: 🛛	Yes [J No (Los	W
Agrees v	vith Map:	Yes	_ 🗆 N	lo ,	V	$\sigma_{\mathcal{M}_{\mathcal{N}}}$
Blind Ch	eck & Verif	ied By: (DAKKE	41	Date:	9-9-03

E-18013

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

MICHAEL	ENT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF B		
SA. CITY OF DEATH		58. COUNTY OF DEAT ENTER STATE	DIRGO	NAME, RELATIONSHIP,	FULL MAILING ADDRES	S AND ZIP CODE
HUMPEREY C 753 BROADS	DORESS OF CALIFORNIA—FUNERAL DIRECTOR HULA VISTA MORTUARY AY, CHULA VISTA, CA 91	OR PERSON ACTING AS SUCH 78. CA	F APPLICABLE 8A.	4805 TWAIN SAN DIEGO,	AVE.	
PERMIT AUTHORIZATION OF LOGAL REGISTRAR		de, and was authorized pursuant to Section 7100 of the VITH PROVI- FETY CODE IN SPECIFIED		23148		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRIC IF DEATH OCCURED IN CALFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-		DRESS OF REGISTRAR OF HISPOSITION IS TO OCCUR II			•
A. BURIAL (INCLI	OSITION(S) CHECK APPLICABLE ITEMS UDES ENTOMBMENT)	E, TEMPORARY ENVA	ULTMENT	III I. DISPO	CORONER'S US SITION PENDING—REI and Address)	
		G. SHIP IN TO CALIFO	E The second sec			
C. DISPOSITION	EMETERY	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	E The second sec	11C. SIGNATURE	OF PERSON IN CHARGE	SE OF BURIAL
C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	EMETERY SE 11A. NAME AND ADDRESS OF CALIFORN HOOST ROPE CENETERY	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS NIA CEMETERY I DIEGO, CA 92102	DE OF CALIFORNIA	Sum	OF PERSON IN CHARG	ne a
C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL	11A NAME AND ADDRESS OF CALIFORN MOUNT ROPE CENETERY 3751 MARKET ST., SAN	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS NIA CEMETERY I DIEGO, CA 92102 NIA CREMATORY	DE OF CALIFORNIA 11B. DATE BURIED 9-//-03 12B. DATE GREMATED	126. SIGNATURE C	F. has	E OF CREMATI
C. BISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND ADDRESS OF CALIFORN HOOMT ROPE CEMETERY 3751 MARKET ST., SAN 12A. NAME AND ADDRESS OF CALIFORN	G. SHIP IN TO CALIFO H. TRANSIT TO OUTS IIA CEMETERY II DIEGO, CA 92102 NIA CREMATORY NIA FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	DE OF CALIFORNIA 11B. DATE BURIED 9-//-03 12B. DATE GREMATED	12C. SIGNATURE C	OF PERSONAN CHARA	GE OF FACILITY

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



Atual

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 5/03

_ Deanna 1	Darglas		
a liner	_ Funeral, date, time	June alg 1	T(X)
Type of Berial Container		referred	
hurch, Chapel, Graveside	WALLES AND DESCRIPTION OF SHARE AND	a a	Mortuary
Ul Funeral cars must arrive before 正要 p. ラン	m. of regular work day	or an extra charge of \$ _	
riti be applied and billed to undersigned.		<u> </u>	
MISCANI S SECURI	. ()		~
ot 10 Grave 7 Row_	ection	Division/Block	17
0	NI V		85-
arave space & Care Fund		- ND -	.00
dditional spaces and care fund			
pening/Closing & Setup	V	<u> </u>	72
uriel Container			2 09
- AV		Y	COD
landling Fees	A		
lower vases - Marker settings	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	······· —	
lecording and filling fee	A 111		50 -
ales taxes		10-20-00	6.00
	V To	al Due	ろうて
othery to pary	id recept number		
9	to receipt number	10409/B-108094-0800	
\/		Balance due	
hereby certify I am the X and this is your authority to make disposit	les el sesseles as abou	of the above named	
hat I have the right to make this authorizat	tion and I agree to hold	Mt. Hope Cemetery ham	nless from
my liability on account of said authorization	n and interment.		
hereby authorize the interment in lot I	Χ		
old under deed.	and the same		
	No.		
tynature of recorded holder of deed	No.		Zip Cod
	Telephone		
24V-2 35V-25V	9		
_ 18014	9		
18014	9		

			A Star Room Sharewall	CONTRACT TO SECURITION OF SECU	San 170 - 649-07181 - 677
		MT. HOP	E CEMETE	RY Z	18012
	r	NITIAL I	st CALL SH	EET L	- 10012
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DATE /	TIME RECEIV	ED CALL:	002	912	×
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		PERSON;	The second secon	rona	
	TELEPHON	IE NUMBER	:5	st 700	0
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CEME	TED ARRIVAL TERY PROPE V:/ SI SINGLE GR	RTY: -ET ECT: 7 RAVE	MT. HOPE CI A/N	EMETERY:. N	Trust
CEME	TED ARRIVAI FERY PROPE V:/ SI	RTY: -ET ECT: 7 RAVE	MT. HOPE CI A/N	EMETERY:. N	Trust
CEME DI	TED ARRIVAL TERY PROPE V:/ SI SINGLE GR	CTIME AT I SRTY: -ET ECT:] RAVE H	MT. HOPE CI A/N	EMETERY:. N	Trust GR: BURIAL
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CEME CEME	TED ARRIVAL TERY PROPE V:	CTIME AT I CRTY: ~ZT ECT:] RAVE H CE:	MT. HOPE CI A/N	EMETERY: N	Trust GR: BURIAL RAVE SIDE
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CEME DI CEME TYPE	TED ARRIVAL TERY PROPE V:	CE: CTINESS ON	MT. HOPE CI A/N	EMETERY: N	Trust CO GRE BURIAL RAVE SIDE
CEME DI CEME TYPE	TED ARRIVAL TERY PROPE V:	CTIME AT I	MT. HOPE CI A/N	EMETERY: N	Trust GRE BURIAL RAVE SIDE NLY TAIL
CEME DI CEME TYPE	TED ARRIVAL TERY PROPE SI SINGLE GF DBL/DEPT TERY SERVICE: W DP	CTIME AT I	MT. HOPE CI A/N	EMETERY: N	Trust GRE BURIAL RAVE SIDE NLY TAIL





MT HOPE CEMETERY E - 18014

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		Christer
	X	ددسع
Blind Check Initiated By: _		
Interment space for: De		
Interment Date: Tus 9 Div: 12 Sect: 1 B		
Grave Laid out by: No Rm	AN FERC	4501
Grave Laid out by: No Rm Agrees with Legal Card: ☐ Agrees with Map: ☐ Yes	Yes 🗆 N	to play on
Agrees with Map: Yes	☐ No	, Lane
Blind Check & Verified By:		Date:

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Supt 5,03

You are hereby as		ted, subject to your rules and regulations, to i	nter the remains
of	effic	Davis	111.50
	of Burial Container	Funeral, date, time Wed 9	10/11.00
Church Chapel, C		:Somemore	Mortuary.
		ED.m. of regular work day or an extra charge co. d.	of \$
Lot 124 G	irave 8 Ro	wSection_2Division/9 E14665	D O
Additional spaces	and care fund		
Opening/Closing	& Setup	PAID	43~
Burial Container			209
Handling Fees		SEP no anna	160-
Flower vases - M	arker setting fee	MT. HOPE CEMETARY	
Recording and fill	ng fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	50-
58/86 (8X88			16.20
ortur	So bor	Paja receipt number RSG655	848.20
	1355-17. X-	Balance du	
that I have the rigi	uthority to make disp	osition of remains as above indicated. I certi- rization and I agree to hold Mt. Hope Cemete	
I hereby authorize hold under deed.	the interment in lot I	Styleno Diffee	hel _
Dow-	54 VENSENSE	Telephone	Zip Code
Work Order # E	1801	5 Invoice #	
REA-104 (7-96)	This i	information is evallable in alternative format	ts upon request.

© Printed on recoded paper

Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

on Sept = 5,03

	Davis
· Ciner	Funeral, data, time Wed 9/10 11-00
Church Chapel, Greveride	30 Menonay women
All Funeral cars must arrive before TA	m of regular work day or 6/1 extra charge of \$
will be applied and billed to undersigned.	
was 8 may 451 m	Section 2 Division/Blade D
W	F141065 A
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Additional spaces and care fund	
Opening/Closing & Salup	
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Flower viques - Marker setting led	Committee of the commit
Recording and Hing Ise	
Sales taxes	16. H
	Total Die 848 3
orthornal Han	eig receipt number
	Balanca dua .
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and this is your sumority to make depos	Ston by remains an above inclosed. I carelly and representation and I agree to hold bit. Hope Cemetary harmlass from
that I have the nort to make this authorize	ation and Lagree to hold Mr. Hope Cemetery hermisse from
arry hability on account of said suthonisal	
erry kability on account of said authorizati	Do A Va
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arry hability on account of said authorizal!	San University Ave
erry kepility on account of each euthorizat! I haveby authorize the interment in lot I	San University Ave
erry kepility on account of said euthonisal! I haveby authorize the interment in lot I hold under deed.	2 619.692-3090
erry tebility on account of said sufficients. I haveby sufficing the interment in lot I hold under deed.	2 619.692-3090
erry kepility on account of said euthonisal! I haveby authorize the interment in lot I hold under deed.	San Diego, CA 9210 2619.692-3090

MT HOPE CEMETERY E-18615

GRAVE BLIND CHECK FORM

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

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Grave L	aid out by: ه	RMAN FE	REUSON	1000000
Agrees	with Legal Card:	☐ Yes ☐ No	· Non o	М
Agrees	with Map: 🛭 Ye	□ Yes □ No es □ No By: <u>DARKEY</u>	0)	Jung:
3lind Ch	neck & Verified	BUL DARKEYI	/ Date	9-10-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

41

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FD 1A. NAME OF DECEDENT-FIRST (BIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR JEFFIE JOANNA SAJOHA-DAVIS 2/29/1961 09/03/2003 5A. CITY OF DEATH 5B. COUNTY OF DEATH—OUTSIDE CALIF... B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIRGO BAN DIEGO SCOTT B. DAVIS-SPOUSE 7A. TYPED MANE AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER —IF APPLICABLE 6593 SPRINGFIELD ST. SAN DIEGO, CA 92114 7441 DRIVERSITY AVE. SAN DIEGO. CA 92104 PD-1575 ting permit 88. DATE SIGNED I hereby actinemicigs as applicant that the proposed disposition stated hereis is one of the dispositions authorized by Saction 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE. 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 09/08/2003 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMET \$13.00 J. LENON JR. > 2314853 LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO RIGHT OF BISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITIONL SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS. FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT G. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL OF COMMENT BURIAL DIECO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUF-15B DATE OF SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETER'

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

Atrud 9

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date Sept 503

You are hereby authorized and instructed, subje	ect to your rules and regulations, to in	ter the remains
of Kopert Will	hans 134171	
ina DOCTUPET FU	neral, date, time	1:00
Church, Chapel, Graveside	: Kagsdale	Mortuary.
All Funeral cars must arrive before 300 p.m. of	regular work day or an extra charge of	n \$
will be applied and billed to undersigned.		
Lot 147 Grave 9 Row	Section Division/Bit	ock //
Grave space & Care Fund		985
Additional spaces and care fund		
Additional spaces and care fund Opening/Closing & Setup	413 x 2	BOD A
Burial Container PAI	D	418-
14 500 1-34 100 100 100 100 100 100 100 100 100 10		352
Flower values Marker setting the SEP U.5	1974 1974	138 -
Recording and filing fee	50×2	100
Sales taxes CITY OF SAN I	DIEGO	32.40
Sales taxes CITY OF SAN I	2951.40 00 140	2050-4
		2851. VO
wite	celpt number	-0
i hereby certify I am the sufficient of that I have the right to make this authorization a any liability on account of said authorization and the sufficient of the sufficient	f remains as above indicated. I certify and Lagras to hold Mt. Hope Commen	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	1044 K. Ttright	St
Storage of recorded holder of dead	(1619) 264 6863	Zip Code
18016	Invoice #	- T
Work Order #	Acct. #	

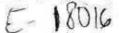
MT HOPE CEMETERY C 18016

GRAVE BLIND CHECK FORM

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

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			Pitch	1	
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	egal Card: 🗇	Yes	COLUMN TO THE RESERVE	blos	m pull 9-8-03
	& Verified By	``	4/	Date	9-803

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1	WILLIAMS, Robert	townson.		200	63		457	74	5429
PERSONAL DATA	4. DEPARTMENT, COMPONENT AND	BRANCH OR CLASS	Se. GRADE,	RATE OR RANK	6. PAY GRADE	S. DATE	DAY	MONTH	YEAR
SOMA	U. S. NAVY	· · · · · · · · · · · · · · · · · · ·	BM 3) 1c	54	OF BANK	16	JAN	67
PER	7. U. S. CITIZEN	6. PLACE OF BIRTH (City and State or Com	rep!			DATE OF	DAY	MOHTH	YEAM
w	[AA] 120	LONGVIEW, TEXAS				ВІЯТН	39	JUN	46
SELECTIVE SERVICE DATA	ION, SELECTIVE SERVICE NUMBER	A SELECTIVE SERVICE LOCAL BOARD NO	IMBER, CITY, C	OUNTY, STATE	NO ZIP CODE		DAY	NONTH	YEAR
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1	IS TERMINAL DATE OF RESERVE!	17. CURRENT ACTIVE SERVICE OTHER THE		3525		b. TERM OF SERVICE (Years)	C. C	HONTH	YEAR
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	18. PRIOR REDUCAR ENLISTMENTS 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC			OF ENTRY INTO C	URRENT ACT	J. 6 (5 17 22 2)	Jan 200	247.00.30	0,
	NONE	SN E 3	ABI	عال وهاشعا	XAS				
1	21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Gode)			STATEMENT O	F SERVICE		YEARS	MONTHS	DAYS
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		Water Trans.	6. FOTAL ACTIVE SERVICE		W2	¥4	25		
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	MR FOR PO 3&2 NTC FOR BM 3& EMR NP91242-1	POSITION -			===			a	
~	26. NON PAY PERIODS TIME LOST (Preceding 6. DAYS ACCRUED LEAVE PAID	27 a. INSURA- (NSLI er		AMOUNT OF	ALLOTMENT	F	MONTH ALL DISCONTINU	.OTME√T UED
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REMARKS		3b Cont'd ertificate Not Issued S LSL	at Tim	e of Sep	eration				
×	31. PERMANENT ADDRESS FOR MAIL! (Street, RFD, City, County, State and	NG PURPOSES AFFER TRANSFER OR DISCH. F ZIP Code)	ARGE 32	SIGNATURE OF	PERSON BEING	THANSFER	RED OR DISC	CHARGEO	
AUTHENTICATION F.	897 N. Treadway, A	bilene, Texas 79601							
ENT	35. TYPED NAME, GRACE AND TITLE		عدل	EIGNATURE OF	OFFICER AUT	HORIZED TO	SIEN		
¥L.	J.B. STOCKMAN, SHI		1	8/3/1	47	tit	44	7	
196	NBY DIRECTION OF T	HE COMMANDING OFFICER	1	F.21	100	un	cere		



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	- 1	IC. LAST (FAMILY)				DATE OF DEATH	
Robert		Lee		William	16			NTH, DAY, YEA	1200 Park 1000
5A. CITY OF DEATH						6. NAME,	RELATIONSHIP, FULL MAILIN		
San Diego	0			ENTER STATE	Diego		ORMANT J. Williams,	Wife	
7A. TYPED NAME AND AD						THE REAL COURT OF	Kirtright Stre		98
	THE RESERVE OF THE PARTY OF THE	tuary, 5050	Federal	DYAG !	HF APPLICABLE		Diego. CA 9211		
San Diego,	CA 92102				D-1329		ATURE OF APPLICANT—Person		ATE SIGNED
ACKNOWLEDGMENT OF AF	Section 10	cknowledge as applicant that the 376 of the Health and Safety Code	e, and was authorized		the Health and Safety Code.	DI	and contact	The state of the state of	09/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W CORNIA HEALTH AND SAF TY FOR THE DISPOSITION D MIGHT OF BISPOSAL OUTSIDE O	FETY CODE	A. AMOUNT OF FEE	09/08/20 B. Campb	003	9C. SIGNATURE OF LOCAL 2314933	REGISTRAR ISSI	JING PERMIT
ANY CHANGE IN DISPOSH- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT D IN CAUFORNIA Drds, P.O. Bo D. CA 92186-5	ож 85 222	1 1	DDRESS OF REGISTRAF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	V	
10. AUTHORIZED DISPO			nonce re			i	FOR CORONE	ER'S USE ON	ILY T
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	¥ /	AINS OTHER		P. DISINTERMENT B. SHIP IN TO CALIF H. TRANSIT TO OUT	rside of California	0	(Name and Address		
BURIAL	Mt. Hope	Cemetery, 37		et Street	9-11-03		SIGNATURE OF PERSON	ide	/ D
CREMATION CREMATION SCIENTIFIC	12A, NAME AND A	DDRESS OF CALIFORN	IIA CREMATORY	eni.	128. DATE CREMA	TED 12C	, SIGNATURE OF PERSON	IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORN	HA FACILITY RE	ECEIVING REMAINS	13B. DATE RECE	IVED 13C	. SIGNATURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT	14A. NAME AND AF REMAINS OR	DORESS IN RECEIVING CREMATED REMAINS A	STATE OR CO ARE TO BE SH	untry where PPED	14B, DATE SHIPP	ED 140	, address and signatur of placing with the c		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORE ENTIFY FINAL PLACE AN			15B. DATE OF DISPOSITION		. SIGNATURE OF PERSON CHARGE OF DISPOSITION	N OF CI	ISE NUMBER REMATED RE- S DISPOSER APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

not a	City of San Diego	0	
ne need		Date 9-5	5-03
	cted, subject to your rules a	and regulations, to inte	or the remains
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ina 175. Coult	Funeral, date, time	374	
Type of Burtal Contener Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3	30 p.m. of regular work day	or an extra charge of	\$
will be applied and billed to undersig	ned		
Lot <u>3867</u> Grave F	low Section	Division/Bloc	10
and the second s	C-5729		0
Additional spaces and care fund			1112 00
Opening/Closing & Setup	CED 0 =		275.00
Burial Container			2/5.00
Handling Fees	MTHOPECE	METARY	704,00
Flower vases - Marker setting fee	CITY OF SAN	NEGO	8000
Recording and filing fee			50.00
Sales taxes			21.3/
	To	tal Due	963.3
	Paid receipt number 2	-56648	963.31
	E.	Balance due	0
I hereby certify I am the		of the above nar	
and this is your authority to make dit that I have the right to make this auth any liability on account of said autho	sposition of remains as abordization and lagree to hok rization and interment.	ve Indicated, I certify	and represent
I hereby authorize the interment in lo hold under deed.	11 X Duy	SHAND	rel
RENDA ALDRIDGE	Addition	Die	Conn
Signature of recorded holder of deed	619	470-931	20 Code
ulotte 190	Telaphone		9
ullatte _ 180	17 Invoice#_		
Work Order # E	AGEA		-
	e information in available in	allemellus formate :	

	MT. HOPE CEMETERY [8017 INITIAL 1'S) CALL SHEET
DA	ATE / TIME RECEIVED CALL: 8/25 3.00
CA	ALL TAKEN BY: Laulette
RI	ECEIVED CALL FROM:
	MORTUARY NAME; FAMILY MEMBER TREPRESENTATIVE CONTACT PERSON: TELEPHONE NUMBER: 553-4170 HM3 4707
N	AME OF DECEASED: NOT yet, in Home Cone
	FIRST NAME: TURKE INITIAL:
	D.O.B D.O.B VETERAN: yes Branch of Service: REGULAR SIZE CASKET OVERSIZE CHILD CASKET MEASUREMENTS: x x
T	UNERAL SERVICE: YPE OF SERVICE: CHURCH CHAPEL GRAVE SIDE OCATION OF SERVICE:
D	ATE OF SERVICE: TIME OF SERVICE: XPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:
	EMETERY PROPERTY: A/N P/N P/N Trust
	☐ SINGLE GRAVE ☐ CREMATION ☐ DBL/DEPTH ☐ 1* BURIAL ☐ 2 ⁿ³ BURIAL
- 757	YPE OF SERVICE: COMMITTAL GRAVE SIDE
	☐ WITNESS ONLY ☐ DELIVERY ONLY ☐ P/A DELIVERY ☐ MILITARY DETAIL ☐ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Si	PECIAL INSTRUCTIONS: Brevda Will le n
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Swoted T.S. Varilt package (thust Druce of \$963.31 Lot is paid infull. C-5729

DOC # 1999-0729775

4676

NOV 01, 1999 1:22 PM

Recording Requested By:

OFFICIAL RECORDS
SAN DIEGO COUNTY RECORDER'S OFFICE
GREGORY J. SMITH, COUNTY RECORDER
FEES: 14.00

When Recorded Mail To:

BRENDA ALDRIDGE

7144 BULLOCK DL.

SAN DIEGO CA. 92114

APN:



DURABLE POWER OF ATTORNEY NOMINATION OF CONSERVATOR

- DESIGNATION OF AGENT.
- I, VIRGINIA HUEHN, do hereby appoint BRENDA ALRIDGE, 7144 Bullock Drive, San Diego, California 92114, as my attorney in fact, to act for me and in my name as authorized in this document.
- CREATION OF DURABLE POWER OF ATTORNEY.

By this document I intend to create a general power of attorney under Sections 2450 to 2473, inclusive, of the California Civil Code. Subject to any limitations in this document, this power of attorney is a durable power of attorney and shall not be affected by my subsequent incapacity.

STATEMENT OF AUTHORITY GRANTED.

Subject to any limitations in this document, I hereby grant to my agent full power and authority to act for me and in my name, in any way which I myself could act, if I were personally present and able to act, with respect to the following matters as each of them is defined in Chapter 3 (commencing with Section 2450) of Title 9 of Part 4 of Division 3 of the California Civil Code to the extent that I am permitted by law to act through an agent:

- Real estate transactions.
- (2) Tangible personal property transactions.
- (3) Bond, share, and commodity transactions.
- (4) Financial institution transactions.
- (5) Business operating transactions.
- (6) Insurance transactions.
- (7) Retirement plan transactions.
- (8) Estate transactions.
- (9) Claims and litigation.

Huehn DPOA

(10) Tax Matters.

(11) Personal relationships and affairs.

(12) Benefits from military service.

(13) Records, reports, and statements.

(14) Full and unqualified authority to my agent to delegate any or all of the foregoing powers to any person or persons whom my agent may select.

(15) All other matters.

4. SPECIAL PROVISIONS AND LIMITATIONS.

None.

DURATION.

This Durable Power of Attorney shall be effective until revoked by me in writing.

NOMINATION OF CONSERVATOR.

If a court of competent jurisdiction finds that I am in need of a conservator, I hereby nominate Brenda Alridge to serve as conservator of both my person and estate.

DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Durable Power of Attorney on the sm day of June, 1997, at San Diego, California.

Virginia Huehn

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA COUNTY OF SAN DIEGO

on o6-05-97 before me, Barton L. langherlini, sr., Norary Pastic personally appeared Virginia Hackin personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in his authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Button S. Tangherlini, sh.

BURTON L TANGHERUNI SR
Commission # 1106855
Notary Public — California
San Diego County
tyly Comm. Expires Oct 18, 2000

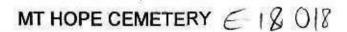
Huehn DPOA

My

MT. HOPE CEMETERY

INTERMENT ORDER

мт.	HOPE CEMETERY
Z INTER	RMENT ORDER
ALNOED	Date 9 8 03
or Mary L. Hume	
ina Liner D.I.P.	Funeral, date, time Weds Sept. 10 1:0
Church, Chapel, Graveside	: Featheringil Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an extra/charge of \$
will be applied and billed to undersigned.	
Lot 351 Garave Row_	Section Division/Block 10
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
Opening/Closing & Setup	A1D 413.00
Burial Container	209.00
Handling Fees	P 0 8 7993 160.00
Recording and filing fee MT. HC	OPE CEMETARY F SAN DIEGO. Total Due
Sales taxes	FSAN DIEGO. UP
20b aug 3545	Total Due
249 84	Paid receipt number R-5054 848-20
263-95"	Balance due
380 C 11	
I hereby certify I am the \(\) \(\) \(\) \(\) \(\) and this is your authority to make disposithat I have the right to make this authorization in the second of said authorization in the second of the second o	of the above named decedent sition of remains as above indicated. I certify and represent sation and I agree to hold Mt. Hope Cornetery harmless from iton and interment Bightnife Z60 D05 C0 MJE
Signature of recorded holder of deed	Cay FALL BROOK 9202
paulette _ 18018	760 451 2878
oquic 10010	5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-
18018	Invoice #
Work Order #	Acct. #
DEA-104 (7.00) This info	formation le available in alternative formats unon request



GRAVE BLIND CHECK FORM

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

	12	fon	8	1
Qa	soris de	x	Best of	Ben
			No. of Contract of	10

Blind Check Initiated By: Raulette C. Date: 9-8-0
Interment space for: Mary L Hume D.I.P
Interment Date: Weds Time: 1:00 Church
Div: 10 Sect: Blk/Row: Lot: 3516 Gr: 1
Grave Laid out by: NOKMAN FERCHOON
Agrees with Legal Card: Yes No Flag on gran
Agrees with Map: Yes No You
Blind Check & Verified By: DAKKB/ Date: 9-9-03

€ 18018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Ele

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)			ATE OF BIRTH	100RDF	
MATY SA. CITY OF DEATH		Lillian	58. COUNTY OF DEAT	ume		ATIONSHIP, FULL M		The second second
San Diego			EMTER STATE	an Diego	OF INFORM			AND ZIP CODE
Featheringi	11 Mortuar	IA FUNERAL DIRECTOR OR PERSON Y San Diego, CA 9211		LIF. LICENSE NUMBER FAPPLICABLE D1083	Fallb	Dos Lomas rook, CA	92028	34
ACHIOMEDIATELL OF M	i hereby i	administration of the state of	esition stated herein is one of th	dispositions authorized by	8A. SIGNATUR	E OF APPLICANT		88. DATE SIGNED 09/08/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED ID MOST OF DISPOSAL OUTSIDE OF CALFORNIA.	THE RESERVE AND THE PARTY OF TH	98. DATE PERMI	03 23	SIGNATURE OF LO	CAL REGISTRA	R ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	D. ADDRESS OF R	EGISTRAR OF DISTRICT OF DEATH ED IN CAUFORNIA 22, Sen Diego, CA	9E. AL	DRESS OF REGISTRAF DISPOSITION IS TO OCC	OF DISTRICT		RreA	
IO. AUTHORIZED DISPO	The state of the s	the state of the s	-			FOR COR	ONER'S USE	ONLY
D. SCIENTIFIC US	ΣE	DDRESS OF CALIFORNIA CEMETER CREETERY, 3751 Mark	F. DISINTERMENT' G. SHIP IN TO CALIF H. TRANSIT TO OUT: RY LECT SE.,	SSATE State of the second state of the state		SNATURE OF PER	SON IN CHARGE	E OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMA	TED 12C. SIG	NATURE OF PER	SON W CHARGE	OF CREMATION
SCIENTIFIC	13A. NAME AND A	ddress of California Facility	RECEIVING REMAINS	13B, DATE RECE	IVED 19C, SK	ENATURE OF PER	rson in Charg	E OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPE		DRESS AND SIGN PLACING WITH 1		SON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SNATURE OF PER LARGE OF DISPOS	SITION	LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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





MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



Date 9-8-03

	- Clark
	NED
AI	1 2723

REA-104 (7-96)

You are hereby authorized and instructed, subject to your rules and regulat	ions, to inter the remains
200000000000000000000000000000000000000	S-410 11
Type of Burkell container	1. Sept. 10 1:0
Church, Chapel, Graveside)	mont Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra	a charge of \$
will be applied and billed to undersigned	=
Lot 48 Grave 2 Row Section 3 D	ivision/Block 12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	
Handling Fées	
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u> </u>
Sales taxes	<u> </u>
Total Due	-6-
Paid receipt number	<u> </u>
Bal	ance due
i hereby certify I am the Work of the and this is your authority to make disposition of remains as above indicate that I have the right to make this authorization and I agree to hold Mt. Hope any liability on account of said authorization and interment.	e above named decedent d. I certify and represent Cemetery harmless from 253.90
I hereby authorize the interment in lot I hold under deed. **Euclings** **Signature** **Address** Address** **Address** **Address	ienret DI.
Signshies of recorded holder of shed San No	ego Cal 9511, 13-0534 Document
Kult _ 18019 Invoice#	

This information is available in alternative formats upon request.





MT HOPE CEMETERY E-18019

GRAVE BLIND CHECK FORM

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

/	Donahi	х	mcNair	Lathon	
*		Lathan			_
Blind Check In		The state of the s	A A CONTRACTOR	Date:	7-8#3
Interment Date	9-10-03	3т	ime:		
Div: <u>/</u> 2 Se	ect: <u>3</u> Blk	Now:_	مملامہ	~	
Agrees with Le	gal Card: 🗆 Y	es C	J No	ed and	nol)
Agrees with Ma	ap: 🛘 Yes	// N	lo Y	()	aine
Blind Check &	Verified By:	Muy	W	Date:_	9100

E-18018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE	OF DEATH 4. SEX
CHARLES		WILLIAM	BURNS			05/2003 H
SA. CITY OF DEATH			58 COUNTY OF DEATH	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING AD	CALL ST. C.
SAN DIE	20	TA THE STATE OF TH	ENIER STATE S	AN DIEGO	EVELTH M. BURNS - WI	PE.
		A FUNERAL DIRECTOR OR PERS - 4266 HT. ABERI SAN DIEGO, CA	NATHY AVE	F. LICENSE NUMBER APPLICABLE D 1126	4307 CLAIRMENT DRIVE SAN DIEGO, CA 9211 8A. SIGNATURE OF APPLICANT—Person laking	7 .
ACKNOWLEDGMENT OF A		schrowledge as applicant that the proposed 1976 of the Health and Salety Code, and was			· Ultour Orears	- 09/09/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JEO IN ACCORDANCE WITH PROFORMIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF ID NIGHT OF REPOSAL OUTSIDE OF CALIFOR	\$13.00		rissued, BC. Signature of Lecal regi 22480: 2314985 303	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DE 15222 CA 92186 5222			OF DISTRICT OF DISPOSITION— UR IN AMOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		- 30	FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	Control of the Contro	AINS OTHER	F. OSINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and Address)	
BURIAL	MOUNT HOP	DDRESS OF CALIFORNIA CEM R CRMETERY LET STREET, SAN I	ATTO THE MANY OF THE PARTY OF	9-10-0	3 - Kun 1	emma .
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREI	MATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON 10 CA	HARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, of entify final place and ca <u>di</u>		168. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

8/21/03

of	Kamono	عب ا	<u> </u>	፟	
in a		Funeral, date	, time T	i 9/5	1:00
Type of Church, Chapel, Gr	Burtel Conteiner averside	THE STATE OF THE STATE	He	progr	Mortuary.
All Funeral cars mu	st arrive before 3:30	p.m. of regular wo	rk day or an	extra charge of	
will be applied and	billed to undersigned	A		N	
		0			- 1
Lot Gre	IVE 15 How	Secti	ion	Division/Bloc	* Chi
Grave space & Can	e Fund	***************************************			-
Opening/Closing &	nd care fund	n coust	at D		
Burial Container		Sla O	م معدد	Ru.	
		1-5-4-5-40-0-60-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	0	/	
Flower vases - Ma	iker setting fee				
Recording and filing) fee				50-
Sales taxes					00 000
			Total Du	o ware	O par
		ald receipt number			Kary
				Balance due	0
I hereby certify I am	the	1867.		of the above nan	ned decedent
that I have the right	hority to make disport to make this authorize	ation and I agree i	to hold Mt. F		
any liability on acco	unt of said authoriza	tion and interment	•		MARCHA 3000 COL ACAR.
I hereby authorize t	he interment in lot I	Signature			
hold under deed.		Address			-
Signature of recorded holder	of deed		12 L	- 21	() 1 Zer Gode
$\overline{\Omega}$		(100 m)	2	C100	
KGO	40000				
, 0.0	18020	Involce	• •		
Work Order #		Acct. #		- 105 L-1	
REA-104 (7-96)	This in	formation is availa	able in alter	native formats u	pon request.

O Printed on recorded paper



MT. HOPE CEMÊTERY INTERMENT ORDER

City of San Diego

Date 9-8-03

	tructed, subject to your rules and regulations, to inter the remains
or Anna	K. Trailer
ina T.S. Vault	Funeral, date, time NUTS SEPT-
Type of Build Container Church) Chapel, Graveside	: Neptune of Mortury.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	igned.
Lot 129 2 Grave 1	Row Section Division/Bleek_/O
Grave space & Care Fund	D-1762 <u>0</u>
Additional spaces and care fund	
Opening/Closing & Setup	PAID 4/3.06
Burial Container	27(00
Handling Fees	SEP 0.8.2003 204.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY 57.00
Recording and filing fee	CITY OF SAN DIEGO, CA 50.00
Sales taxes	21.71_
5-1 - 2-X V	Total Due
COL 00 325618	101 Paid receipt number Novtercard 963.31
Harao 40	Balance due
and this is your authority to make that I have the right to make this au any liability on account of said authority.	of the above named decedent disposition of remains as above indicated. I certify and represent uthorization and i agree to hold Mt. Hope Cemetery harmless from beginning and interment.
any nabiny on ecount or said aut	T 200
I hereby authorize the interment in hold under deed.	lot 1 Samuel Front
	XAMERICA CONTRACTOR
Signature of recorded holder of deed	2619) 448-3564 Zecode
aule	Teliphone /
Work Order # E	Acct. #
REA-104 (7-96)	his information is available in alternative formats upon request.

C Printed on recycled paper

MT HOPE CEMETERY E 18021

GRAVE BLIND CHECK FORM

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

			Theoret man	_		-	
proken	Jackson	Trailer	x	SRI	prett 1	Vare	
		ed ву: <u>Ра</u> r: <u>4nm</u>				oate: _	9-8
Intermen	t Date:9	11/03		Time:	11:00		
		Noter					:
HAARDANAS WELLOW		Card: 🗆 Y			Ω.,	wette	7/
10.75	100	☐ Yes rified By: <u>√</u>				Date:	es 640 mm

C- 18021

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST GA	MA Y)	2. DATE OF BIR MONTH, DAY, 1		OF DEATH 4. SE
ANNA		KATHERINE	TRAIL	ER	107307190	4 09/06	72003 F
SA. CITY OF DEATH EL CA	PON		58. COUNTY C	OF DEATH—OUTSIDE CALIF., ATE SAN DIEGO	of INFORMANT JAMES B. TRAIL 7914 SHIR MAR PLACE EL CAJON, CA 92021		
		HWY 8 BUS EL C		78. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352			98 500
920	21	A COP SHIPTO ACTIVE FIRM SON CHESTING SON CHES	AUCTO STORE STATE OF THE STATE		BA. SIGNATURE OF APPLICA	Off-Person Lating p	emi 88. DATE SIGNE
ACKNOWLEDGMENT OF AP	PLICANT Bereby a Section 10	chnowledge as applicant that the propose 376 of the Health and Safety Code, and wa	ed disposition stated heren is a authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code:	· Month	uzal	04/04/10
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR ORNIA MEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI DIMBIT OF DISPOSAL OUTSIDE OF CALFO	FIED \$13.00		THE PROPERTY OF THE PROPERTY O		STRAR ÍSSUING PERM
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DED IN CAUFORNIA P.O. BOCK 92186-5222		9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSITI UR IN ANOTHER DISTRICT IN (
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR	CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND AI MOURTY HOP	DDRESS OF CALIFORNIA CENTER 3751	METERY	CALIFORNIA O OUTSIDE OF CALIFORNIA 1 11B. DATE BURIE	ED 11C SIGNATURE OF	and Address) F PERSON IN CI	/
CREMATION		DDRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMA	12000	PERSON IN	ARGE O CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REA	IAINS 13B, DATE RECE	IVED 13C, SIGNATURE OF	PERSON IN C	HARGE OF FACILITY
TRANSIT	- The ST TOTAL PRODUCT OF THE STREET OF THE	DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		RE 148 DATE SHIPF		SIGNATURE OF WITH THE CARRI	F PERSON IN CHÀRG ER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA !			15C. SIGNATURE OF CHARGE OF D		15D. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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



E-18020

APPLICATION 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		1				3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ramona		Louise	Lee		06/21/1934	09/21/1998	F
Moveme Valley			58. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL OF INFORMANT IN 1 DUT 1	MAILING ADDRESS AND Z L es-Brother-in- L	P CODE
7A. TYPED NAME AND A				LIF. UICENSE NUMBER IF APPLICABLE		son Street go, CA 92102	
Marford Funera	Committee of the Commit	Swema Vista St; Ne		FD 282	BA, SIGNATURE OF APPLICANT	Person taking permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby Section 3	acknowledge as applicant that the propo 0375 of the Health and Safety Code, and w	sed disposition stated herein is one of the as authorized nursuant to Section 7100 of B	e dispositions authorized by the Health and Safety Code.	May UH	- (! 'Y-	100
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC R) MIGHT OF HEPOSAL OUTSIDE OF CALLY	S13.00	98, PATE PERMIT 08/28/2093		ocal registrar issuit Zation # 031319	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	RIVERSION	EDISTRAR OF DISTRICT OF ED IN CAUPOINA COUNTY Real th Depor O; Riversido, CA 9	tment Sen	Diese County	OF DISTRICT OF DISPOSITION- IF ANOTHER DISTRICT IN CAUF Mealth Department Diego, CA 92186-5	CRNIA	
A BURIAL (INCLU	OF CREMATED REM		E. TEMPORARY ENVI	DANIA	The company of the co	RONER'S USE ONL I PENDING—REMAINS L Address)	
BURIAL		DORESS OF CALIFORNIA CE metery; 3751 Market	METERY Street; San Diego,	118, DATE BURNE	O 11C. SIGNATURE OF PE	RSON IN CHARGE OF B	URIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	ED 12C, SIGNATURE OF PER	RSON IN CHARGE OF CR	EMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEP	VED 13C SIGNATURE OF PE	rson in Charge of F	ACILITY
TRANSIT	14A, NAME AND A REMAINS OR	DORESS IN RECEIVING STAT CREMATED REMAINS ARE T	E OR COUNTRY WHERE O BE SHIPPED	14B. DATE SHIPPE	D 14C, ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE. FICIENT TO ID	NREST POINT ON SHORIEUNE, ENTIFY FINAL PLACE AND CA	or other description suf- district of disposition	158. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	SITION OF CRE	MATED RE- DISPOSER

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

Dist

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 8,03

	ed, subject to your rules and regulations, to Inter the remains
or marice	Funeral, date, time
In a	: facadale Mortuary.
and the first section of the second	
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	<u>. </u>
Lot 43 Grave 8 Row	v Section _ 2 Division/Block _ 12
Grave space & Cere Fund	
Additional spaces and care fund	Disinter ment 1100-08
Opening/Closing & Setup	
Additional spaces and care fund Opening/Closing & Setup Burial Container	PAID
Handling Fees	SEP 0.8 7nn3
	HOPE CEMETARY
Sales taxes CITY	OF SAN DIEGO, CA
	Total Due
	Paid receipt number & Selesa 10000
,	Balance due
I hereby certify I am the x and this is your authority to-make dispo that I have the right to make this authori any liability on account of said authorize	of the above named decadent petition of remains as above indicated. I certify and represent lization and I agree to hold Mt. Hope Cemetery harmless from atton and interment Guogay DAVIST
I hereby authorize the interment in lot I hold under deed.	1408-50 Samilable
Signature of recorded holder of deed	and 20 Code
fam	Taughton 19-392-1622
1802	2 Invoice #
Work Order # E	Acct. #
CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC	

IEA-104 (7-96)

This information is available in alternative formats upon request.

Anderson -Ragsdale Mortuary C 1802Z

5050 Federal Boulevard San Diego, California 92102 (619) 263-3141 Fax: (619) 263-1507

TO: Mt. Hope Cemetery FROM: "Skipper" Ragsdale

RE: EXHUMATION

This check is for the exhumation of Maurice F. Andrews who was interred on October 15, 1999.

These funds are to be placed in trust until the death of his wife, Hennye Andrews. At that time they will both be flown to Cedar Grove Cemetery in Lufkin, TX for interment.

Please make receipt to:

Hennye Andrews

193 Third Avenue #700 Chula Vista, CA 91910 (619) 585-8342



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56653

MOUNT HOPE CEMETERY (619) 527-3400 E-18022

	90			Date		DE.	8 .20	رس
From: Henn	ue Amour	Cura adress:	1934		ave &	700	CV	9191
One Thou	2 and On	a Hund	ud -			Dollars	(\$ 1100.	00)
in gull	Payment of	discipl	rment	DO	Maw	ممن	And	uu
Lot UU3	Grave_	B	Row		Section	2	Division Block	2
Invoice No. E 19	295	NOT VALID FOR P		UNLESS	CREDIT	67007		í
Acct. No.		(100,000,000		20% Sales Can 80% Sales of Lots	9 77184 100 77184		8
W.O					Opening/ Closing	100 77181		
BALANCE DUE	_				Burial Containers	77182 100	-	*
86)/e	Handling Fee Recording & Misc. Fees	77185 100 77183	1100	OD
Pre-Need Lot □ At N	leed On Acct		1 17	- Target	Pre-Need Trust	63033 77186		
Pre-need Trust □ (Cash □ Check	ISSUED BY	n Het	20.	Sales Tax	60101 78390	Valentina e	
AC-212 (Rev. 10-02) This information is available in alti	e uo			0	TOTAL PAID	5	1100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

9/9/13

Pre need trust

1000	Date 1/1/3	
You are hereby authorized and instructe	d, subject to your rules and regulations, to	inter the remains
a you thank	es J. Browning	120001
in a Links	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charg	pe of \$
will be applied and billed to undersigned		
Lot <u>249</u> Grave / Row	Section 14 Division	Block 7
Grave space & Care Fund	d-2131	<u> </u>
Additional spaces and care fund		
Opening/Closing & Setup		41300
Burial Container	PAID	209.00
Handling Fees	FAID	160.00
Flower vases - Marker setting fee	MAR - 1 2004	
Recording and filling tee	MARKED WE CARRESTON	50.00
Sales taxes	IT HOPE CEMETERY	16.20
	Total Due	848.20
j	Paid receipt number R - 56656	648.20
		200.00
I hereby certify I am the 5/575 and this is your authority to make disport that I have the right to make this authorization of said authorization in the said authorization of s	attion of remains as above indicated. I cerestration and I agree to hold Mt. Hope Cernst tion and interprent.	ery harmless from
77.2	Jan Dieg. Ca	92112 /62/
Signature of recorded holder of deed	(619) 234 - 69	714 20 Code
18024	Invoice #	
Work Order #	Acat. #	

Mt Hope Cemetery **Contract Entry Verification** 09/09/2003

E-18023

Contract Number: E-18023-T

Contract Date: 09/09/2003

Purchaser: Stevens, Adelle

3568 Ocean View Blvd

Purchaser Number: 134163 /

Phone: 619-234-6914

San Diego ,CA 92113-1629

Child Prot: N

Beneficiary: Browning, Frances T

Counselors:

PAULETTE CRAWFORD

Qty Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1 Opening/Closing	Single Grave	413.00	0.00		
1 Burial Vaults	#5 Bell Liner	209.00	16.20		
1 Handling Fee	Bell Liner Handling Fee	160.00	0.00		
1 Misc Fees	Recording Fee	50.00	0.00		

	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl	
SE PRICE			832.00	NUME	BER OF I	NSTALLMENTS	12
SALES TAX			16.20	REGU	LAR PAY	MENT OF	16.67
TOTAL CASE	I PRICE		848.20	ODD F	AYMEN	T OF	16,63
TOTAL DOW	NPAYMENT		648.20-	DATE	FIRST P.	AYMENT DUE	10/09/2003
TRANSFER A	LLOWANCE		0.00 -	PAYM	ENT PLA	AN: MONTHLY	
DISCOUNT O	R ALLOWANCE		0.00 -				
				SOUR	CE:	Walk-in	
FINANCE CH	ARGE		0.00@	0.000% AMORT	TIZE		

FINANCE CHARGE	0.00@	0.000% AMORTIZE
TOTAL OF BASE CREEK	202.00	

TOTAL OF PAYMENTS	200.00
DEFERRED PAYMENT PRICE	848.20

~~	-	THE PROPERTY OF THE PARTY OF TH	(100 (100 (100 (100 (100 (100 (100 (100	
A	CC	OUNT CONTRIBUTIONS	AMOUNT	FRACTION
1	٧	P/N Trust	832.00	1.0000
R	S	Equity	-72.00	
A		Interest	0.00	

R	S	Equity		-72.00
A		Interest		0.00
R	S	Tax Recovery		16.20
R	S	Cost of Goods		72.00
	W	Late Charge	_	0.00

CONTRACT ENTERED BY:

Paulette C.

Mt Hope Cemetery Agreement Confirmation 09/09/2003

E-18023

Agreement Number: E-18023-T

Agreement Date:

09/09/2003

Purchaser:

Stevens, Adelle

3568 Ocean View Blvd

Purchaser Number: 134163 /

Phone: 619-234-6914

San Diego ,CA 92113-1629

Child Protection: N

Beneficiary:

Browning, Frances T

Counselors: 4

PAULETTE CRAWFORD

	Qty	Category	Description o	f Contract Ite	ems Price	5.	Tax	Allowance	
3.1	1	Opening/Closing	Single Grave	CONTRACTOR AND ADDRESS.	413.00		0.00	######################################	
	1	Burial Vaults	#5 Bell Liner		209.00		16.20		
-	1	Handling Fee	Bell Liner Hand	ling Fee	160.00		0.00		
		Misc Fees	Recording Fee		50.00		0.00		
P	торе	rty	156414486635500						
		Divisio	on Section	Blk / Row	Lot	Grave	Depth/Lvl		
BASE	E PR	ICE	832.0	00		5.5			
SALE	ES TA	AX	16.2	20					
TOTA	L C	ASH PRICE	848.2	90					
mom.		0111 m + 111 m m	648.2	10-					
		OWNPAYMENT							
		R ALLOWANCE	0.0	0 -					
DISC	NUC	T OR ALLOWANCE	E 0.0	0-					
FINAL	NCE	CHARGE	0.0	0					
TOTA	LO	F PAYMENTS	200.0	0					
DEFE	RRE	D PAYMENT PRICE	E 848.2	0					
MIMI	BER	OF INSTALLMENT	rs 1	2					
S tu	LAF	R PAYMENT OF	16.6	7					
ODD	PAY	MENT OF	16.6	i3					
		ST PAYMENT DUE	n waterier						
		T PLAN	MONTHL	F	THLY PAYMENT	= \$ 16.67			
		-,,,,,,,,,,	Valles and 10-20-20 HTM	10 100 100 100	NAMES OF THE OWNERS OF THE PARTY OF THE PART	The state of the s			

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

Mt Hope Cemetery

Octobar 3, 20 03



WHITE CANARY PINK

TO CUSTOMER CEMETERY AUDITOR

ISSUED F

Address:

MOUNT HOPE CEMETERY (619) 527-3400

3568

Row

PAID

OCT 0 6 2003

Date:

r Was	ces	\$ 50.0	245
ction 14		Division Block	7
CREDIT	67007		Ť
20% Sales Care 80% Sales	77184		20. 01
of Lats	77184		0. 01
Opening/	77181		200
Closing Burial	100		1
Containers	77182	5	- 100
Anna and the basis	100		
Handling Fee Recording &	77185		
Misc. Fees	77183		
Pre-Need	63033		110
Trust	77186		
Sales Tax	60101 78390		
	, 0000	~	2 01
TOTAL PAID		7	0,01

Payment of Pre-need Grave Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. Acct. No. W.O. BALANCE DU

> Cash Check X

On Acct

AC-212 (Rev. 10-02)

Pre-Need Lot

Pre-need Trust

This information is available in alternative formats upon request.

At Need

OF	-IC	IAL I	RE	CEIP
	32	6	1	2
			Į,	

This information is available in alternative formats upon request

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57079

MOUNT HOPE CEMETERY (619) 527-3400

2.246 07 34004			Date: Y Quult	4100	, 20(X
From: adelle Steve	Address:	35680	ceau View	Ble	dsoc	a 921
Futy and 00				Dollars (\$ 50.01)
in part 0 Payment of	pre-nee	ottrust	- accorn	_	Distalan	-
Lo√ 249 Grav	/e	Row	Section/	4	Division 7	
Invoice No. E - 18023	NOT VALID FOR PU STAMPED "PAID" IN	RPOSES STATED UN	LESS	67007	1	2
Acct. No.	The state of the s	PAID	20% Sales Ca 80% Sales	re 77184 - 100		
w.o		AID	of Lots Opening/ Closing	77184 - 100 77181 -		
BALANCE DUE: \$ 99,98	- IA	N 1 2 2004	Burial Containers	100 77182 100		
	-	12 17 DESIGNO	Handling Fee Recording &	77185 - 100		
Pre-Need Lot □ At Need □ On Acct	MOUNT F	OPE CEMET	ERY Misc. Fees Pre-Need Trust	77183 - 63033 77186 -	50	OI
Pre-need Trust Cash Check	K ISSUED BY Par	elette C	Sales Tax	60101 78390	9400	
4.0.57 - 12021 2694281	10000001/=000		TOTAL PAID		50	01

Stevens, Adelle for Frances Browning 3568 Ocean View Blvd	DEB	The state of the s	Control of the latest of the l	ALANCE
9/9/03 Opened Pre-need trust. Trust includes O/C, B/C,		848.20		848.20
H/F, R/F Fee, Sales Tax on the Liner, R-36656, DIVISION 7, SECTION 14, LOT 249, GRAVE 1			648.20	200.00
10) 03 Goupons 1, 2, & 3 R-56750			50.01	149.99
OF 12-04 4.5.6 R-57079			5001	19999
0B/01/04 R-37249	1		9998	100
DAID	-			
PAID				
MAR 8 1 2004				
	+-			
MOUNT HOPE CEMETER	V		+++++	
			+++++	
		150 150		
	14			
	-			ra d

Albert

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

00 711-	d, subject to your rules and regulations, to inter the remains
not of laul+ 1	Emperal data time Monday Just 15th 10
Church, Chapel, Graveside	: Rogs dale Mortuary.
	p.m. of regular work day of an extra charge of \$
will be applied and billed to undersigned	(
Lot 42 Grave 9 Row	Section/_ Division/Bleek//
Grave space & Care Fund	E-69184 E-10661 0
Additional spaces and care fund	
Opening/Closing & Setup	E-10461 -
Burial Container	<i>"</i>
Handling Fees	17
Flower vases - Marker setting fee	
	<i>y</i>
Sales taxes	
	Total Due
	Paid receipt number
1	Balance due
I hereby certify I am the and this is your authority to make dispo that I have the right to make this authorize any liability on account of said authorize	of the above named decedent sition of remains as above indicated. I certify and represent sation and I agree to hold Mt. Hope Cemetery harmless from tition and interment.
I hereby authorize the interment in lot I hold under deed.	X Square See Littoched
Signature of recorded holder of deed	- Zip Gode
Roulette	Telephone
_ 18024	Invoice #
Work Order #	Acct. #
4.7.	

Acred

MT. HOPE CEMETERY

City of San Diego

Date 9993

J. S. Chult V	Fv	noral, data, tim	monde	4 Spot. 15"
nurch Chapel, Graveside		:	Rago das	eMortus
Funeral cars must entire before	3:30 p.m. of	reguler work di	ay of an exame on	erge of \$
it be applied and billed to unders	Igned			
4 4 A Grave 9	Row	Section _	/ DMs	on@ee- //
rave epico & Cere Fund	5-	6918+0	=1066	0
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pering/Closing & Setup	=-	10461	arage implified greation to a	
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anding Fees	11		The control of the last of the last	
ower vases - Marker setting fee	es -	a beroten assault en en		
according and filling fee	V			
ice tarres	**			
		Control of the Contro	Total Due	53
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	I did in	Add talinates -	Bulano	A
L	Daughte	r	100	TOTAL OR LINE STREET
differ to where to should be made	dispusition of	Commons as al	I buttashed auto	ove named dacade certify and represe
et I have the right to make this ex y liability on account of seld auti	monzason a nortzetton and	nd I agree to M J interment.	Mt. Hope Cer	notary harmless in
		x Cour	is for the	ines
eraby authorize the interment in ad under deed.	log 1	Spring /	5 Yearling	Court
		A NEW TOWN	ita, CA 91	
stills of recentled feather in states		1 600		200
		Milenate (619) 475-5	516
_ 180	0.4			
	1 11	Invoice #		



Agrees with Map: 17 Yes

Blind Check & Verified By



MT HOPE CEMETERY € 18024

GRAVE BLIND CHECK FORM

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

the buria		20	0 5086			
me	Tada	Caqua	*	FRON	Sey	S
Blind Che	eck Initiat	ed By:		Kours	Date:	9-10
Intermen	t space fo	n:_ <u>L-C</u>	- 710 03 1	11		
			K/Row: _		West Street, St.	6r: <u>9</u>
Agrees w	ith Legal	Card: 10	Yes [J No	I	ing on

E-18024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
Lucious Clement		Frazier		09/06/1915		
SA. CITY OF DEATH	100	V.—A*************************	58. COUNTY OF DEAT	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL I	MAILING ADDRESS AND ZIP CODE
San Diego			ENTER STATE SE	n Diego	OF INFORMANT	Danahaan
	ORESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. CAL		Joyce E. James, 5735 Yearling C	
		rtuary, 5050 Fe		F APPLICABLE		
San Diego,		1746		3329	Bonita, CA 9190	Person taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	thereby .		sed disposition stated herem is one of the ms authorized pursuant to Section 7100 of the	dispositions authorized by	Sil- 10 1	09/10/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC ID NIGHT OF DISPOSAL ONTSIDE OF CALL	CODE	09/10/20 B. Campb	03 2315061	OCAL REGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Recor	EGISTRAR OF DISTRICT OF ID IN CAUFORNIA rds, P.O. Box 8 GA 92186-5222	1 15 1		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFO	
IO. AUTHORIZED DISPO					FOR COL	RONER'S USE ONLY
B. CREMATION	E		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRIMIA	(Name and A	PENDING REMAINS LOCATED AT Address)
BURIAL	Mt. Mope	Cemetery, 3751 c, CA 92102	THE RESERVE OF THE PARTY OF THE	9-15-03	. /	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	ED 12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATIN
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PER	RISON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B, DATE SHIPPI	ED 14C. ADDRESS AND SIGNOF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		vrest point on shoreline, entify final place and ca	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SKINATURE OF PER CHARGE OF DISPO	

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

Mille

REA-104 (7-98)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept. 9,03

of Danis	ias		
in a Sault	Funeral, date, time		11:30
Church Chapel, Graveside	:60	albody	Mortuary.
All Funeral cars must arrive before		or an extra charge.	rs
will be applied and billed to undersigned			
2292			
		Division/Bit	oole
Grave space & Care Fund	E161	127	<u>-0</u> _
Additional spaces and care fund			4
Opening/Closing & Setup			413-
Burial Container			275-
Handling Fèes	Company of the Compan		704-
Flower vases - Marker setting fee		~~~	
Recording and filing fee	SEP 0 9 2003		50-
			21.31
Sales taxes	TY OF SAN DIEGOM		963.31
-	Paid receipt number	901	463.31
us i i i i i i i i i i i i i i i i i i i	W 165	Balance due	0
I hereby certify I am the X Alund	INIX	of the above na	med decedent
and this is your authority to make disposithat I have the right to make this authorize	ition of remains as above	indicated, I certify	and represent
any liability on account of said authorizat	tion and interment/)		
Linda Kerah I hereby authorize the interment in lot I	ou Your	War	
hold under deed.	X 103	21 techture	Part
	- Whites	toe	
Signalities of recorded holder of deed	N Jun	n ILLIA 7	Zip Code
Yam-	Tataplione	447 77	of well
00	• 48 AN AN	9112	C. U
10000	Imagine #		
Work Order # E 18025) Invoice # Acct. #	1000	

(a Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 10025

GRAVE BLIND CHECK FORM

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

	-				
		ron	7		
	Holkue	1000	5		
		Griffin	13	122	
Interment spa	nitiated By: _ ace for:Bo ie:Nurs	hij q		Date: _C	
	Sect: B				
Grave Laid o	ut by: Norm	an Fare	m	The second	- 22
Agrees with L	.egal Card: 🛘	Yes 🗆	No U	way in	
Agrees with N	//ap: ☐ Yes	ON	• 1	14	powe
Blind Check	& Verified By:	DARKET	1	_ Date:_	490

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FA	MILY	1			4. SEX
BAHLJ		ISSA	KLI	AS			09/08/2003	M
SA. CITY OF DEATH			58. COUNTY O	OF DEATH-OUTSIDE CALIF.,		E, RELATIONSHIP, FULL MA	ILING ADDRESS AND Z	IP CODE
SAN DIE	EATE /			SAN DIEGO	LAM	IA BLIAS - WI	PE '	
GOODBODY H	DRTUARY -	M-FUNERAL DIRECTOR O 5027 RL CAJO SAN DIRGO, C		78. CALIF. LICENSE NUMBER —IF APPLICABLE PD 790	SAN	DIEGO. CA 92		re signed
HONONESOMENT OF H			proposed disposition stated herem is and was authorized pursuant to Section		100	eloren ana	20 09/1	0/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALI AND IS THE AUTHOR IN THIS PERMIT.	LIED IN ACCORDANCE W FORMA HEALTH AND SAF ITY FOR THE DISPOSITION ID MONT OF DISPOSAL DISTREE	SPECIFIED \$13.00	F FEE PAID 98, DATE PERM VICTORIA 1 09/11/2	AZZABO	BC. SIGNATURE OF LOC 2315094	CAL REGISTRAR ISSUE	NG PERMIT
TION REQUIRES A NEW	P.O. BOX 8	EGISTRAR OF DISTRICT ED IN CAUFORNIA 5222 CA 92186 52		9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		TRICT OF DISPOSITION— NOTHER DISTRICT IN CALIFORN	NIA	_
10. AUTHORIZED DISP	OSÍTION(S) CHECK A	PPLICABLE ITEMS		And the second s		FOR CORC	ONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE .	DORESS OF CALIFORNI	- BW 1000000000	Will a compensation	8207	(Name and Ad		URIAL
BURIAL	MOUNT HO	PE CEMETERY	SAN DIEGO, CA	92102 9-11-0	3	Una F	- / .	و ِ
CREMATION	12A. NAME AND A	DORESS OF CALIFORNI	A CREMATORY	128. DATE CREM	ATED 12	C. SIGNATURE OF PERSO	ON IN CHIRDS OF CH	EMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNI	A FACILITY RECEIVING REA	MAINS 138. DATE REC	EIVED 1	3C. SIGNATURE OF PERS	ON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHEF RE TO BE SHIPPED	RE 148 DATE SHIP	PED 14	IC. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN IE CARRIER	CHARGE .
SCATTERING AT SEA OR DISPOSITION OTHER			INE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITI			SC. SIGNATURE OF PERS CHARGE OF DISPOSE	TION OF CREA	NUMBER MATED RE- DISPOSER

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

Atuel

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept = 10,03

You are hereby authorized and in	atructed, subject to y		
or Daralle	scarne) pri doc	9 (30)
in a Line	- 100 CONTRACTOR (1980)	date, time	n 7/10 11:00
Church, Chapel, Graveside	delon	4. Jeal	hein il Mortuary.
All Funeral cars must arrive befor	e 3:30 p.m. of regula	r work day or an ex	tra charge of \$
will be applied and billed to under	rsigned.		
Lot <u>33</u> Grave /	_ Row 8	Section <u>K</u>	Division/Block Mas
Grave space & Care Fund			<u> </u>
Additional spaces and care fund. Opening/Closing & Setup			
Opening/Closing & Setup	PAI	U	439
Burial Container		-26 473	11209-
Handling Fees	(11,100	-21-17	- includ
Flower vases - Marker setting fee		EMETARYS?	
Recording and filing fee	COURSE SAM	DEFERRICK	41-
Sales taxes	V		16.90
		Total Due	711.30
	Paid receipt nu	18139 Imber 48139	711.00
			alance due
I hereby certify I am the X		oft	he above named decedent
and this is your authority to make that I have the right to make this a any liability on account of said au	authorization and I ap	ns as above indica ree to hold Mt. Hop nent.	e Cemetery harmless from
I hereby authorize the interment in hold under deed.	nioti sa	hatura	die
Styredure of recorded holder of deed	X	1200	Zip Code
181	026 Im	roice# 39	5480
Work Order # E	7807=1C380	ot.#OC	00952
REA-104 (7-96)	This information is a	vallable in alternat	ive formats upon request.

09/16/2003 03:04 6195837038 09/15/2003 NON 12:58 FAX 858 405 5127 09/15/2003 22:41 6195837038 09/18/2003 68:56 5D MT. HOPE CO

95837038 AX 858 495 5127 S D PAPG 195837838 FEATHERINGILL MORT. SD MT. HOPE COMENTERY + FEATHERINGILL

PAGE 81 10001 NO. 583 DB1

Atuel

MT. HOPE CEMETERY INTERMENT ORDER

· Mar	of Ben Diogo
Such Stal	mes # 2004 0309
All Plunated state invest arrive before \$100 p.m. will be applied and billed to undersigned.	of region has say or an empty of the
433 am ~_	_ R made
Creive against & Oure Fund	On the Continue of the Continu
Additional species and care fund	26
Opjering/Glustre & Bases	6) 2119 -
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	with the process of the control of t
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	700 000 211.30
Full	receipt runtid
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and the is your eatherty is made described to the second of the second o	of the above regions of the above regions considered by the state of t
I harney authorities the insurfaced in int I	BUBLIC ADMINISTRATOR
-	O'UNLIC GUARDIAN
	SAN DIEGO, GALBORNA 92123-1699
1000	
18026	
This index	and a contract of allegation formals allegate property.

MT HOPE CEMETERY

E-1802G

GRAVE BLIND CHECK FORM

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

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	# 8	hoom	iO 81	tore		
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	ļ., <u>.</u>				1000	25
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						Gr:
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	with Map: neck & Ve		DARK	26/	Date:	Par -03

E 18026

26 102

APPLICATION 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 DEAT			
Sarah		E.	E. S		talmer		06/21/1941	08/21/200	3 F
M. CITY OF DEATH			17	5B. COUNTY OF DEAT	-OUTSIDE CALIF.		RELATIONSHIP, FULL N	MAILING ADDRESS AN	D ZIP CODE
National Ci	ty			ENTER STATE	an Diego		ORMANT CO DeLaToba	Bablic Adm	Internation
A. TYPED NAME AND AD	SCHOOL STORY	IA—FUNERAL DIRECTOR OR	PERSON ACT		LIF. LICENSE NUMBER F APPLICABLE	520	l-A Ruffin Diego, CA	Rd.,	
		San Diego, CA	92115		D1083		JURE OF TOPLICANT	ADMINISTRAÇÃO DE DESCRIPTION DE LA CONTRACTOR DE LA CONTR	DATE SIGNED
ACKNOWLEDGMENT OF A	I hereby a	scherwiedge as applicant that the pa 376 of the Health and Safety Code, a	reposed disposition	n stated herein is one of the pursuant to Section 7100 of th	dispositions authorized by the Health and Safety Code.	1 1	- me	09/	03/2003
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFET BY FOR THE DISPOSITION SI IN MINIT OF MIRPOSIL OUTSIDE OF (H PROVI- TY CODE PECIFIED	A, AMOUNT OF FEE P		003	2314		SUING PERMIT
TION REQUIRES A NEW PERSET TO SHOW FINAL	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF IN CAUFORNIA 22, San Diego	295-285985765	9E. AD	DRESS OF REGISTRA	R OF DISTR	ICT OF DISPOSITION— THER DISTRICT IN CAUPO	RNIA	•
AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS					FOR COF	ONER'S USE O	NLY
D. SCIENTIFIC US	SE 11A. NAME AND A	DDRESS OF CALIFORNIA	CEMETERY	F. DISINTERMENT 3. SHIP IN TO CALIFO 1. TRANSIT TO OUTS			Name and A		F BURIAL
	San Diego,			,	19-12-0	3	Kura 1	Lem	-
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	•	128. DATE CREM	ATED 12C	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RE	CEIVING REMAINS	13B. DATE RECI	EIVED 19C	SIGNATURE OF PER	RSON IN CHARGE O	F FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS AR			14B, DATE SHIP	PED 14C	ADDRESS AND SIGN OF PLACING WITH		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS	SITION OF	ENSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE	

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



MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 9-10-03

You are hereby authorized and instructed, of	DEZ T	HURS. SEPT. 11, 11.
in D.D. Crypt (A)	_ Funeral, date, time FR	1044 SEPT. /2,11.
Church, Chapel Graveside	BER	GE ROBERTUMORTURY.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an	extra charge of \$
will be applied and billed to undersigned.		
Lot 45 Grave 6 Row	Section	Division/Block, //
Grave space & Care Fund	D-3981	<u> </u>
Additional spaces and care fund		200000000000000000000000000000000000000
Opening/Closing & Setup		<u> </u>
Burial Container	11	<u> </u>
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee	<i>L</i> 1	<i>O</i>
Sales taxes	61	<u> </u>
	Total Du	·
Pa	aid receipt number	
		Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorization	tion of remains as above ind tion and I agree to hold Mt. I	of the above named decedent icated. I certify and represent lope Cematery harmless from
I hereby authorize the interment in lot I hold under deed.	Address	
Signature of recorded holder of dead	2 CHY	Zip Code
whethe	A Telephone	
_ 18027	Invoice #	

MT HOPE CEMETERY

E 18027

GRAVE BLIND CHECK FORM

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

	ai space.	T		1		1
		د اع	Fields	Spar	ال	
	800 altie	Hoveton	х	Spare.	~	
		ted By:	ary	J	Lope	9/10
400	nt Date: / Sect	9/11/0		12.1	11:00 t: 45	CHURCH Gr: 6
Grave L	aid out by	NORM	NA	FER6	CKOZN	
Agrees	with Lega	l Card: 🗍	Yes	□ No	2/40	aprile
Agrees	with Map:	☐ Yes erified By:_	2	No -	1	e: <u>4 /10/0</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			OF BIRTH 3.	DATE OF DEATH	4. SEX
	MARY		LOPEZ	LOPEZ		1270	71912 0	9/08/2003	F
5/	NATIONAL	CITY		58. COUNTY OF DEA	ATH-OUTSIDE CALIF.	6. NAME, RELATION OF INFORMANT JOHN LOP	ISHIP, FULL MAILIN	NG ADDRESS AND Z	
7/	BERGE RO		JARY 607 NATION	RSON ACTING AS SUCH 78. C		SAN DIEGO	ABPLICANT—Person	VE 14 Laking permit 88. DAT	re signed
	ACKNOWLEDGMENT OF A			sed disposition stated herein is one of mis authorized pursuant to Section 7100 of		· Stac	Tee.	09/0	9/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND 'S THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY BY FOR THE CISPOSITION SPEC ID MINIT OF PERPOSAL ORTHOSE OF CALL	CODE	98 DATE PERMI 09/10/21 J. FLORE	003 23150		REGISTRAP ISSUM	IG PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRE	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA DRDS P. O. B CA 92186-5222	OX 85222	NDDRESS OF REGISTRAF F DISPOSITION IS TO OCC				
The same of the last of the la	A. BURIAL INCLU B. CREMATION			E. TEMPORARY EN	M156 - 10072540		MANUFACTURE AND DOCUMENTS	ER'S USE ONL' IDING REMAINS LO	
	BURIAL		DORESS OF CALIFORNIA CE CMETERY 3751 MA CA 92102		9-11-0	3 KI	UME OF PERSON	IN CHARGE OF B	LIRIA
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	REMATORY	128. DATE CREMA	TED 12C. SIGNAT	URE OF PERSON	IN CHANGE OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECE	VED 19C. SIGNAT	URE OF PERSON	IN CHARGE OF F	ACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP		SS AND SIGNATUL CING WITH THE I	re of Person in Carrier	CHARGE
D	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	or other description sub- district of disposition	ISB. DATE OF DISPOSITION		ure of Person E of Dispositio	N I OF CREA	NATED RE- DISPOSER

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-11-03

	neral, date, time	39.
Type of Burisi Container Church, Chapel, Graveside	8 1 5	Mortus
All Funeral cars must arrive before 3:30 p.m. of	regular work day or	an extra charge of \$
will be applied and billed to undersigned		
	Section	
Grave space & Care Fund	846	
Additional spaces and care fund	***********************	
Opening/Closing & Setup		
Burlal Container	***************************************	
Handling Fees	***************************************	
Flower vases - Marker setting fee		<u>=</u> _
Recording and filing fee	*****************************	
Sales taxes		<u> </u>
	Total	Due <u>-</u>
Pald re	celpt number	<u> </u>
		Balance due 🔑
I hereby cartify I am the and this is your authority to make disposition o that I have the right to make this authorization a any liability on account of said authorization and	nd I agree to hold Mi d Interment.	of the above named decade indicated. I certify and represent to the Committee of the Commit
I hereby authorize the interment in lot I hold under deed.	Blanatura	
	Address	76.0
Signature of recorded holder of ched		200
Signature of recorded holder of deed	Telephone	



MOUNT HOPE CEMETERY

E 18028

4170

OWNEDSHIP AND INTERMENT PRIVILEGES

OWNERSHIP AND INTERMENT TRIV	IDDUGG	
TO Thomas F. and Irene B. Allen for the sum of	265.00	(DOLLARS)
LEGAL DESCRIPTION Lot 4817 Division 10		
AS DESCRIBED ON PURCHASE ORDER NUMBER	= =====================================	
According to a map of said Cemetery filed in the office of the Count held for burial privileges only with endowed care. Subject to all rubereafter be adopted, including the right to ingress and egress with Cemetery. The rights hereby conveyed for interment privileges shall of the Cemetery Authority in each and every case and must be recorded it is expressly understood however, that said Cemetery Division do repairs to any monument, head stone, vaults or other improvements of	tles and regulations now essentials for care and or not be relinquished without d in the office of Mount le es not undertake or agre like nature that is alread	in force or may operation of the out the consent Hope Cemetery. ee to make any ly, or may here-
after be erected or placed on said lot or plot. Cost of same shall be as of plot. In no case will the Cemetery Division be responsible for dar natural causes of deterioration, but reserves the right to remove any ment of the Cemetery. The following type of memorial will be permitted	nage, malicious mischief object that detracts from	, vandalism and
R. H. Dekne Regulation Monument Only		(mair)
Cometery Manager Will	Public Works Director	ra
Thouss for you	ar	

help Poulette. Plane call at (916) 922-3142



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

7/27/1969

245 00

4460

DGGD E-18028

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thomas F. of frene D. Allen for the sum of \$ 200.00 (DOLLARS
LEGAL DESCRIPTION Lot 4818 Division 10
AS DESCRIBED ON PURCHASE ORDER NUMBER
According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or mathereafter 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 consert 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 an repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may here after be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representative of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism an natural causes of deterioration, but reserves the right to remove any object that detracts from the embellish ment of the Cemetery. The following type of memorial will be permitted:

REGULATION MONUMENT ONLY

Cemetery Manager

Public Works Director

CITY OF SAN DIEGO, CALIFORNIA



MOUNT HOPE CEMETERY

4314

E-18028

TO Thomas	F. and Irene B	. Allen	for the sum	of \$	265.00	(DOLLARS)
LEGAL DESCRIP	TION Lot 481	Divisio	n 10		1	
AS DESCRIBED	ON PURCHASE ORDE	R NUMBER _	C-7166		annessi .	
held for burial p hereafter be ado Cemetery. The i	nap of said Cemetery privileges only with e pted, including the ri rights hereby conveye Authority in each and	ndowed care. ght to ingress d for intermen	Subject to a and egress v privileges s	ll rules ar vith essent hall not be	nd regulations no ials for care and relinquished wi	ow in force or may d operation of the thout the consent
repairs to any mo after be erected o of plot. In no co natural causes o	understood however, on ument, head stone, or placed on said lot case will the Cemetery f deterioration, but retery. The following t	vaults or other or plot. Cost of Division be r eserves the rig	improvement same shall be esponsible fo ht to remove	s of like no e assumed r damage, any objec	ature that is alre by legal owner o malicious mischi	ady, or may here- or representatives ef, vandalism and
					7.6	1

Regulation Monument Only

Centerry Manager

Public Works Director

E-18028

July 31, 2003

Thomas Frederick Allen, Jr. 2481 Garden Hwy. Sacramento, CA 95833

Re: Transfer of ownership of burial plots 4816, 4817, & 4818 (Division 10)

Dear Mt. Hope Representative,

My parents, Thomas F. and Irene B. Allen have deeds to three burial plots at Mount Hope Cemetery, San Diego, California. My mother and father passed away on July 29, 2000, and February 18, 2003, respectively.

I, Thomas Frederick Allen, Jr., and my sister, Annette Irene Allen, are the only children (natural or adopted) of my parents. Neither parent left a will, trust, nor similar document. We do not have a use for the plots, and have agreed to share the proceeds from the sale of them.

Therefore, I request that the aforementioned plots be transferred into my name.

Sincerely,

Thomas Frederick Allen, Jr.

(DOB: 5/27/44)

THES 31 DAY OF help 03

how Freder aller

The second secon



Annette Irene Allen 13427 Applegate Terrace Oregon City, OR 97045

Re: Transfer of ownership of burial plots 4816, 4817, & 4818 (Division 10)

Dear Mt. Hope Representative,

My parents, Thomas F. and Irene B. Allen have deeds to three burial plots at Mount Hope Cemetery, San Diego, California. My mother and father passed away on July 29, 2000, and February 18, 2003, respectively.

I, Annette Irene Allen, and my brother, Thomas Frederick Allen, Jr., are the only siblings of my parents. Neither parent left a will, trust, nor similar document. We do not have a use for the plots, and have agreed to share the proceeds from the sale of them.

Therefore, I agree to have the deeds transferred into my brother's name, and grant him permission to sell the three plots at the fair market value.

Sincerely.

Annette Irene Allen

Annette I. Alh

(DOB: 12/14/46)

STATE OF CRECON

SUBSCRIBED AND SWORN TO BEFORE ME

NOTARY PUBLIC FOR OREGON

OFFICIAL SEAL
LORI L. COMPTON
NOTARY PUBLIC - OREGON

STATE OF ARIZONA

OF GINAL	STATE OF ARIZONA MENT OF HEALTH SERVICES - OFFICE	E OF VITAL RECORDS DEATH NO	
NAME OF A FIRST PECONOSIO	CERTIFICATE OF DEA	leax pa	THE OF MONTHS DAY SEAS
IRENE	BPECIFY YES OR NOW	YES, PERCATE MEXICAN SPANISH POERTO HIS	A JULY 29, 2000 CAM, WAS DEDUCASED EVER WILLS ARMED FORCES?
WHITE PLACE OF A COUNTY CONTINUE YAVAPAI	NO N	CALEBRAS ON SERESINFRES ONE SERES ON SER	
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ARIZONA B COUNTY	APAT PRESCOTT	School Parison	HIGHEST GRADE DOMAN FTED
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THOMAS F. ALLEN	CONTRACTOR STREET CONTRACTOR	10 s = 10 m	AND THE PARTY OF T
BURLAN B-1-06	SUPPLIED THE CHAR	THE RESIDENCE AND ADDRESS OF THE PERSON OF T	
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CAN DE AMERICA	Spines in	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
COUNTY OF YAXAN	Tierre Tierre	IED.	

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Milities in the and give a production of the document officially registered and placed of the in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES PROENT, ARIZONO SERVED under the authority of A.R.S. 35-041, and by direction of the

Marion 717 margan

YAVAPA COLANTY RESENTABLE AVAPA COLAN, HEALTH OF THE MENT

copy not valid given gregored on engagest border displaying county seeking color and founds in a monitor

NV ALTERATION OF CHASURE VOIDS THIS CERTIFICATE

W170

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO. CERTIFICATE OF DEATH

E-18028

NAME OF DECEASED	A FIFST	B. ARDOLE		C LAST	8	SEX.		DATEC	F 1	WOYTH:	DAY	YEAR
SOURCE.	THOMAS		FREDERICK AL		2, 7,00				FEBRU	EBRUARY 18, 2003		
PACE PG., while black Ansaspectify: WHITE	encier Indian tpocky liber etc	(SPECIFY YES OWNO) NO				F YES, NDICATE MEXICAN, SPANISH PUERTO FICAN, WAS DECEASED EVER IN U.S. ARMED FORCEST, (SPECIFY YES OR NOT YES)						
PLACE OF DEATH YAVAP	707	a rownoacity PRI	ESCOTT		V.A. MEDICAL CENTER							
DATE OF MONTH	10, 1921	AGE IVEARS LAST BIBTISTAYI BA	FUNDER I YEAR MOS DAYS	FUNCER I DAY HRS MIN	MARRIED, NEVE MIDOWED DUGG WLDC	H MARRIED WEDPEC	FY)	SURVIVING SPOUSE		IF WIFE, GAVE		
COLORADO, D	ENVER	COUNTRY? USA	BPECIFY	550-	20-9234	U5 der 14/	FUKE	N TON HOLE E	nd all work finited)	AERODYNE CO HIGHEST GRADE COMPLETED TO AND STATE PRESCOTT, ARIZONA TO S. STOBLERSKI AND ST	CONTRACTOR OF THE PARTY OF THE	
MESCENCE A STATE	a county YAVAE	St. Charles	C. TOWN CROITY PRESCO		86305	HOV 16	23 Y	RS .	12.	HIGHEST GR	ICATION ADE COMPI	LETED
STREET ADDRESS OR H.F. 15E 824 W. GU	RLEY ST.136	SPECIFY UM		ERVATION YOU SHOT	OF RESIDENCE	ALIFO	ORNIA		LEWENTAP		Y =	CD(LEGE (14 or 5.4)
FATHERS NAME H	A FIRST	B MIDDLE C. LAST ALLEN			MOTHER SMAIDEN A FIRST TO SMAIDEN EMILY			II MIDI	SARAHEMITE			
SUSAN S	LATTERY	od to		GHTER	**************************************		HEET NO.	.#136		7.50 P. O. C.	ARIZO	ZPC005 NA 8630
BURIAL CHEMATION BEAUTY BURIAL	DATE 25, 2-21-20	(A.55.57.52)	VIEW CE	METERY	PRESCOTI	AZ.	EMBALMER 27A ► S	FÂNLE	100	TOBIE	RSKI	е 664
HERITAGE	MEMROY MORT	STREET A			COTT, AR	IZONA						459
TO THE DUE TO	HEST OF MY KNOWLEDGE, THE CAUBELPIST TED.	SEATH OCCUPRED AT	THE TIME DATE A	A	reveled by Evaluation of LLAW CEMENT CHENT	AT THE T	IME, DATE ANI ATURE	ANATION AND PLACE OUT	E TO THE CA	STIGATION, INT AUSECS) AND N	VY CHHICA IANKER STA	IDEATH OCCUPAG
FEBRUARY 18,		2003 HOUR OF DEATH			SA SEC.		TE SIGNED (Mo. Day, Year)			36		
30. IANN: AND ACDRESS OF C	ERDHER, PHYSICIAN, NED	ICAL EXAMINER OR T	THINK CAW ENFOR	POEMENT AUTHOR	REY AUT	37. ON	R CREMATION	(000000000	87.7		35 47	SETS OF YOUR HOUSE
SCHORGE CRI	RES. FILE NO.	PEDISTRAFE SIGN	NATURE	ARIZONA 1005	terio	Mit	FEG.	DISTRICT 121=	. 1	DATE RECO.	N STATE O	FFCE.
S F BOO S F BOO BONES COURTE COUNTE FINAUMY EDENINGS NO DEATED T	ACUTE MYO	CARDIAL I	V	202	TEN ONLY CITE CAL	SE ON EACH	HUNEL	200		3 DAY	s ·	APPROXI- MATE
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DIABETES	MELLITUS	to death but not res	ulting in the unde	erlying cause go	en in Part I		AUTO (Speci	y Yest or No.	WAS CA (Specify 50.	SE REFERRED Yes or No.	NO.	AL EXAMINER
ANHER OF GEATH NATURAL	HOMOGE SE	MO DAY	Y2 53	м	PULRY AT WORK? (Specify Yes or No) 54.	55	RUUA WOH 3		0 -			
ACCIDENT	INVESTIGATION PLACE O SPECIFY	F NJURY (Al home, lan	nn etiaet, lactory, of	fice suiding rite)	WHERE LOCAT	ED?	STREET	ADDRESS	Ċ	MY OR TOWN	2	STATE
MORTUARY	CORRECTED B	OXES 7,	25 & 15	E. 2-20	-2003	+			1122	1715		

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA COUNTY OF YAVAPAL

DATE (SSUED FEB 21 2003

This is a true and exact reproduction of the document officially registered and placed on the in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA, Issued under the authority of A.R.S. 36-341, and by direction of

Marcia, M. Jacoleon)

MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAN

YAYAPAI COUNTY HEALTH DEPARTMENT This copy not valid unless prepared on engraved border displaying county scal in volor and raised scal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





E-18028

Ray Snider, Cemetery Manager

THE CITY OF SAN DIEGO MOUNT HOPE CEMETERY CERTIFICATE OF INTERMENT RIGHTS

intermer	ee, for in it rights f	terment por the Pu	purposes only, subj irchase Price of S	ect to condition N/A situated in	s, reservations, re Mount Hope Ce	estrictions metery de	and Rules and scribed as:	d Regulations set f	orth herein, the follow	wing .
DIVISI	ON:	10	SECTION:	B	LOCK/ROW:	12	LOT:	4816, 4817 & 4818	GRAVE(s):	
accordin	g to the n	nap of M	fount Hope Cemet	ery located in th	e office of Moun	t Hope Ce	metery.			
			all right, title and						ect to all governing and agrees that:	laws and
(a)			veyance or assignment of the second s			quired by	Grantee shall	be valid without	the written consent of	of Moun
(c)	with the intermed the type Mount I monume	of Mour above-c nt's, disin of outer lope Cer ent or oth	nt Hope Cemetery. described intermenterment's and rem burial container as metery, at the expe	All grading, I t rights, shall be ovals shall be r shall be design use of Grantee is improper or	andscape work a e done, all trees nade only by Mo ated by Mount H and as a charge a offensive or whi	and improve and plant unt Hope ope Ceme	vements of any s of any kind Cemetery. A tery in its Rul above-descri	by kind, and all ca shall be planted, ill interments shall as and Regulation; bed interment righ	Grantee without the re of any property a trimmed or removed be made subject to t 5. hts, may repair or ren re any tree, flower or	ssociated i, and all he use of nove any
(d)	Mount F	lope Cer	netery shall not be	liable for loss o	r damage caused				s, vandals, strikers, n ond Mount Hope Ce	
(e)	interest a	and right ter adopt	s shall be limited b	y and subject to ment, alteration	the Rules and R	egulations of new Ru	s of Mount He iles and Regul	ope Cemetery now lations. These Rul	limitations, but the C existing or which m es and Regulations a et forth in full.	ay be by
(f)	Mount I		metery agrees to pr	ovide endowme	ent care as requir	ed by app	licable law an	d defined in its R	ules and Regulations	without
	In the e	vent this	certification is is	may, with the co	he time the pro-	e, and at n	o increase in	he within-describe price, permanently ach rights to reaso	ed interment rights I transfer Grantee's i	nas been

Mt. Hope Cemetery

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this

11 day of September 1 - 6

Signature / Date

Community Parks 1 • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

-

Atual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept. 11,03

You are hereby authorized and in	nstructed, subject to your rules and regulations.	to inter the remains
na TS Vanet	Funeral, date, tilms Man 9	s 1:00
Church Chapel, Graveside	: Kapolo	Mortumy.
All Funeral cars must arrive befo	pre purit. of regular work day or an extra chi	arge of \$
will be applied and billed to unde	reigned.	
Lot 143 Grave 10	_ Row Section Divisi	on/Steals_
Grave space & Care Fund		<u> 985</u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	413_
Handling Fees	SEP 1-1-7003	704-
\$\$ \$\$\$ \$\$\pi pickets in the first the state of the control o		50-
Describe and filler fee	CITY OF SAN DIEGO	MANUAL ST
Selec taxes	web at 3:27	21.31
	1000	IGUR 3
	VEITE	14(183)
	Paid receipt number	19190
., .	Balance	due
I hereby certify I am the	of the above indicated. I	ove named decadent
that I have the right to make this any liability on account of said as	authorization and I agree to hold Mt. Hope Cen	netery harmiess from
any material on account or said at	v0 = 0	7
I hereby authorize the interment hold under deed.	In lot I Sprattine	onen
TIOID DINES GOOD.	1564 Remin	gran Hills K
Signature of recorded holder of deed	- Sam Niego	ea 94154
~	X 488-7508 (428-7808)
Vin-	Telliphone	
1 _ 181	029 Invoice #	
Work Order #	Acct. #	
REA-104 (7-98)	This information is available in alternative to	rmats upon request.

© Printed on respeied paper

MT HOPE CEMETERY E- 19029

GRAVE BLIND CHECK FORM

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

4	1				r
_	Davis	. Bailey			
	Kelly	x			
	265	Hokomb			
Blind Check In Interment spac	e for: Ed	wald	7	ohna	a)11
Interment Date	Mun	9 15 TI	ime:	Cb. :	
Div:_ {\ Se	111111111111111111111111111111111111111				r <u> 10</u>
Grave Laid out					-50
Agrees with Le	gal Card: 🛘	Yes	No (long in	
Agrees with Ma	ap: 🛘 Yes		0	Pega	We
Blind Check &	Verified By:_			Date:_	2



from the Armed Forces of the United States of America

This is to certify that

EDWARD L JOHNSON ER 28 222 109 PFC USAR

was Honorabby Discharged from the Aumy of the United States

he 7th day/of september 1967. This certificate is awarded as a testimonial of Honest and Faithful Service

B& Balcock

B E BABCOCK COLONEL AGC

256A. I MAY 50

E-18020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(03

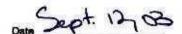
USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	10. L	AST (FAMILY)	MARCHEN TO 1004 (1)		2. DATE OF BIRTH		OF DEATH 4. SEX
Edward	111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Lee	1 1	ohnson		-	MONTH, DAY, YEAR	MONTH, 09/08	/2003 M
6A. CITY OF DEATH			58. C	OUNTY OF DEATH	-OUTSIDE CALIF.,		RELATIONSHIP, FULL M		
San Dieg	20		6	NTER STATE	Diego	1000 1000	ormant ette Johnson	****	42
		NIA-FUNERAL DIRECTOR	OR PERSON ACTING A	S SUCH 78. CAL	F LICENSE NUMBER		Remington		
		ortuary, 5050			APPLICABLE		Diego, CA		DIIVE .
San Diego,	CA 92102			FD-	1329				amit BB. DATE SIGNED
ACKNOWLEDGMENT OF AS	PPLICANT I hereby Section 1	acknowledge as applicant that th 10376 of the Health and Safety Cod	he proposed disposition state de, and was authorized pursuar	d herein is one of the it to Section 7100 of the	dispositions authorized by Health and Salety Code	D16	an lamb	w	09/12/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHOR IN THIS PERMIT.	SUED IN ACCORDANCE W FORMA HEALTH AND SAI ITY FOR THE DISPOSITION AD BUSHT OF DESPOSAL DUTSIDE	FETY CODE N SPECIFIED	OUNT OF FEE PA	09/15/20	03		CAL REGIS	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE	9D. ADDRESS OF F IF DEATH OCCUR Vital Reco	REGISTRAR OF DISTRICTED IN CALIFORNIA Drds, P.O. Bo	T OF DEATH—	9E. ADD	RESS OF REGISTRAP	OF DISTR	HET OF DISPOSITION— THEN DISTRICT IN CALIFO	RNIA	
10. AUTHORIZED DISPO			C. St. D.			- 8	FOR COR	ONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REF		☐ F. DK	MPORARY ENVA SINTERMENT IIP IN TO CALIFO ANSIT TO OUTSI			I. DISPOSITION (Name and A		-REMAINS LOCATED /
BURIAL	Mt. Rope	ADDRESS OF CALIFORN Cemetery; 37 o, CA 92102		Street	118. DATE BURNE	D 11C	SIGNATURE OF PER	SON IN CI	HARGE OF BURIAL
CREMATION	12A. NAME AND A	ADDRESS OF CALIFORN	NIA CREMATORY		128. DATE CREMA	TED 12C	SIGNATURE OF PER	SOM IN CH	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND /	ADDRESS OF CALIFORN	MA FACILITY RECEIV	ING REMAINS	138. DATE RECE	VED 13C	SIGNATURE OF PER	SON IN CI	HARGE OF FACILITY
TRANSIT		ADDRESS IN RECEIVING CREMATED REMAINS			148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH T		PERSON IN CHARGE ER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO II	AREST POINT ON SHORE DENTIFY FINAL PLACE AN			158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

Afrid

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego



You are hereby authorized		The second secon		
or Mouth		ppins	134	-11-
in a in a	e l		mommoni	162 18.00
Church Chapel Graveside		;	Buge Rob	eulo Mortuary.
All Funeral cars must arrive		of regular work	day or an extra che	arge of \$
will be applied and billed to	タンさら undersigned			
Lot 175 Grave_1	2 Row	Section	a Division	on/Bleek 12
Grave space & Care Fund .				a83
Additional spaces and care	fund	****************	****************************	
Carata Missis e Caba		DAII	D	4.3 -
Burial Container				204-
Buriel Container Handling Fees	S	EP 12 20	003	160-
Flower vases - Marker setti				
Recording and filing fee				
Sales taxes				(ce. 20)
			Total Due	(833.30
	Paid	receint number	RSUUS8	1833.20
	, 50		Balance	dua -O
I hereby certify I am the	Nandle	100	V-FS-SWITTER	100740
and this is your authority to that I have the right to make any liability on account of se	make disposition this authorization	of remains as and I agree to	above indicated. I d	we named decedent certify and represent letery harmless from
I hereby authorize the interr hold under deed.	nent in lot i	Barrature 77		ON WE #A
Signature of recorded holder of deed		Z619 Telephone	Un Vista) 420-30	91910 Zip Dode
\1	8030	Invoice s	<u> </u>	
Work Order #	WELLINGWASSES	Acct. #		
REA-104 (7-96)	This informa	ation is availab	le in alternative for	mats upon request.



Austen

GRAVE BLIND CHECK FORM

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

Nedina

		x			
	Saines				
Blind Check	Initiated By:	San		Date:	9/12
	ace for: te:				
	Sect: 2 B ut by: Nogn				Gr: <u>1</u>
Agrees with I	_egal Card; 🗹	Yes [J No .	lag	
	Map: 🗹 Yes & Verified By:				

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR MARTHA ROBBINS 09/01/1930 09/08/2003 5A. CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CAUF, 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE MATIONAL CITY SAN DIEGO CHRISTINE F. LOPEZ - DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUICH 7B. CALIF, LICENSE NUMBER 1390 SANTA ALICIA AVE #1105 IF APPLICABLE BERCE-ROBERTS MORTUARY 607 NATIONAL CITY CHULA VISTA CA 91913 BLVD NATIONAL CITY CA 91950 8A. SIGNATURE OF APPLICANT-Parson wing permi :8B. DATE SIGNED PD-284 I hereby acknowledge as applicant that the proposed disposition stated tenen is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 09/11/2003 ACKNOWLEDGEMENT OF APPLICANT antitu 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR 09/11/2003 2315089 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$13.00 **AUTHORIZATION OF** NOTE: THIS PERMIT DIVIES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA P VALENTINE LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION RECUIRES A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION IAN DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINGERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCHENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOPE CEMETERY 3751 MARKET ST BURIAL SAN DIEGO CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED: 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 150, LICENSE NUMBER OF

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

DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY CREMATED REMAINS DIS-

POSER - IF APPLICABLE

CHARGE OF DISPOSITION

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego

h, nor,	Date
	oject to your rules and regulations, to inter the remains of moving. In 194172
in a T.S. Usual + F	uneral, date, time
Church, Chapel, Graveside	;Mortuary.
All Funeral care must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot / 26 Grave 3 Row	
Grave space & Care Fund	985.a
Grave space & Care Fund	PAID
Opening/Closing & Setup	41/2 /0
Burial Container	EP 12 2003 27500
	HOPE CEMETARY 204.00
Handling Fées	OF SAN DIEGO, CA
Recording and filing fee	\$0.60
Sales taxes	7101
	Total Due
Paid n	eceipt number R-56670 1948.31
W43	Belance due
I hereby certify I am the Wungle	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cametery harmless from
any liability on account of said authorization a	nd interment.
I hereby authorize the interment in lot I	+ Onema J. Moung
hold under deed.	x 5290 prosperity In.
Signature of recorded holder of dead	San Diego 9215
Paulette	5619-287-9874 Templom
101131	Invoice #
Work Order # E	Acct. #

& Printed on recycled paper

This information is available in alternative formats upon request.

REA-104 (7-95)

Atud

REA-104 (7-96)

MT. HOPE CÉMETERY

INTERMENT ORDER

City of San Diego

Date Sept 12,03

or <u>Ernestino</u>	Funeral, date, timeThurs_9	10 1'c)
Type of Burtel Contenter	Funeral, date, time	.0
Church, Chapel, Graveside	Prennad	Mortuary.
All Funeral cars must arrive before	p.m. of regular work day or an extra charg	e of \$
ひ: ぞ、 bergisrebnu of belild bns beliqqs ed lliw	SCP	
= 4	- University	1
Lot 10 Grave Q Row	Section 19 Division	Block/
Grave space & Care Fund		<u>1935</u> _
Additional spaces and care fund		
Opening/Closing & Setup	43 -	- 200 A
Burial Container	209	- (00-1
Handling Fees	100	
Flower vases - Marker setting fee C.	P 1 2 2003	
Recording and filing fee		50
Sales taxes	OPE CEMETARY F SAN DIEGO; C#	Ge. 21
CHYO	Total Due	2383.20
	Paid receipt number RSQQT1	2383.20
	CH CONCOUNT AND DEPOSITE TO SERVICE CONTROL OF THE	-
8	\ L Rejence d	
	Ata Balance d	1948 E-1 - 32
I hereby certify I am the double and this is your authority to make dispersion	ALTER of the above	named decedent
I hereby certify I am the and this is your authority to make dispertited I have the right to make this authorizany liability on account of said authorizany	of the above strion of remains as above indicated. I ce sation and I agree to hold Mt. Hope Cemel	named decedent
and this is your authority to make disper that I have the right to make this authorize any liability on account of said authorized	of the above pition of remains as above indicated. I ce tation and I agree to hold Mt. Hope Cemel tion and interment.	named decedent tify and represent ery harmless from
and this is your authority to make disper that I have the right to make this authorize	of the above pition of remains as above indicated. I celestion and I agree to hold Mt. Hope Cemel tion and interment.	named decedent tily and represent ery harmless from
and this is your authority to make disper that I have the right to make this authoriza- any liability on account of said authoriza- I hereby authorize the interment in lot I	of the above pition of remains as above indicated. I ce tation and I agree to hold Mt. Hope Cemel tion and interment.	named decedent tily and represent ery harmless from
and this is your authority to make disper that I have the right to make this authoriza- any liability on account of said authoriza- I hereby authorize the interment in lot I	of the above pition of remains as above indicated. I celestion and I agree to hold Mt. Hope Cemel tion and interment.	named decedent tily and represent ery harmless from
and this is your authority to make dispertual I have the right to make this authorize any liability on account of said authorizer I hereby authorize the interment in lot I hold under deed.	of the above pition of remains as above indicated. I celestion and I agree to hold Mt. Hope Cemel tion and interment.	e named decedent tify and represent ery harmless from NUMOU SDAEL U QQS96
and this is your authority to make dispertited I have the right to make this authorize any liability on account of said authorizer. I hereby authorize the interment in lot I hold under deed. Signature of recorded hotter of deed.	of the above indicated. I catation and I agree to hold Mt. Hope Cemel ation and interment. County I on Ruy 2 221 Van Ruy 2 221 Van Ruy 2 229 Van Ruy	e named decedent tify and represent ery harmless from NUMOU SDAEL U QQS96
and this is your authority to make dispertual I have the right to make this authorize any liability on account of said authorizer I hereby authorize the interment in lot I hold under deed.	of the above indicated. I catation and I agree to hold Mt. Hope Cemel ation and interment. County I on Ruy 2 221 Van Ruy 2 221 Van Ruy 2 229 Van Ruy	named decer tify and repre ery harmless t NUMOU- SDAEL QQSG

O Printed on regular paper

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

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				6	
		х		8	
				J.	
				11/	,
Blind Check Init Interment space	for: Eur	estin	ne S	Date: 0	7
Interment Date:		0:	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY	1205	(2)
Div: Se	C 33900			<i>U</i> _ G	r. <u> </u>
Agrees with Leg	al Card: 🗆 Y	es 🗆	No	Too a	1
Agrees with Ma	o: 🗆 Yes	O No	•	1 7 6	Como
ind Check &	Verified By:			_ Date:_	0

E-18032

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

0

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	A STATE OF THE STA	2. DATE OF BE		OF DEATH 4 SEX
ERNESTIN	E LOUISE	SUTTON	150	08/28/1	923 09/	10/2003 F
5Å. CITY OF DEATH		5B. COUNTY OF DEATH	-OUTSIDE CALIF., E	MAME, RELATIONSHIP, F	ULL MAILING AD	DORESS AND ZIP CODE
San Dieg	0	ENTER STATE	N DIEGO	Carolyn Penn	iman-Dau	ghter
7A. TYPED NAME AND AL	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACT MORTUARY — I—805 & INPERIAL	Extra Contract Contra	F. LICENSE NUMBER	31281 Van Ru	ysdael L	ane
GRUDISHIAU				Winchester,		
	SAN DIEGO, CA 92	No. of the contract of the con	Address of the Control of the Contro	A STORATORE OF ARPLAS	The said spirit is	permit BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposit Section 19376 of the Health and Safety Code, and was authorize	tion stated herein is one of the ed pursuant to Section 7100 of the	Health and Safety Code	17187	VW.	09/17/200
PERMIT AUTHORIZATION OF	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE P/ \$13.00	09/17/20		OF LOCAL REGI	ISTRAR ISSUING PERMIT
LOCAL REGISTRAR	NOTE: THIS PERSON CHES NO RIGHT OF REPOSAL OUTSIDE OF CALIFORNIA.	For the	D.R.W1111	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	not!	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA			OF DISTRICT OF DISPOSIT		
PERMIT TO SHOW FINAL	P.O. BOX 85222	1				-
DISPOSITION.	SAN DIEGO, CA 92186 5222			E		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR	CORONER'S	USE ONLY
A. BURIAL (INCLI	JDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT			-REMAINS LOCATED AT
B. CREMATION		F. DISINTERMENT	70 70	- (Name	and Address)	
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	RNIA (*		
D. SCIENTIFIC U		H. TRANSIT TO OUTS	DE OF CALIFORNIA			
7	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		118. DATE BURIED	11C. SIGNATURE O	F PERSON IN C	CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery 3751 Mark	et Street		1/	g=3 0	
240	San Diego, CA 92102		19-1803	Kury	1 /	
COEMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	128. DATE CREMATE	D 12C. SIGNATURE OF	PERSON IN C	HANGE OF CREMATION
CREMATION	3		i	3	//	
SCIENTIFIC	N/A		1	Name :	/	
Š	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY (RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF	F PERSON IN C	HARGE OF FACILITY
SCIENTIFIC		NEWYOR ECSEN				
	N/A		ì	Acres .		4
	14A. NAME AND ADDRESS IN RECEIVING STATE OF C	OUNTRY WHERE	1 148. DATE SHIPPE	D IAC ADDRESS AND	SIGNATURE O	F PERSON IN CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE S		1		WITH THE CARR	
TRANSIT	w/1		i	livs		≨
3	N/A		1	Luca picking of	F DEDOCAL "	The Manual Control
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF C		OF CREMATED RE-
DISPOSITION OTHER	T TUNEAN		Į.			MAINS DISPOSER
THAN IN A CEMETERY	N/A		i .	1		



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

6,000	Date 9-12-03
You are hereby authorized and instructed, sul	bject to your rules and regulations, to inter the remains
in a D.D. Grypt (A)	Funeral, date, time Thurs Sept. 18 11
Church, Chape Graveside	: GOODBOO'S 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 1209 Grave 1 Row	Section Division/Bleck 8
Grave space & Care Fund)- ed02 -
Additional spaces and care fund	
Opening/Closing & Setup	V <u>413.00</u>
Buriel Container	141800
Handling Fees	352.00
Flower veses - Marker setting fee	my vase 1 35.85
Recording and filing fee	£71 02
Sales taxes SEP	
.CITY OPIN	CEMETARY M/C 1429.25
- SK - SK	Balance due
I hereby certify I am the Acush and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Patricia L. Jadd Blaneture 8110 Laird St
Stangture of recorded holder of dead	Le Misc CA 91942
leta	169. 463. 3435 Zip Code Temphone
Purple 18033	Invoice #
Work Order #	Acct. #





MT HOPE CEMETERY E- 18033

GRAVE I	BLIND CH	HECK FO	RM	
Write in the name of the deblock marked with "X". Plack in the appartmental space.	ace the nar	ne's, lot#a	and grave	# of all
	x	Gilstol	Koening	Daniel
Blind Check Initiated By: 1 Interment space for: 80 Interment Date: 9/18/ Div: 8 Sect: 1	elyn G	arrett		
Grave Laid out by: Noe Agrees with Legal Card:	m Nu / JYes			
Blind Check & Verified By	. 		Date:	

F- 18033

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

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

IA. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	NEW Y 2 CH (00 NEW 2010) (1850) 10 CH			E OF DEATH	4. SEX
5A. CITY OF DEATH		ALIREA	5B. COUNTY OF DEAT	H-OUTSIDE CALIF.,	8. NAME, F	ELATIONSHP, FULL MAILING A RIMANT CIA Ladd-Daught	ODRESS AND ZIP	
7A. TYPED NAME AND AD	ORTUARY - 5	A-FUNERAL DIRECTOR OR PERSON 027 EL CAJON BOUT IAN DIEGO, CA 921	N ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER F APPLICABLE	8110 La Me	Laird St. sa, CA 91942		SIGNED
ACKNOWLEDGMENT OF A	por years I hereby a	chrowledge as applicant that the proposed di 076 of the Health and Safety Code, and was aut	specition stated herein is one of the	dispositions authorized by	12	JKILIM.	09/17	
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI ORNA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED DINGST OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE P	SHOULD SEED SEED SEED SEED SEED SEED SEED SE	03	C. SIGNATURE OF LOCAL REC 2315463	SISTRAR ISSUING	PERMIT
The state of the s	P.O. BOX	THE STREET STREET VALUE AT		DRESS OF REGISTRAP	OF DISTRIK	A CONTRACTOR OF THE PARTY OF TH		_
16: AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	11A. NAME AND A Mt. Hope	DDRESS OF CALIFORNIA CEMET Cemetery 3751 Mai			D , 11C.	I. DISPOSITION PENDIN((Name and Address) SIGNATURE OF PERSON IN		
CREMATION		DDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	- /	SIGNATURE OF PERSON IN	HARGE OF CREM	IATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FAC	LITY
TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE M/A		14B. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		HARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NR OF CREMAT MAINS DISP —IF APPLIC	POSER

my Aref for

REA-104 (7-96)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 15,03

tadt	subject to your rules and regulations, to inter the remains
ina Aresh Could be	Funeral, date, time Uted 9 17 1:30
Church, Chapel Gravestis	: SO Munauch Mortuary.
All Funeral cars must arrive before 200 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 4 Grave 4 Row	Section Division/Block
Grave space & Care Fund	D7242 -D
Additional energy and care fund	
Additional spaces and care fund Opening/Closing & Setup	E-899O <u>-0</u>
Burial Container	<u> </u>
Handling Fees	<u>+</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u> </u>
Sales taxes	
	Total Due
Pa	aid seceipt number
VY	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this sufficies any liability on account of said authorization.	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cametery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	P.o. Sox 871
Signature of recorded holder of steed	760-758 7647 Za Code
Work Order # E 18034	Invoice #

@ Printed on respeled paper

This information is available in alternative formats upon request.

of Kingly

MT HOPE CEMETERY - 18034

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	1
	Hydre x	tree
	compress	
	Initiated By:	
Interment sp	pace for: Betty	Davis &
Interment D	ate: Wed 9 17 'T	ime: (~30
Div: <u>√</u>	Sect: 2 Blk/Row: _	Lot: <u>46</u> Gr: <u>4</u>
Grave Laid	out by: NORMAN FE	RCUSON
Agrees with	Legal Card: Yes	I No clas M
Agrees with	Map: ☐ Yes ☐ N	Y AMMINI
Blind Check	& Verified By:	Date:

E-18034 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 669-02

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1921 3. DATE OF DEATH MONTH, DAY, YEAR 08/31/2003 18. MIDDLE IC. LAST (FAMILY) Betty Evelyn Davis NAME RELATIONSHIP FULL MAKEING ADDRESS AND 21P OF INFORMANT Luster Davis-Son 5592 Calvillo St. SE COUNTY OF DEATH-OUTSIDE CALIF. SA CITY OF DEATH San Diego National City 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 Bonsall, CA 92003 BA. SIGNATURE OF APPLICANT—Pason plans permit 88. DATE SIGNED FD-1575 Jank Fee Thereby acknowledge as applicant that the proposed disposition stated licean is one of the dispositions authorized to Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 09/05/2002 NEXHOUSEDCHENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 09/05/2003 AUTHORIZATION OF LOCAL REGISTRAR IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO INCH! OF DISPOSAL OUTSIDE OF CALFORNIA. \$13.00 2314827 J. Lemon Jr. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN AMOTHER DISTRICT IN CALIFORNIA San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY I DISPOSITION PENDING-REMAINS LOCATED AT A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102 11B. DATE BURIED LIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL 9-17-03 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory 601-D Crane St. TEMS 12B. DATE CREMATED CREMATION APPLICABLE Lake Elsinore, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SIGNATURE OF PERSON IN CHARGE OF FACALITY 138 DATE RECEIVED SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SIGNATURE OF PERSON IN I.SD. LICENSE HUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE 158. DATE OF SCATTERING AT SEA DISPOSITION CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED ON 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

OR DISPOSITION OTHER THAN IN A CEMETERY

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

VS 9 (REV. 6/91)

3

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9(1/10)

ina	Funeral, date, ti	me	*11 0
Type of Buriel Container	r uneral, date, u	200	Mortuary.
Church, Chapel, Graveside			
All Funeral cars must arrive befor	e 3:30 p.m. of regular work	day or an extra	charge of \$
will be applied and billed to under	rsigned.		
Lot 94 Grave 5			000
Grave epace & Care Fund			
Additional spaces and care fund.			
Opening/Closing & Setup			
Burial Container			
Handling Fees	PAID	*******************	.,,,,,,,,
Flower vases - Marker setting fee	CED 1.6. 2003		
Recording and filing fee	OLT 10 E		
Recording and filing fee	MT. HOPE CEMETAL CITY OF SAN DIEGO	Cr.	
	CITY OF SAN DIEGO	Total Due	O82.0
		TOTAL DUG	
	Paid receipt number		
	Paid receipt number	5667	7 985.0
I harahy cartify I am the	74	ラロビコ Bala	7 <u>985.5</u>
I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said au	MAN AWY NW Bisposition of remains as a authorization and I agree to	Bala of the above indicated hold Mt. Hope (nce dueabove named decedent
and this is your authority to make that I have the right to make this a any liability on account of said au I hereby authorize the interment is	MANA MANA MANA MANA MANA MANA MANA MANA	Size (27) Bala of the above indicated hold Mt. Hope (1)	nce due
and this is your authority to make that I have the right to make this a any liability on account of said au	MANA MANA MANA MANA MANA MANA MANA MANA	Bala of the above indicated hold Mt. Hope C	nce dueabove named decedent I certify and represent temetery harmless from
and this is your authority to make that I have the right to make this a any liability on account of said au I hereby authorize the interment is	MANA MANA MANA MANA MANA MANA MANA MANA	Bala of the above indicated hold Mt. Hope C	nce due
and this is your authority to make that I have the right to make this s any liability on account of said au I hereby authorize the interment is hold under deed.	MANA MANA MANA MANA MANA MANA MANA MANA	Bala of the above indicated hold Mt. Hope C. Polivia J. 1622 Pilu Rankona.	nce due
and this is your authority to make that I have the right to make this s any liability on account of said au I hereby authorize the interment is hold under deed.	MANA MANA MANA MANA MANA MANA MANA MANA	Bala of the above indicated hold Mt. Hope C	nce due
and this is your authority to make that I have the right to make this a any liability on account of said au I hereby authorize the interment is hold under deed. Signature of recorded holder of deed	mand have have a supposition of the supposition and interment. In lot I Biginary Address Chy.	Bala of the above indicated hold Mt. Hope C Patricia J. 1622 Pilu Raillon. 619811	above named decedent and represent terretery harmless from terretery harmless from the color of
and this is your authority to make that I have the right to make this a any liability on account of said au I hereby authorize the interment is hold under deed. Signature of recorded holder of deed	mand have have a supposition of the supposition and interment. In lot I Biginary Address Chy.	Bala of the above indicated hold Mt. Hope C Patricia J. 1622 Pilu Raillon. 619811	nce due

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	100
	Jeec.
AL	0
407	100

Date 9-18-03

You are hereby authorized and Inst	tructed, subject to your rules and regulations, texinfer the remains
TRUTE	C. HOUNES MON 1/32 10.0
n a 1.5. VAUCI	Funeral, date, time 121, 36111111
Church Chaper, Graveside	RAGSDALE Mortuary.
All Funeral cars must arrive before	3:90 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersi	Igned
	RowSection/_Division/Block/2
Grave space & Care Fund	985,00
Additional spaces and care fund	
Opening/Closing & Setup	PAID 443.00
Bunai Container	Q7 G700
Handling Fees	SEP 18 2002 204∞
FILMER V8588 — MINIKER BERTING 1986 .	
Recording and filing fee	MT. HOPE CEMETARY 50.00 CITY OF SAN DIEGO, Cr 21, Sy
Sales taxes	CITY OF SAN DIEGO, Cr 21,3
	Total Due
*************	MOTHER of the above named december
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said auth	disposition of remains as above indicated. I certify and represent whorization and I agree to hold, Mt. Hope Cemetery harmless from
I hereby authorize the interment in hold under deed.	lot 1 Bignetive 5269 RE YNOLDS ST.
Gulette _ 180	(619) 264-7392 Zap October
Work Order # E	3.6 Invoice #
The Decree of the Control of the Con	his information is available in alternative formats upon request.

© Printed on respoled paper

MT HOPE CEMETERY E-18036

CRAN	/F F	RIND	CHECK	FORM
GIVAI		SLIND	UNEUK	FURIVI

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

-			thins	HAPPIS		
mor	Tampou	KYEUT	at x	HUL		
Intermen	t space fo	r: ARCH	HE L.	blue	Date:	
Div: 1 2	Sect:	<u> </u>	0.40	Lot:	89 G	
			Yes [- 1000		<u> </u>
Agrees v	vith Map;	☐ Yes		No 1	lug or	grave
חויהם כה	eck & Ve	alded D.			Date:	

E-18036

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	0			DATE OF DEATH	4. SEX
Archie		Lovell	Holmes		200	MONTH, DAY, YEAR MOI 5/13/1948 09/	14/2003	M
SA. CITY OF DEATH			58. COUNTY OF D	EATH-OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL MAILING		IP CODE
National	City		ENTER STATE	San Diego	Less	ie M. Holmes,	Mother	
A. TYPED NAME AND AD	ORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PE				Reynolds Stre		-30
Anderson-R	agsdale Mon	rtuary, 5050 Fe	deral Blvd			Diego, CA 9211		
San Diego,	CA 92102		F	0-1329		TURE OF APPLICANT—Person to		TE SIGNED
ACKINOWALEDGEMENT OF AP	Section 10	chacyriedge as applicant that the project 376 of the Hautin and Safety Code, and w	ess authorized pursuant to Section 7100	of the Health and Safety Code.	11	a litter	u 109/1	
AUTHORIZATION OF	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PORNIA HEALTH AND SAFETY (TY FOR THE DISPOSITION SPECION IN THE DISPOSAL OUTSIDE OF CALL	CODE	09/19/20 B. Campb	03	C. SIGNATURE OF LOCAL I	REGISTRAR ISSUI	NG PERMIT
ANY CHANGE IN DISPOSE	9D. ADDRESS OF RE # DEATH OCCURRE Vital Recor	EGISTRAR OF DISTRICT OF	DEATH— 9E.	ADDRESS OF REGISTRAF	OF DISTR	CT OF DISPOSITION— THER DISTRICT IN CAUFORNIA		_
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	ALC: NO. 11 AND THE RESERVE TO THE R			FOR CORONE	R'S USE ONL	Y
8. CREMATION		AINS OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C			L DISPOSITION PEND (Name and Addres		OCATED A
BURIAL	Mt. Mope (DORESS OF CALIFORNIA CE Cemetery, 3751 , CA 92102		9-22-0	D 11C.	SIGNATURE OF PERSON	Duen	SURIAL CAN
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CR	REMATORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSON I	N CHARGE OF CR	REMATION
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	S 138, DATE RECE	IVED 13C.	SIGNATURE OF PERSON	IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNATUR OF PLACING WITH THE C		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		F- 158. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION	OF CRE	NUMBER MAYED RE- DISPOSER PLICABLE



MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date 9.16.03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the	e remains
of TAURIND MENDOZAL HERNANDEZ DOTTOS ina Linay Funeral, date, time Thurs SEPT. 18	th 1200
Type of Burisi Container	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$_	
will be applied and billed to undersigned.	
was be approved and bined to unicerally red.	VIVESAN
Lot 101 Grave Pow Section 2 Division/Block	12
Grave space & Care Fund	05,00
Additional spaces and care fund	
Opening/Closing & Setup	1300
Burial Container. LINER 2	09-00
Handling Fèes	60
Flower vases - Marker setting fee	
Recording and filling fee CITY OF SAN DIEGO, CA	0000
Sales taxes	6.20
Paid receipt number R - 56 6 80 1	833.2 833.20
Balance due	D _
I hereby certify I em the FATHER of the above named and this is your authority to make disposition of remains as above indicated. I certify and that I have the right to make this authorization and I agree to hold Mt. Hape Cemetery harmany liability on account of said authorization and interment.	decedent represent less from
I hereby authorize the interment in lot I equally authorize the interment in lot I equally all the second and the second authorize the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the interment in lot I equally all the second authorizes the second a	f #5
Robert Sullate 18037 Invoice #	12/04 18ctr.
18037 Invoice #	
Work Order # E Acct. #	

MT HOPE CEMETERY E-18037

GRAVE BLIND CHECK FORM

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

	Jenkins	Bransford	Resembers	-	
-		х	with	UNDSEY	
	morre				
Blind Chec	k Initiated By:	Paule	the	_ Date: 9	16.03
	pace for: TAURI			AC.	
Interment D	Date: THURS C	-18:03 T	ime:	10.00	Am
Div: 12	Sect: 2 Bl	k/Row: _	Lot: .	101 Gr	:_7_
Grave Laid	out by: Norm	AU F	EREUS	oN	
Agrees with	n Legal Card: ☐ `	Yes C	J No A	or or of	2
Agrees with	n Map: ☐ Yes		10	30	
Blind Chec	k & Verified By:	DAVKEY	1	Date:	-17-17:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE C		4. SEX		
Tauri	no	-	Mendoza	Mendoza Hermandez				/2003	M
SAN D	il ego		San Diece	0	OF IN	02/06/1979 RELATIONSHIP FULL N FORMANT bio Ramirez	AAILING ADDR	ESS AND ZI	P CODE
Puner	aria a ztla	M FUNERAL DIRECTOR OR PERSON IN 7856 La Mesa Bly	ACTING AS SUCH 7	IF APPLICABLE	San	Idaho St. Diego, CA 9	2104		/ i
La Me	sa, CA 919	No. 1 to 100 to	i	FD-1658	BA. SIGN	ATURE OF APPLICANT-	Person taking perm	I BB. DAT	E SIGNED
ACKNOWLEDGMENT OF A	PLICANT Section 16	icknowledge as applicant that the proposed disp G76 of the Health and Safety Code, and was autho	osition stated herein is one rized oursuant to Section 71	00 of the Health and Safety Code:	176	OU O MU		104/1	1,1200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. HOTE: THE PERMIT GREET	JED IN ACCORDANCE WITH PROVI- CORINA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	Leah KA. 09/17/20	Mata 03	► 2315371		RAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA PO BOX (D, CA 92186-5222	The second second	E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC					
IO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	**			FOR COR	ONER'S U	SE ONL	
BURIAL (BICLU B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REM METERY SE	DDRESS OF CALIFORNIA CEMETE Demotery 3751 Mark	RY	Τ-	9)	I. DISPOSITION (Name and A	Address)		
53250mm		o, CA 92102		19/18/0	3 1	Homos	Coll	ins	
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMA	TED 124	C. SIGNATURE OF PER	ISON IN CHAP	AGE OF CA	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAI	NS 138. DATE RECE	IVED 130	C. SIGNATURE OF PER	RSON IN CHA	IRGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 140	C. ADDRESS AND SIGN OF PLACING WITH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		CHARGE OF DISPOS		OF CREM MAINS D —IF APP	ATED RE-

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER City of San Diego

그 아무리 시간에 하는 경기에서 기계에서 있다면 가게 있는데 없게 되었다.		ject to your rules and regulation	ns, to inter the remains
na #7	F	uneral, date, time NON 2	2 Sept 110
Church, Chapel, Grave	t Comment	Neptu	ne Mortuary.
All Funeral care must a	rrive before tase p.m. c	f regular work day or an extra o	harge of \$
will be applied and bille	d to undersigned.		- Contraction of the Contraction
Lot 479 Grave			sion/Block_8
Grave space & Care Fu	nd	C-350C	
Opening/Closing & Set	up		413-
Burial Container	47 02	Lid & glavel	2180
Handling Fees			140-
Flower vases - Marker	aettiree A I V		
Recording and filing fee	30	Ø	
Sales taxes	CLD 110	(845	21.70
	DE CE	(C) Total Due	924.70
	MT. HOT BAN	aceign number 2-5068	9 924.70
	CITY		ce due
I hereby certify I am the	X Fathe	1.2	bove named decedent
and this is your authori that I have the right to r	ty to make disposition on make this authorization	of remains as above indicated. and I agree to hold Mt. Hope Co	certify and represent
any liability on account	OI SAIC AUTIONZATION AT		VERN TANK DAY
I hereby authorize the in hold-under deed.	nterment in fot (Signature Bignature	
a Pall	no.	X21028 BARRET	tSmith RD.
Signature of recorded holder of Ger	age for	XDUNZURA CA	, 91917
Roy	. / /	X(619) 468.34 Telephone	48
PAMITAN	18038	Involce #	
Work Order # E	10036	Acet. #	
REA-104 (7-96)	This informa	tion is available in alternative i	ormats upon request.

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CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

2055

5/19/1965

Deed

€ 18038

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mildred H. LeVan	for the sum of \$	145.00	(DOLLARS)
LEGAL DESCRIPTION Lot 478 Secti	on 3 Division 8		
AS DESCRIBED ON PURCHASE ORDER NUM	SERC-2052		

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

Cemetery Manager

FORM PW-584

Public Works Director

MT HOPE CEMETERY E- 17038

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Luppe	us Gardner	
Ville	MUN LEVA	x	Krueger.	8
17.0			1 3	

	Killentu	EVITT	Х	Kruege	10	
Blind C	heck Initiat	ed By: Pa	ulet	te	_ Date:	9-17-0
Interme	ent space fo	r: Kenn	2th	Magoffu	i	
Interme	ent Date: 9	- 22-03	3	Time: 11:0	o Chu	rch
Div:_2	Sect:	S Blk	Row: _	Lot: -	+79 C	er: _/
Grave	Laid out by:	Norm	CNA	FOREU	SON	
	with Legal					e
Agrees	with Map:	☐ Yes		No R	zulett	
Blind C	Check & Ve	rified By:	2	1	2 Date	9.18.

E-18038

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

5/ •

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX		
KENNESTH	KENNETH ALLEN MACORET		MAGORRETN	MONTH, DAY, YEAR MONTH, DAY, YEAR				
SAL CITY OF DEATH			58 COUNTY OF DEAT	H-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ALL OF INFORMANT	DDRESS AND ZIP CODE		
SAN DIEG)		ENTER STATE	AN DIRGO	GAROLD ALFRED MAGOFF.	IN JR. FFATHER		
7A. TYPED NAME AND AL	ODRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PERS		LIF. LICENSE NUMBER	21028 BARRETT SMITH	ROAD		
NEPTUNE SOCI 9202		HWY 8 BUS EL CAJ	7004 (7)	1352	DULZURA, CA 91971 8A. SIGNATURE OF APPERANT—Person taking	permit, 88. DATE SIGNED		
ACKINOWLEDGMENT OF A		acknowledge as applicant that the proposed 1376 of the Health and Safety Code, and was a			· Man Kryent	09/19/200		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH PROFORMA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI ID MIGHT OF DISPOSAL OUTSIDE OF CALIFORN	\$13.00	ALAN PRY 09/19/2		ISTRAR IŠSUING PERMIT		
TION REQUIRES A NEW	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE ED IN CALIFORNIA P.O. BO A 92186-5222	X 85222		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	S USE ONLY		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE	DDRESS OF CALIFORNIA CEME	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	(Name and Address)	CHARGE OF BURIAL		
BURIAL	MOUNT HOPE SAN DIEGO,	CEMETERY 3751 M CA 92102	ARKET STREET	9-22-0	King F	lana		
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				TED 12C SIGNATURE OF PERSON BY C	HARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY		
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE			
SCATTERING AT SEA OR DISPOSITION SHORELINE, OR OTHER DESCRIPTION SUF- DISPOSITION OTHER THAN IN A CEMETERY				158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE		

MT. HOPE CEMETERY

INTERMENT ORDER

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	*	_	1	wil
	8	NO	e c	Alla

6	City of San Diego	Les Car
ALDERD	· ·	Date 9-17-03
You are hereby authorized and instru of Lynch, Rhec	idean 227	109
ha <u>Liner</u>	Funeral, date, time	lon Sept 22 1:00
Church Chapel, Braveside	:_Re	COSCOLIE Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or	an extra charge of \$
will be applied and billed to undersign	red	
Lot 4863 Grave R	ow Section	Division/Block
Grave space & Care Fund		1205.00
Additional spaces and care fund		
Opening/Closing & Setup		1112 47
Burial Container	U AMERIKAN	209.00
Handling Fees	SEP 1.8 2003	160.00
BOART THE RESIDENCE OF THE THE PARTIES THE TAXABLE AND		
Flower vases - Marker setting fee	TY OF SAN DIEGO	5000
Sales taxes		(6.7)
Outo HATS	Total	Due 2053.20 500.00
	Paid receipt number	6693 1553.3 Balance due 1553.3
I hereby certify I am the and this is your authority to make die that I have the right to make this auth any liability on account of said author	orization and I agree to hold Mi	of the above named decedent indicated. I certify and represent those Cemetery harmless from
i hereby authorize the interment in lo hold under deed.		ridgeview
Paulette 1803	619·26	3-8944 2000
1803	9 Invoice #	
Work Order # E	Acct. #	

MT HOPE CEMETERY E 18039

GRAVE BLIND CHECK FORM

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

tne buri	al space.		Т		1
duk Chin	HU/Shi	(Cor	x	Come	ux Izanompo
\					is a
Interme	nt space	for: RY	Daylette Deadlean 13 Time	10	9/18
	-			Lot:4863	Gr: _
Grave I	aid out b	y: Nor	MN FER	REUSON	, D
Agrees	with Leg	al Card: 🗹	Yes ON	to Jas	Sup
Agrees	back & V	lerified By	1.17	\ \ Date	4 /4 /n

E-18039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1913 34174181	IC. LAST (FAMIL	γ)		2. DATE OF BIRTH	3. DATE OF DEATH	
Rheadean		-		Lynch				MONTH, DAY, YEA 09/16/2003	H
SA. CITY OF DEATH	la Vista				San Diego	OF IN	RELATIONSHIP, FULL MA- COMMANT 111a G. Lynch		
7A. TYPED NAME AND AD	DRESS OF CALIFORN	ortuary, 505			CALIF LICENSE NUMBER —IF APPLICABLE	1550	Diege, CA 9	Drive	
San Dieg	o, CA 9210	2		4	FD-1329		ATURE OF APPLICANT-		ATE SIGNED
ACKNOWLEDGMENT OF M		acknowledge as applicant that th 0376 of the Health and Safety Cod			of the dispositions authorized by O of the Health and Safety Code.	MIL	er (and)	un 109/	8/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORY IN THIS PERMIT.	UED IN ACCORDANCE W FORNIA HEALTH AND SAI TY FOR THE DISPOSITION IO NIGHT OF DISPOSAL ONTSIDE	N SPECIFIED	BA. AMOUNT OF F	08/19/2 B. Camp	003	9C SIGNATURE OF LOC 2315612 ▶	CAL REGISTRAR ISSU	NNG PERMIT
ANY CHANGE IN DISPOSE	Vital Reco	EGISTRAR OF DISTRIC ED IN CAUFORNA rds, P.O. Bo , CA 92186-5	ox 8522	170	ADDRESS OF REGISTRA		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFOR	NIA	
10. AUTHORIZED DISP							FOR COR	ONER'S USE ON	LY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER		E. TEMPORARY F. DISINTERMENT G. SHIP IN TO CO H. TRANSIT TO	f	A	(Name and Ad	PENDING—REMAINS dress)	LOCATED AT
BURIAL	Mt. Hope	DDRESS OF CALIFORN Cemetery, 37 o, CA 92102			9-22-0		SIGNATURE OF PERS	ON IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREW	ATED 1 120	SIGNATURE OF PERS	ON A CHARGE OF C	REMATION	
SCIENTIFIC USE				IS 138. DATE REC	EIVED 130	SIGNATURE OF PERS	ON IN CHARGE OF	FACILITY	
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS			148, DATE SHIP	PED 140	DE PLACING WITH TH		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORE ENTIFY FINAL PLACE AN			UF- 15B, DATE OF DISPOSITI		CHARGE OF DISPOSE	TION OF CI	SE NUMBER EMATED RE- DISPOSER PPLICABLE



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept. 18,03

1 0 ,	area (este este este este		and regulations.	o leter the remains
You are hereby authorize of Gail		23		O mier the remains
in a TS	F	uneral, date, time	20+W	1,20 1a;
Church, Chapel, Gravesk		;	moleci	Mortuary.
All Funeral cars must am	ve before 3:30 p.m. o	f regular work da	y or an extra char	ge of \$
will be applied and billed	to undersigned			
Lot 4547 Grave_	Row	Section	Division	200-200
Grave space & Care Fun	d	********************	= 12599	<u> </u>
Additional spaces and ca	re fund	Ot b	<u>u</u>	(do) -
Opening/Closing & Setup)		ان ••••••••••	<u>-0</u>
Buriel Container		PAH)	<u> </u>
Handling Fees				
Flower vases Marker se	atting fee	SEP 18 20	103	
Recording and filing fee			CTADO	
Sales taxes	CIT	OF SAN DIE	GO-O	
10			otal Due	660
r (28) -38/1	Paid n	aceipt number R		660.N
Yr 21,		-coopi numbor ,—	Balance	due A
I have been smalled a second	V Dans	ten	CONTRACT LINES.	(1994) = 1 - A (1994)
I hereby certify I am the and this is your authority that I have the right to ma	to make disposition	of remains as ab	ove indicated. I ca	re named decedent ertify and represent stery harmless from
any liability on account of	said authorization a	nd interment.	00	289298
I hereby authorize the into	IN T. PHAN		amelia	m
hold under deed.	orman m tot i	a a	OAC Cade	- Terrace
Streeters of recorded holder of deed		T E		CA 92126
Segmentary or recording houses or deed		1828) 5662	784 Zo Code
	18040	Invoice #		
Work Order # E	W 5 5 4 5	Acct. #		
REA-104 (7-96)	This informa	tion is available i	n alternative form	nats upon request.

& Printed on recycled paper



GRAVE BLIND CHECK FORM

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

ra .		1				
		PWIT	ninbona	Carrie		
	Henderson	thi-TY	x	Thi-ty	chung	
		mount	como 195	ורמות		
Interme	neck Initiat nt space fo nt Date:	r: <u>Gai</u>	Thi	Tran		
Div: <u> </u>	Sect:	NORM	KROW: _	Lot:	4547 G Saw	r. <u>1</u>
Agrees	aid out by: with Legal with Map:	Card: 🗹	Yes [J No of	ogm,	v. 0 -
Agrees	with Map:	Yes	ON	lo T	gi	me
Blind Ch	neck & Ve	rified By:	ail 1	Janesa	_ Date %	2-19-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DA MONTH, DAY, YEAR MONT	TE OF DEATH 4. SEX
GAI		THI	TRAN	L	03/03/1914 09/	
SA. CITY OF DEATH	191	7150,09	5B. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
SAN DI	ECO		ENTER STATE	M DIEGO	OF INFORMANT NAM PHAN - DAUGHTE	P
	ORTUARY - 50	FUNERAL DIRECTOR OR PE 27 EL CAJOR I	BOULEVARD -	IF, LICENSE NUMBER F APPLICABLE	9046 CADE TERRACE SAN DIEGO, CA 9212	
		M DIEGO, CA 9	White the property of the second	The second secon	A. SIGNATURE OF APPLICANT—Person lake	ng permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A			osed disposition stated herein is one of the was authorized sursuant to Section 7100 of th	e Health and Safety Code.	Augna Delli	09/19/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFOR AND IS THE AUTHORITY I IN THIS PERMIT.	O IN ACCORDANCE WITH F INIA HEALTH AND SAFETY FOR THE DISPOSITION SPEC IEHT OF DISPOSAL OUTSEL OF CALL	\$13.00	09/19/200	SUED 9C. SIGNATURE OF LOCAL RE 2315591	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	P.b. NOT WS	STRAR OF DISTRICT OF LCCUPORNIA A 92186 5222	I IF C		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA —	
O. AUTHORIZED DISP	OSITION(S) CHECK APPL	ICABLE ITEMS	yan -		FOR CORONER	S USE ONLY
B. CREMATION	SE .		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA IDE OF GALIFORNIA	(Name and Address)	77.
BURIAL	HOUNT BOPE	CEMETERY - 3 DIEGO, CA 921	751 HARKET STREET	118. DATE BURIED 17-20-03	Morman Len	a NACO
CREMATION	12A. NAME AND ADDR	RESS OF CALIFORNIA CF	REMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVE	D 19C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPED	14C, ADDRESS AND SIGNATURE OF PLACING WITH THE CAU	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OR FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION OSITION OTHER			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

9/18/03

You are hereby authorized and instruction Stanleigh	ted, subject to your rules and regulations, to inter the remains
na Ashvault	
Church, Chapel Graveside	: Cramatory i, Reversible or.
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	
Lot 2145 Grave 1 RC	ow Section Division/Block
Grave space & Care Fund	E-353 <u>-0</u>
Additional spaces and care fund	LECT /TIE / TRG/
THE RESIDENCE OF THE PARTY OF T	1 1 1/4-
Burial Container	<u> </u>
Handling Fees	AID (di-
(1 	
Recording and filing feeSE	2 1 H 2003 50 5
The state of the s	OPE CEMETARY 7.73
MI. HO	Total Due
	Paid receipt number 8 5669 297.73
- 1	Balance due
I hereby certify I am the and this is your authority to make disjunct I have the right to make this authority liability on account of said authority.	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from zation and interment.
I hereby authorize the interment in lot hold under deed.	1 250 No KIRDI-SA
Stgraphore of proceeded holder of sheed	- X 409) 925-3689
1804	1 Invoice#
Work Order #	Acct. #
REA-104 (7-96) This	information is available in alternative formats upon request.

© Printed on respeled paper

MT HOPE CEMETERY GRAVE BLIND CHECK FORM Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. hillent p. Idell

	er.	I Make St.		
	monul e	30×TIOM		
	Pierce	or bong	an	1
Blind Check In	itiated By:	- L	Date:	9/18
Interment space	e for: Stan	leigha	Con	ish &
	ect: BIK/R			
	by: Norman			.
	gal Card: 🛘 Yes		flag m	nue
	ap: 🛘 Yes Verified By:		Data	1 ave 9-200
Dillid Check o	verified by	magi	Date.	1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN

A. NAME OF DECEDE	F DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX		
STANLEIGH	N	AUSTIN CORNISH			06/05/1954	11/24/2000	F	
SA. CITY OF DEATH	HENET		ENTER STAT	RIVERSID	E EV	ME, RELATIONSHIP, FULL INFORMANT A MONROE — AU	pringe	ND ZIP CODE
		II-805 & IMPERI SAN DIEGO, CA	AL AVENUE	7B. CALIF. LICENSE — IF APPLICABLE FD 843	HE	50 N. KIRBY # MET, CA 92545 GNATURE OF APPLICANT		'E SIGNED
ACKNOWLEDGEMENT OF A		nowledge as applicant their the proposed displant Safety Code, and was authorized pursu	position stated herein is one of the dis	spositions authorized by Set		Vinna Da	11/2 10/0	01/2003
ALTHOUGH OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	IN ACCORDANCE WITH PROVISIONS I AND SAFETY CODE AND IS THE AL IN SPECIFIED IN THIS PERMIT. IO RIGHT OF DISPOSAL OUTSIDE OF CAL	лноя-	DIA	01/2003	2316209 OF LOCA	IL REGISTRAR ISSUING P	PERMIT
	RIVERSIDE	EGISTRAR OF DISTRICT OF RED IN CALIFORNIA CO. HEALTH DEP 600, RIVERSIDE	т.	P.O. BO	TO OCCUR IN AND	RICT OF DISPOSITION — THER DISTRICT IN CALIFORNIA 2186 5222		
10. AUTHORIZED DISPOS		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM				The state of the s	DRONOR'S USE ONLY	-
A. BURIAL (INCLUDE:	S ENTOMBMENT)		E TEMPORARY E	NVAULTMENT			ENDING — REMAINS LOC	ATED AT
B. CREMATION			F. DISINTERMENT			Name and Address	5)	8
C. DISPOSITION OF THAN IN A CEMEN D. SCIENTIFIC USE	CREMATED REMAINS (FERY	OTHER	G. SHIP IN TO CA	LIFORNIA UTSIDE OF CALIFOR	RNIA			
BURIAL	HOUNT HOE	DDRESS OF CALIFORNIA CE PE CEMETERY - 3 SAN DIECO, CA 9	751 MARKET S	-	1-03	11C. SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CR	EMATORY	12B. DA	TE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
SCIENTIFIC USE	19A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REM	AINS 13B. DA	TE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		E 14B. DA	TE SHIPPED	14C, ADDRESS AND SIGN OF PLACING WITH T		N CHARGE
SCATTERING/BURIAL		AREST POINT ON SHORELIN O IDENTIFY FINAL PLACE AN	D CA DISTRICT OF DISP		TE OF SPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	THE RESERVE THE PROPERTY OF THE PARTY OF THE	SE NUMBER OF

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

MT. HOPE CEMETERY

INTERMENT ORDER

Atrud

City of San Diego

Date 9/18/03

You are hereby authoriz			(1 V	to inter the remains
of	eorge	Monro	T C.	wed it's
in a Type of Batha	au C	_ Funeral, date, tirf®	- 6	000000
Church, Chapel, Graves	400	:	cematrou;	y Kluemenium.
All Funeral cars must ar	rive before 4:50 p.	m. of regular work da	y or an extra che	unge of \$
will be applied and billed	to undersigned.			
Lot 2146 Grave	Row			220
Grave space & Care Fu	nd		7859	1 —
Additional spaces and o	are fund		**************	
Opening/Closing & Set	ip		************	114-
Buriel Container				61-
Handling Fees	p	AID		66-
Flower vases - Marker	setting fee			
Flower vases - Marker Recording and filing fee	SEP	18 2003		50-
Sales taxes				1175
	MT. HOP	SAN DIEGO, CA	otal Due	297.73
	CHTON	id receipt number \mathcal{L}	Same	297.73
	, ,	rocopi numba .L	Balance	- D
	V 112	ife.	52,000,000	
I hereby certify I am the and this is your authori that I have the right to n any liability on account	ty to make disposit	ion of remains as ab	ove indicated. I d	ove named decedent pertify and represent letery harmless from
I hereby authorize the is hold under deed.	nterment in lot I	Bigrattura Cartera		Moared st.spgc
Standard of recorded holder of dea	d	Hene	of Col.	Zio Code
tour		Telephone	925368	9 92545
	18042	Invoice #		
Work Order #		Acct. #		
REA-104 (7-95)	This info	mation is available	in alternative for	mats upon request.

O Printed on recycled paper

MT HOPE CEMETERY E 18042

GRAVE BLIND CHECK FORM

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*	Ries	veery	Harigu	Felten bungu		
nterment	eck Initiate t space fo t Date:	r <u>.</u> G	Pam eorga	e Me	_ Date: _() N (O C (`3 (_ (8)
iv: (O	_ Sect:_	120	lk/Row:			
		. 1				
Grave La	iid out by: rith Legal			J No	Cas w Sold Date:	1

12279

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18042

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

	. NAME OF DECEDE George	NT—FIRST (GIVEN)	18. MIDDLE Richard	10. LAST (FAMILY) Monroe			DATE OF BIRTH IONTH, DAY, YEAR 12/10/1924		OF DEATH DAY, YEAR 2003	4. SEX
5A. CITY OF DEATH Hemet 58.			RIVERSID	TH-OUTSIDE CALIF e	OF INFO		PS 16:50, 18 1 75:450	DRESS AND Z	P CODE	
	remation Socie		A CUNERAL DIRECTOR OR e County		ALIF, LICENSE NUMBER IF APPLICABLE FD1445	1250 N	aude Monroe, Kirby #96 CA 92545-	wile	14	020
_	505 W. Florida					BA. SIGNAT	URE OF APPLICANT—P	erson taking po	red 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF A			oposed disposition stated herein is one of t id was authorized pursuant to Section 7100 of		>			-31	61 3
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CRINIA HEALTH AND SAFET I'Y FOR THE DISPOSITION SE IN BUSHT OF DEPOSAL DUTSIDE OF C	Y CODE \$13.00	98. DATE PERMI	CONSTRUCTOR AND	039426/		STRAR ISSUIN	G PERMIT
1	Y CHANGE IN DISPOSI- TION REQUIRES A NEW PRMIT TO SHOW FINAL	Riverside Co.	Health Dept.	San	DORESS OF REGISTRAL DISPOSITION IS TO OCC Diego Co. Heal	th Dept.	IER DISTRICT IN CAUFO			
76	. AUTHORIZED DISPO		Riverside, CA 925	13 18.0	. Box 85222 San	Diego, C			USE ONLY	
Contraction of the last	B. CREMATION G. DISPOSITION (THAN IN A CE D. SCIENTIFIC US		AINS OTHER	G. SHIP IN TO CALI	FORNIA ISIDE OF CALIFORNIA		☐ (Name and A	ddresa)	- SE-SO.	
	BURIAL	Mount Hop	obress of California e Cemetery t St San Dies	DONG CAMBRIDADIA	10-1-03	3	SIGNATURE OF PER	d	ano	, •
IBLE MEMB	CREMATION	TO USE 100 CONTROL TO	Crematory r Road Sun City,		8-19-0	(signature of pens	UN	uld,	EMATION
ALL APPLIC	SOIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PER	som in bi	HARGE OF F	ACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPI		ADDRESS AND SIGN OF PLACING WITH T			CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			E, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITIO		SIGNATURE OF PERI CHARGE OF DISPOS		150. LICENSE OF CREA MAINS 0 —IF APP	ISPOSER

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

	0.	22	. 1	2
Date	7	1	O	9

MT. HOPE	CEMETERY
INTERME	NT ORDER
City of s	San Diego
AT Need INTERME	Date 9-21.03
	ct to your rules and regulations, to inter the remains
of Jerry Grewfor	이 마니티를 통해 있는데 그렇게 하다면서 가게 하면서 가게 되었다면서 하는데 살아지는데 하면서 그렇게 되었다면서 모든데 살아보니까 하는데 생각이다.
	neral, date, time 1-Riday Sept 26 1
Church, Chapel Graveside	: Rags dale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 75 Grave 6 Row	Section/ Division/Block/2
Grave space & Care Fund	985,00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fèes PAII	160,00
DESCRIPTION AND CONTROL OF THE PROPERTY OF A SECURITION OF THE PROPERTY OF THE	
Recording and filing fee SEP 2.2.20	03 _50.00
Sales taxesMT. HOPE GEME	Architecture and the control of the
CITY OF SAN DIE	GO, CA Total Due
	eipt number 2 - 56703 183320
	Balance due
I hereby certify I am the X Father	∼ of the above named decadent
and this is your authority to make disposition of	remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	5088 Palin ST.
Signature of recorded holder of deed	X5. D. CA. 92113
Jankather 18043	76(9) 263 5893 Telephone
_ 18043	Invoice #
Work Order # E	Acet. #
REA-104 (7-96) This informatio	on is available in alternative formats upon request.

O Printed on respeled paper

REA-104 (7-96)

MT HOPE CEMETERY E 18043

GRAVE BLIND CHECK FORM

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	x			
Mino				
llind Check Initiated By:	Paulett	e C.	_ Date	=: <u>9/22</u>
nterment Date: 09 26 03	3	Time: 1	00 Ch	
oiv:!2 Sect:! E				. Gr: <u>៤</u>
Grave Laid out by: Nonn	un) to	REUSO	N	-
Grave Laid out by: Nonn Agrees with Legal Card: ☐ Agrees with Map: ☐ Yes	J Yes	J No	Yla	gon
grees with Map: Yes	۱۵	No	0	grave
Blind Check & Verified By:	<u> </u>		Da	ite:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

5

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

and an include the control of the co	E OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)		1000	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE
Jerry	Louges	Crawfor	:d	08/30/1953 FD 09/13/2003 M
SA. CITY OF DEATH		5B. COUNTY OF ENTER STAT	DEATH—OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	Diego		San Diego	Mary F. Crawford, Mother
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PER		B. CALIF. LICENSE NUMBER —IF APPLICABLE	5088 Palin Street
	Ragsdale Mortuary, 5050 Fe	ederal Blvd		San Diego, CA 92113
San Diego	, CA 92102		FD-1329	BA, SIGNATURE OF APPLICANT—Person taking person 88. DATE SIGN
ACIGNOWLEDGMENT OF A	Section 103/6 of the Health and Shield Code, and we	s authorized partiant to Section 7	100 of the Health and Safety Code.	Item Langbell 109/22/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PR SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL DISTRICT OF CALIF	PRED		IT ISSUED 90: SIGNATURE OF LOCAL REGISTRAP ISSUING PERI 003 2315652 be11
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IN DEATH OCCURRED IN CALIFORNIA VItal Records, P.O. Box & San Diego, CA 92186-5222			R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
IO. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE .	F. DISINTERMEN G. SHIP IN TO C	CALIFORNIA OUTSIDE OF CALIFORNIA	
BURIAL	Mt. Hope Cemetery, 3751 San Diego, CA 92102		9-26-03	ED , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRI	EMATORY	128. DATE CREMA	TED 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATI
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMA	INS 138. DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RÉCEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		148. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, O FICIENT TO IDENTIFY FINAL PLACE AND CA I			N CHARGE OF DISPOSITION ISD. LICENSE NUMBER OF CREMATED BY MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY INTERMENT ORDER

WEED PLA	DO DIGHT	iny of San Diego		algala	3
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You are hereby authoriz	ed and instructe	d, subject to your	and regu	lations, to int	er the remains
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RI Q	ALLT	Funeral, date, ti	me SAT.	DCTOBER	-4H- 10:30
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All Funeral cars must an	rive before 3:30	p.m. of regular work	day or an e	xtra charge o	18
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noig under deed.		Address			
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gaulette		Telephone		-	
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REA-104 (7-96)	This inf	ormation is availab	le in alterna	tive formats	upon request.

& Printed on recoiled paper

MT HOPE CEMETERY 18044

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS IA NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX IC LAST (FAMILY) 09/19/2003 6772771919 ROBERT ARMIN BATLEY SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE ALPINE SAM DINCO ROBERT BAILEY - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5602 S A3RD ST -IF APPLICABLE SIMPLE TRIBUTE EC 145 E LEXINGTON AVE ROCERS AR 72758 EL CAJON CA 92020 FD-- I 604 BA. SIGNATURE OF APPLICANT—Ferson blane permit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated heren is one of the dispositions authorized by 09/23/2003 ACKNOWLEDGMENT OF APPLICANT Section 19376 of the Health and Selety Code, and was authorized purposed to Section 7100 of the Health and Selety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 09/23/2003 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2315759 **AUTHORIZATION OF** IN THES PERMET \$13.00 L CASTRO MOTE: THIS PERSON GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA L RECORDS ... PO BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FOLAL DISPOSITION. SAN DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCAT (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA TIC. SIGNATURE OF PERSON IN CHARGE OF BURIA 1A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED BOPE CEMETERY 3751 MARKET ST BURIAL SAN DIEGO CA 92102 10-4-03 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNAPORE OF PERSON IN CHARGE OF CREMATION CIPRESS VIEW CREMATORY 3953 IMPERIAL CREMATION AVE SAN DIEGO CA 92113 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 16A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-168. DATE OF 15C SIGNATURE OF PERSON IN 150. LICENSE NAVABER SCATTERING AT SEA OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE

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

THAN IN A CEMETERY

MI	. HOPE CEMETERY	
COL NO INTE	RMENT ORDER	
The state of the	City of San Diego	3
Is see miss	Date	0/32/03
227110		annul
You are hereby authorized and instructe	ed, subject to your rules and regula	nions, to inter the remains
		Estely ina
ine	Funeral, date, time	Rodriquez
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All Funeral cars must arrive before 3:30	D D. of sourier work day or an ave	A HOLDS OF STREET
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e	Fall receipt number R9670	TO THE PARTY
/ 0	1	stance due
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and this is your authority to make dispo that I have the right to make this authori- any liability on account of said authorize	eitlory of remains as above indicat	ed. I certify and represent
any liability on account of said authorize	ition and interment	
I hereby authorize the interment in lot I	V. Cyclin	25.7.
hold under deed.	ADS FOR	(MAT AU#
	The same of the	20 52 35
Signature of recorded holder of deed	X Sun Die	20 CA 72100
- 1) a May	X (G(4) 52	1-2963
1000	E CONTROLL	
18045	Invoice #	
Work Order # E	Acct. #	
REA-104 (7-96) This in	formation is available in alternati	ve formats upon request.

O Printed on recorded paper

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REZA, ANGELIO	A/RODRIGUEZ, ESTELV	INA 2425 Fairmont ave	#6 SD 921	05 (619	9)527-2963	
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REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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I hereby certify I am the and this is your authority that I have the right to m any liability on account of	to make dispo ake this authori	zation and	agree to h	bove in	dicated. I certi	named decedent fy and represent ry harmless from
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REA-104 (7-96)	This in	formation i	s avallabl	e in alte	rnative forma	ts upon request.

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MT HOPE CEMETERY E- 18046

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

11	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	and the same of the same of				4. SEX
SHAKIR RAYUN			JACK JR. 09/03/2003 09/16			/16/2003	M		
5,4	CITY OF DEATH			58. COUNTY OF DEATH	-OUTSIDE CALIF.	B. NAME, P	RELATIONSHIP, FULL MAILIN		CODE
S	AN DIEGO	TO CO. WILLIAM THE RESIDENCE OF THE PARTY OF		SAN DIEGO		ERIN	FAREY-MOTHER		
C	ALIFORNIA (CREMATION &	A FUNERAL DIRECTOR OR PERSON A BURIAL CHAPEL AN DIEGO, CA 92115		APPLICABLE	SPRI	ELECTION BLV NG VALLEY, CA	91977	
•	VV VAMOR TO COM VICTOR	Threat.	downledge as applicant that the proposed disput		1357	EA. SIGNAT	TURE OF APPLICANT—Person t		
_	ACKNOWLEDGMENT OF A	Section 10	176 of the Health and Safety Code, and was author	zed persuant to Section 7100 of th	Health and Safety Code.	10	and In.	1 271-2	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED I NORT OF COPOSAL COTSON OF CALIFORNIA.	\$13.00	J. BENYAL		C SIGNATURE OF LOCAL 2315742	REGISTRAR ISSUING I	PERMIT
1	OY CHANGE IN DISPOSI- ON REQUIRES A NEW BIAIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA RDS-P.O. BOX 85222 CA 92186-5222	1 15 (PRESS OF REGISTRAR ISPOSITION IS TO OCCI		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		_
10	AUTHORIZED DISP	OSMON(S) CHECK A	PLICABLE ITEMS			3	FOR CORONE	R'S USE ONLY	
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_	BURIAL	MT. HOPE C	DRESS OF CALIFORNIA CEMETER EMETERY 3751 MARKE	Ť ST.	9-25-03		SIGNATURE OF PERSON	IN CHARGE OF BURI	AL CO
o,		SAN DIEGO,	Section 19 Section 20		1,	1/4	WIR F-	wys	
BLE TEN	CREMATION	12A. NAME AND AD	idress of California Cremato	RY	128. DATE CHEMAT	12C.	SIGNATURE OF PERSON I	N CHARGE OF CHEM	ATION
AL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C.	SIGNATURE OF PERSON	IN CHARGE OF FACI	ILITY,
COMPLETE	TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		ADDRESS AND SIGNATUR OF PLACING WITH THE C		HARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or oth ntify final place and ca <u>distri</u> e		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITION		ED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA	MILY)	2. D		ATE OF DEATH 4. SEX
JAMES E.		SLATT	ON III	oi'	3171959 097	17/2003 M		
5/	CITY OF DEATH		. 32		F DEATH-OUTSIDE CALIF.,	6. NAME, RELA	TICALSHIP FIEL MARING	ADDRESS AND TIP CODE
3	SAN DIEGO			SAN DI	EGO	TAUSEA	HILLARD-FRI	END
7.8	SAN, DIEGO,	DORESS OF CALFORN	IA—FUNERAL DIRECTOR OF	PERSON ACTING AS SUCH	78. CALIF. LICENSE NUMBER —IF APPLICABLE TD-1575	SAN DI	EGO, CA 9210	W /
	ACKNOWLEDGMENT OF A			proposed disposition stated herem is and was authorized pursuant to Section		> 80.4	1 Temps	09/22/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WIT FORMIA HEALTH AND SAFE TY FOR THE DISPOSITION S ID RIGHT OF DISPOSAL CHISSIDE OF	TY CODE IPECIFIED	96. DATE PERM 09/22/2 J. LEMON	003	IGNATURE OF LÓCAL R	EGISTRAR ISSUING PERM
1	OY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT B S 222 C		9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OCC			
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	N 35		ľ	FOR CORONER	'S USE ONLY
Secretary of the second	B. CREMATION		IAINS OTHER	F. DISINTERMI	530	V.	(Name and Address	NG REMAINS LOCATED
2005	BURIAL	3751 8	CONTRACTOR	CEMETERY	11B. DATE BURI	ED 11C. SIG	NATURE OF PERSON II	CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREM	ATED 120. SIG	NATURE OF PERSON IN	CHARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	ddress of California	FACILITY RECEIVING REM	IAINS 138. DATE RECI	EIVED 130. SIG	NATURE OF PERSON I	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHER	SE 148. DATE SHIP		DRESS AND SIGNATURE PLACING WITH THE CA	OF PERSON IN CHARG RRIER
O	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICHENT TO BO		ne, or other description ca <u>district</u> of disposition			MATURE OF PERSON II ARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

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City of San Diego

Date 9/23/03

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	d, subject to your rules and regulations, to inter the remains
or Grace	Orton \$1928010 0:00
ina Jiner	Funeral, date, time Ubd 9 84 17 08
Church, Chapel, Graveside	ordy: Mayor Mortuary.
All Funeral cars must arrive before	p.m. of regular work day or an exera charge of \$
will be applied and billed to undersigned	·
8 9 .	1 12
	Section Division/Block
Grave space & Care Fund	985_
Additional spaces and care fund	
Opening/Closing & Setup	4130
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Handling Fees	MI HOPE CEMETARY
Flower vases Marker setting fee	SCD 5-2-5003
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1	Balance due C 30.CC
I hereby certify I am the	of the above named decedent sition of remains as above indicated. I certify and represent
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any liability on account of said authorize	mon and interment.
I hereby authorize the interment in lot I	X A A
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Signature of recorded holder of deed	Holm
	Zh Coste
am	Tillephone
18048	O
	- Andrews - Andr
Work Order #	Acct. #
REA-104 (7-95) This in	formation is available in alternative formats upon request.

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MT HOPE CEMETERY E- 18048

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	110-18-314 (MANUEL	IC. LAST (FAN	ILY)	93.50.303930	2. DATE OF BIRTH		OF DEATH	4. SEX
GRACE		! -		ORTON			03/13/1906		DAY, YEAR 0/2003	
SA. CITY OF DEATH	CITY OF DEATH			5B. COUNTY OF	DEATH-OUTSIDE CALIF.	CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRE				IP CODE
CHULA VIST	A			ENTER STA	SAN DIEGO		FORMANT BROWN - PUE	U.TC C	TARDTA	NJ -
		KA-FUNERAL DIRE	ECTOR OR PERSON	ACTING AS SUCH	B. CALIF LICENSE NUMBER		-A RUFFIN RI		CEL LA	
MAYER MORT				i	-IF APPLICABLE	SAN	DIEGO, CA 92	2123		
2859 ADA	AVE., SAN	DIEGO, C	A 92116	1	FD-1424	8A SIGN	ATURE OF APPLICANT-	erson taking p	erme, 68. D41	re SIGNED
ACKNOWLEDGMENT OF A					e of the dispositions authorized by 100 of the Health and Safety Code.	M	Clamere	ع	10,1	die
PERMIT	THIS PERMIT IS ISSI			9A. AMOUNT OF	FEE PAID 98. DATE PERMI	T ISSUED	9C. SIGNATURE OF LO	OAL REGI	STRAR ISSUM	IG PERMIT
AUTHORIZATION OF	AND IS THE AUTHOR!	TY FOR THE DISPO	OSITION SPECIFIED		09/18/2		2315544			
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES I	NO RIGHT OF DISPOSAL	OUTSIDE OF CALIFORNIA.	\$13.00	R.MARTI	NEZ	>			
ANY CHANGE IN DISPOSE	9D. ADDRESS OF R		ISTRICT OF DEATH	← !	IE. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC			enu.		
PERMIT TO SHOW FINAL			BOX 85222	1	w praction is to occ	Un are Arm	JINER USINICI IN CALIFO	All the second		-
DISPOSMON.	SAN DIEGO,	CA 92186	-5222	- 1		-				•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEM	3				FOR COR	ONER'S	USE ONL	Y
X A. BURIAL (INCL)	UDES ENTOMBMENT)		Г	E. TEMPORARY	ENVAULTMENT		I I DISPOSITION	PENDING-	-REMAINS L	OCATED A
B. CREMATION			Ē	F. DISINTERME	NT		(Name and A			
	OF CREMATED REM	IAMS OTHER	Ē	G. SHIP IN TO	CALIFORNIA					
D. SCIENTIFIC U			ī	H. TRANSIT TO	OUTSIDE OF CALIFORNIA					
	11A. NAME AND A	DDDT00 OF 04	-				1			
	MT. HOPE				11B. DATE BURIE	:0 110	SIGNATURE OF PER	SON IN C	HARGE OF B	URIAL
BURIAL	SAN DIEGO,	CA 9210	2 2 MARI	MEI DI.	19-24-0	17.	hum !			
2	12A. NAME AND A		755 a	nnu		100	SIGNATURE OF PERS	2041 161 00	Kany	
COCMATION	12AL NAME ANU A	DUNESS OF CAL	LIFOHNIA CHEMATO	URT	128, DATE CHEMA	120	, SIGNATURE OF PER	SUN INCOM	AHGE OF CH	EMATION
CREMATION						1		/	250	
SCIENTIFIC						_ i >		_		
SCIENTIFIC	13A. NAME AND A	DDRESS OF CAL	JFORNIA FACILITY	RECEIVING REMA	INS 13B. DATE RECE	IVED 130	. SIGNATURE OF PER	SON IN C	HARGE OF F	ACILITY
					1	1				100
ŧ										123
	14A. NAME AND A				148, DATE SHIPP	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				CHARGE,
TRANSIT	HEMAINS ON	CHEMATED HEM	MINS ARE TO BE	SHIPPED	į.	1	OF PLACING WITH I	HE CAHHI	EH	ŝ
5					4					
SCATTERING AT SEA	15A. ADDRESS, NEA					150	. SIGNATURE OF PER	SON IN	150. LICENSE	
OR	FICIENT TO ID	ENTIFY FINAL PLA	ACE AND CA DISTRI	CT OF DISPOSITION	DISPOSITION	N	CHARGE OF DISPOS	MOITE	MAINS D	MATED RE- DISPOSER
DISPOSITION OTHER THAN IN A CEMETERY					19	9.5			—# APP	TICABLE
						1.			1	

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



BELLINA PLAN

TO: 18584955127 521-3400

P:1/1 LESS

MT. HOPE CEMETERY INTERMENT ORDER

WITH THE CHIMINES PROFILE

City of San Diago

11pg a 30 10:00 Grave spage & Care Fund Additional opense and sure fund Oceréna/Cisales & Saturo. 16.00 Peld receipt number. Balence due . i haraley augments o the interment in just I ic Administrator Public Guardian 5201-A Rutin Road at Diego, Canada (2123 18048 · Work Order #

Tale information to evaluable in bitemative tomoste uson recue



MT. HOPE CÉMETERY

INTERMENT ORDER

Athuel

City of San Diego

Date Supt. 23,03

	ted, subject to your rules and regulations, to inter the remains Mc Gra 4h
	Funeral, date, time Tus 9.7
Type of Burlel Conteiner	2 de Dinkhan let ikibed
	morway.
All Funeral cars must arrive before 3:3	io p.m. or regular work day or an extra charge of \$
will be applied and billed to undersign	ed
t-2 /	4 8
Lot 73 Grave Fic	ow Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	116-
Burial Container	
Burial Container	PAID
Flower vases - Marker setting fee Recording and filing fee	
Recording and filing fee	OCT 0 / 2003
(29) 423 48 55	Paid receipt number RSG 7G1 1GG -
I hereby certify I am the and this is your authority to make disp that I have the right to make this authority any liability on account of said authority	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery haifmless from
I hereby authorize the interment in lot hold under deed.	' the
Signature of recorded holder of deed	City Zap Gode
Work Order # E	340 3000 MONEY CO.
	Acct. #
REA-104 (7-96) This	information is available in alternative formats upon request.

09/23/2003	93:19 6194234855 PXXXX		
	03:19 6194234855 OPERATOR OF THE CHENIERY PINKHAM MITCHELL	PAGE NO.583	01 002
	(µ9) 423 48 55 Paid receipt number		
×	I have by earthy I am the Committee of I feel and the Committee of State of	6	
-	in the same of the	CA .	
1	\$619-662-1920	1	
	18049 Invetto		

MT HOPE CEMETERY E- 18049

GRAVE BLIND CHECK FORM

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		х	Jestray	
	Hale	Lams	Gelin	
	nitiated By:	runc		Date: 10 3
	ce for: <u>Lo</u> e: <u>TUS</u> '			th 10
nterment Date	e: <u>TUS 1</u> Sect: <u>4</u> B	0/71 k/Row:	Fime: Lot: <u>\</u>	th 10
nterment Date Div: <u>%</u> S Grave Laid ou	e:Tues "	0/7 1 Ik/Row: _	Fime: Lot: <u>\</u>	11:00 11:00
nterment Date Div:S Grave Laid out Agrees with L Agrees with M	e: Tues 'Sect: 4 B	Ik/Row: Yes [Lot:\frac{1}{2}	11:00 11:00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	18 MIDDLE	11C L	AST (FAMILY)			2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
LOUISE P.		(C#717000000	McGRATH	1270471967						
5A. CITY OF DEATH					- OUTSIDE CALIF.,		E, RELATIONSHIP, FUL			
CORONADO			3		DIEGO	ROE	SERTA CROWLE	Y (DAI	JGHTER)	
	TCHELL MOR	A - FUNERAL DIRECTOR OR F UARY	PERSON ACTING A		LICENSE NUMBER PLICABLE	334	O DEL SOL B	LVD.		
808 13TH S	TREET, IMPI	RIAL BEACH, C	A 91932	FD	1178		DIEGO, CA		OATI BA DATI	SIGNED
ACKNOWLEDGEMENT OF	APPLICANT of the Health	owledge as applicant that the proposed d and Safety Code, and was authorized pu	disposition stated herein is insulant to Section 7100 of	one of the dispositions and the Health and Safety Code	horized by Section 103055	THE PERSON NAMED IN CO.	n. Dowig	3		22/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CA	AUTHOR-	13.00	98. DATE PERMIT 09/23/20 M. DOM	003	9C. SIGNATURE OF LOX	CAL REGISTR	RAR ISSUING PI	PMIT
ANY CHANGE IN DISPOSI- TION REDURES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	GISTRAR OF DISTRICT OF ED IN CALIFORNIA 85222 O, CA 92186-5	DEATH —	9E. ADDRE	ESS OF REGISTRAR	OF DISTRI	CT OF DISPOSITION ER DISTRICT IN CALIFORNIA	A:		
10. AUTHORIZED DISPO			222				FOR	CORONOR	S USE ONLY	
			E TEM	PORARY ENVAULTM	ENT		I DISPOSITION		REMAINS LOCA	FED AT
X A BURIAL INCLUDE X B. CREMATION C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	THER	F. DISIN	NTERMENT P IN TO CALIFORNIA NSIT TO OUTSIDE OF	F CALIFORNIA		(Name and Addr	ess)		
B. CREMATION C. DISPOSITION OF THAN IN A CEME	CREMATED REMAINS C TERY 11A. NAME AND AD MOUNT HO	DRESS OF CALIFORNIA CE OPE CEMETERY OKET ST., SAN	F DISIN	P IN TO CALIFORNIA NSIT TO OUTSIDE OF	11B. DATE BURIE	- 1	(Name and Addr		HARGE OF BI	RIAL
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	11A. NAME AND AD MOUNT HO 3751 MAI	DRESS OF CALIFORNIA CE	F. DISING G. SHIP D. TRAINEMETERY DIEGO, C. REMATORY	P IN TO CALIFORNIA NSIT TO OUTSIDE OF A 92102	118 DATE BURIE	3 N		RSON IN C	kan	n
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	11A. NAME AND AD MOUNT HO 3751 MAI	DRESS OF CALIFORNIA CE OPE CEMETERY EKET ST., SAN DRESS OF CALIFORNIA CE W CREMATORY	F DISIN G SHIP OF TRAIN	P IN TO CALIFORNIA NSIT TO OUTSIDE OF A 92102 CA 92626	118 DATE BURIEL	3 b	C. SIGNATURE OF PE	RSON IN C	PARGE OF C	REMATION
BURIAL CREMATION CREMATION CREMATION CREMATION SCIENTIFIC USE	11A. NAME AND AD MOUNT HO 3751 MAR 12A. NAME AND AD OCEANVIE 1625 GIS 13A. NAME AND AD	DRESS OF CALIFORNIA CE PE CEMETERY EXET ST., SAN DRESS OF CALIFORNIA CE W CREMATORY LLER AVE., COS	F. DISING SHIP OF COUNTRY	P IN TO CALIFORNIA NSIT TO OUTSIDE OF A 92102 CA 92626 NG REMAINS Y WHERE	118 DATE BURIED 10 - 7 - 0 128. DATE CREMU SEP 3 9 2	003 VED 1	C. SIGNATURE OF PE	RSON IN C	HARGE OF FA	REMATION CILITY

COPY 1

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

VS9 (REV. 3/03)



MT. HOPE CEMETERY INTERMENT ORDER



At Deed

REA-104 (7-96)

City of San Diego

Date 9-24-03

linar -	uneral, date, time Mon Sept. 29th 11:3
Type of Budel Container	uneral, date, time Mon Soft, 291413
Church Chape) Graveside	CA BUNAL Mortuary
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot	Section 2 Division/Bleck 12
Grave space & Care Fund	<u>9850</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>41300</u>
Burial Container	209.00
Handling Fees	1/2/ M
Flower vases - Marker setting fee	
Recording and filingsee A	<u> 50.00</u>
	1620
SEP 2 5 2003	Total Due
	celot number R-5 6721 18332
MT. HOPE CEMETARY	Balance due
CITY OF SAN DEGO, Cr	10 A
and this is your authority to make disposition of	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Lane sha Glerderoon
Signeture of recorded holder of dead	Jan Mego Ca
09-25-03A10	: 3-1014) 740 3544 43114
_ 18050	Invoice #

© Frinand on recycled paper

This information is available in alternative formats upon request.





MT HOPE CEMETERY E 18 050

GRAVE BLIND CHECK FORM

	Solon			al Jeff	1900
	So lon al	x	CAPP	al Jefr	
			-	-	
Blind Check In	e for: <u>Hern</u>	ran C.	Hend		925
Interment Date				<u>9/29/03</u> :: <u>61</u>	Gr: 10
Grave Laid out	by: Norma	10	ERE	CHOSE	
Agrees with Le		Yes _	□ No	land	eth on.
Agrees with Ma		16	No _		6695 W

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)):	2. DATE OF BIRTH 3. DATE OF DEATH 4. SE)
HERMAN CARL		HENDERSO	N	09/10/1952 09/18/2003 M
SA. CITY OF DEATH	T.A.U		ATH-OUTSIDE CALIF	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
LA MESA		SAN DIEGO		OF INFORMANT CLASSIE WILLIAMS
	XXRESS OF CALFORMA—FUNERAL DIRECTOR OR PERSON A BURIAL CHAPEL LAND AVE. NATIONAL CITY CA	i	CALIF. LICENSE NUMBER —IF APPLICABLE D—1689	MOTHER 244 27TH SE.TS.D. CA 92102 8A. SIGNATURE OF APPLICANT—PERSON DATE SKENE
ACKNOWLEDGMENT OF AF	I have extended to recovered that the account to	sposition stated herein is one of	the dispositions authorized by	1 with 12 mm 1 09/24/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTE: THIS PERMIT SHES NO BEHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE	98. DATE PERMI 09/24/20 V. MITCH	TI ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 303 IELL > 2315855
ANY CHANGE IN DISPOSH TION REQUIRES A NEW	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEA F DEATH OCCURRED IN CALIFORNIA TTAI. RECORDS—P. D. BOX 8522			R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
IQ. AUTHORIZED DISPO	DISTROM(S) CHECK APPLICABLE TEMB			FOR CORONER'S USE ONLY
B. CREMATION		E. TEMPORARY EN		I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
BURIAL .	11A. NAME AND ADDRESS OF CALIFORNIA CEMET MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO		9- 29-0	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA -	NTORY	12B. DATE CREMA	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	13B. DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, MEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA. <u>DIST</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-need Output

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 09-24-03

W	a Udale 227144
in a ASHVAULT	Funeral, date, time
Church, Chapel, Graveside	;Mortuary.
All Funeral cars must arrive befor	e 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	reigned.
Lot 87 Grave	
Grave space & Care Fund	<u>330.00</u>
Additional spaces and care fund.	
Opening/Closing & Setup	116.00
Buriel Container	N/A
Handling Fees	W/A
Flower vases - Marker setting fee	PAID 188,00
Recording and filling fee	SEP 2 4 2003 (C. 50.00)
Seles taxes	CEP 2 4 2003 CC. 50.00
Kim White	MT. HOPE CEMETARY Total Dug. 1034.0
8-694-2326	MT. HOPE CEMETAL FACTION 634.0
8.614	Balance due
I hereby certify I am the	of the above named decadent
and this is your authority to make	disposition of remains as above indicated. I certify and represent authorization and Lagree to hold Mt. Hope Cemetery harmless from
any secondy on account or seas an	The state of the s
I hereby authorize the interment in hold under deed.	note See attached
	Address
Signature of recontect holder of deed	City Zip Code
wite	Telephons
dulette 181	nE1
	J D I Invoice #
Work Order ∌ <u>E</u>	Acct. #
REA-104 (7-96)	This information is available in alternative formats upon request.

O Printed on respetad paper

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

ESTATE OF CASE NO.

PROBATE NO.

1134078

VIDALE, RAMONA

REASON FOR PAYMENT NICHE, OPENING & CLOSING

SIX HUNDRED THIRTY-FOUR.....

PAY TO THE ORDER MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA. 92102

ATTN: PAULETTE

U.S. BANK

600 West Broadway, Suite 100 San Diego, CA 92101-3302

90-3582/1222

ZERO

CHECK NO.

256221

DATE OF ISSUE

09/22/2003

634.00

AMOUNT OF CHECK

..... CENTS

DOLLARS

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIPICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

256 221# # 1222235821#161843219148#

MT. HOPÉ CEMETERY

INTERMENT ORDER

At Need IN

REA-104 (7-95)

City of San Diego

Date 9-24-03

You are hereby authorized and instruct of	loreno 227122
in a	Furieral, date, time
Church Chapen Graveside	: Berge Cober 5 Mortuary.
All Funeral cars must arrive before 3:3	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	d
Lot <u>243</u> Grave <u>10</u> Ro	~
Grave space & Care Fund	985,00
Additional spaces and care fund	07 <u>(70</u> 0,00
Opening/Closing & Setup	PAID 413,00
Burial Container	209.00
Handling Fèes	SEP 2 b 2003 160.00
Flower vases - Marker setting fee	MT. HOPE CEMETARY
Recording and filing fee	CITY OF SAN DIEGO, CA. SOLOD
Sales taxes	16.20
	Total Pruf 93.20 1833.20
4672	Paid receipt number R-56725 2493.30
Droc	Balance due
I hereby certify I am the	ife of the above named decedent
that I have the right to make this author	ceition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	eation and interment.
HNGE O Moreno i hereby authorize the interment in lot	<u> </u>
hold under deed.	XIII2 Roosevell Que
Signature of recorded holder of dead	- National City CA 91950
52	1619) 474-5047
N/85	16141 (11 001)
a lotte	Telephone
Paulatte 1805	Telephono

@ Printed on respond paper

This information is available in alternative formats upon request.





MT HOPE CEMETERY E- 18 052

GRAVE BLIND CHECK FORM

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

		Andrew	•		
SHEW		X	- 1/2	l	
	1/0/6	6 beton	Glangs		
Blind Check Init Interment space	for: Anto	nio M	oreno		
Div:_[2 Sec	t: 2 B	lk/Row:	Lot:ခ်	143 G	2000,000
Grave Laid out I	by: NOR	MAN	te REV	SON	<u> </u>
Grave Laid out I Agrees with Leg Agrees with Maj	al Card: 🛘	Yes [J No 🗸	1090	n e
Agrees with Mag	: 🛘 Yes		lo 7	(, Oc	Call
Blind Check & V	erified By:_			Date:	

11 Atrival

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(1)

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

1/	1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY) MORENO				DATE OF DEATH	4. SEX	
5A. CITY OF DEATH LA MESA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON A BERGE ROBERTS MORTUARY 607 NATIONAL		58. COUNTY OF DEATH — OUTSIDE CALIF., 8. NAME ENTER STATE			, RELATIONSHIP, FULL MAIL FORMANT	LING ADDRESS AND	1000		
		ACTING AS SUCH 78 CA	LIF. LICENSE NUMBER FAPPLICABLE	NAT	ELA MORENO - SI 2 ROOSEVELT AVI IONAL CITY, CA	91950			
2	ACKNOWN SDEPRENT OF A	novement I hereby ackn	TY, CA 91950 owledge as applicant that the proposed disposition size	aled herein is one of the disposition		8A. SIGN	ATT RE OF APPRICANT—Person	CONTRACTOR OF THE PARTY OF THE	SIGNED 24/2003
-	PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH	and Safety Code, and was authorized pursuent to Sec ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	9A. AMOUNT OF FEE PA	THE RESIDENCE OF THE PARTY OF T	Landing and Land	9C. SIGNATURE OF LOCAL REP		
			N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA	\$13.00	J. FLOR	RES	>		
		VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS P. O. BOX CA 92186-5222	IF IF	DDRESS OF REGISTRAR DISPOSITION & TO OCCU		OT OF DISPOSITION — OF DISTRICT IN CALIFORNIA		_
11	AUTHORIZED DISPOS				11.00-01		FOR CORON	NOR'S USE ONLY	
Section Section	A BURIAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	лнев С	E TEMPORARY ENVAL F DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSIG	INIA		Name and Address)	na – nemoria coen	(EDA)
	BURIAL	MI HOPE C	ORESS OF CALIFORNIA CEMETER EMETERY 3751 MARKI , CA 92102	ET ST.	9-27-0	1	SIGNATURE OF PERSON	IN CHARGE OF BU	JRIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AC	DDRESS OF CALIFORNIA CREMATO	DRY			C. SIGNATURE OF PERSON	IN CHARGE OF CE	REMA
ALL APPLICA			RECEIVING REMAINS	138. DATE RECE	IVED 13	D 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPF	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHAR OF PLACING WITH THE CARRIER			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CA D EA. <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITI	ON DISPOSITIO		C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO		

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

MT. HOPE CEMETERY

INTERMENT ORDER

PHNOOD

City of San Diego

Date 9- 25-03

	CEBU SR, DOTING
a	Funeral, date, time SAT SEPT 27 10
church Chanel Graveside	. CH BUSHAL Mortuary
All Funeral cars must arrive before 3:30 p.r.	n. of regular work day or an extra charge of \$
vill be applied and billed to undersigned	
ot <u>204</u> Grave 6 Row_	Section 2 Division/Bleek_ 12
rave space & Care Fund	98500
Grave space & Care Fund	TO.T. FEE 660.00
pening/Closing & Setup	
Burial Container	209/
landling Fses	11 H 12 C 200
Flower vases - Marker setting fee	- 0 5 2003 SP 0/
Recording and filing fee	SEP 25 2000 /6 24
Seles taxes	MT. HOPE CEMETARY (6.20) MT. HOPE CEMETARY 2493.7
	CITY OF SAN TONE PODE
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hereby certify I am the	of the above named deceden
hat I have the right to make this authorization my liability on account of said authorization	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
	× 1d
hereby authorize the interment in lot I old under deed.	Bignature 1 1 1/11/
	~ NIV Hav
Ignature of recorded hobbir of deed	Zap Code
	Telephone
rulette 18053	9/88/45/50/5
	Annual and the second s
Nork Order # E 18053	Invoice #

09/25/2003

09:05

SO MT. HOPE CEMENTERY + CALIF BURIAL

NO.588

MT. HOPE COMETERY

PHAREA

City of San Diego

Date 9-25-03

ANTONIO B	CEBU SR	CC 07 20 104
· LINEC	Funeral, date, time SAT.	
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in Foneral cere must entire herore 3:30	p.m. of regular work day of an extra	a charge of a
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ireve apaco & Cara Fund	plantification and the same and a second	98500
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alse taxoe	- CNSTARY	1600
	MT. HOPE CENTANCE	A 2443.20
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nd this is your suchorty to make disposed in the property of cald authorized to health and authorized to the property of cald authorized to the property of	elfon of remains as above indicate action and I surse to hold Mr. Hope	d. I bertily and represent Committee harmlose from
hereby authorize the interment in let to old under deed.	Planting	her fame murphade lace
Professor All Madernay of House Control	× (200) 271	CA 92126
wete 18053	tivi	
18053	involos #	





MT HOPE CEMETERY E- 18053

GRAVE BLIND CHECK FORM

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

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		3 - 3	Rois L	er Ir	
		x			
*3			ONE)		
Blind Check Init	iated By: _	- 33	V-19-31	_ Date:	
nterment space	for:_ A	ntonie	っ ろ.	ŒBU	5/2
nterment Date:					
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Grave Laid out					
Agrees with Leg	ESCONTAIN)	4	-53		
Agrees with Ma	p: 12 Yes	. 01	No		
Blind Check &				Date:	

E- 18053

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_	The second second	STATE OF THE PROPERTY OF THE P		CHARLEST CONTROL OF STREET CO.	Company of the Company			-
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)		2			3. DATE OF DEATH MONTH, DAY, YEA			
_	ANTONIO	BRUN	CEBU	reconstruction of the second	04/	26/1930 (09/21/2003	M
54	CITY OF DEATH	, 5		EATH—OUTSIDE CALIF.,	8. NAME, RELA	TIONSHIP, FULL MAIL	ING ADDRESS AND	ZIP CODE
	SAN DIEGO	4	SAN DIE	20		ELENA C.	. CEBU-WIF	E
7A	THE RESERVE OF THE PARTY OF THE	DDRESS OF CALIFORMA—FUNERAL DIRECTOR OR PERSON ACTI A BURIAL CHAPKL LAND AVE. NATIONAL CITY CA 91	1	AL YOU ICYDLE	SAN DIEG	WOOD ST. O CA 92114 OF APPLICANT—FERS		ATE SIĞNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby achievededge as applicant that the proposed disposition Section 10376 of the Heelth and Safety Code, and was authorized or	stated herem is one o pursuant to Section 7100	of the dispositions authorized by of the Health and Safety Code.		taria/16		25/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	\$13.00	98. DATE PERMIT 09/25/20 V. MITCH	03	2315958	20	ING PERMIT
9	NY CHANGE IN DISPOSI- ION REQUIRES A NEW SIMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— F DEATH OCCURRED IN CAUFORNA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO CA 92186 5222	1	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC			IA.	•
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	eth.			FOR CORO	NER'S USE ON	LY 💮
Control of the Control	B. CREMATION	OF CREMATED REMAINS OTHER G	TEMPORARY E DISINTERMENT SHIP IN TO CA TRANSIT TO O			I. DISPOSITION PE (Name and Add	ENDING—REMAINS (1998)	LOCATED AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO	GA 92102	7-27-03	01	mature of perso	N IN CHARGE OF	BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMA	TED 12C SIG	NATURE OF PERSON		REMATION
IL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE	CEIVING REMAIN	S 138. DATE RECEI	VED 19C SIG	NATURE OF PERSO	IN CHARGE OF	FACILITY
OMPLETE A	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR COL REMAINS OR CREMATED REMAINS ARE TO BE SHIP —		148, DATE SHIPP		PLACING WITH THE		N CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FICIENT TO IDENTIFY PINAL PLACE AND CA DISTRICT (F- 158. DATE OF DISPOSITION		naturie of Perso Arge of Dispositi	ION DE CE	SE NUMBER EMATED RE- I DISPOSER APPLICABLE

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



popul

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Supt 25,03

You are hereby authorized and instructed	d, subject to your rules and regulations, to inter the remains
no Coron TS	Funeral, date, time Mm 9 29 9:00
Churchy Chapel, Graveside	: Bange Robert Surrousey.
All Funeral cars must arrive before \$6607	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lat 93 Grave 8 Row	Section 2 Division/Block (2
Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	275 = 46+ 209
Handling Fees	SEP 75 204- = 44+ 160-
	THOSE CENETAR
Recording and filing fee	TV OF SAN DIEGO 50
Sales texes paid	G for 1521.3 #5.11 +16.00
- Marchael March	Total Due 1979 833. 20
	Paid receipt number 1256719 1833.20
	Belance due
I hereby certify I am the Wile	of the above named decedent
and this is your authority to make dispos	ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	Laurder Rusiles
hold under deed.	X1450 Sevend AVE ATT. 106
Standard of recorded holder of dead	HULL VISTA CA. 91981
Dam-	(619) 425-0291 Tagana
18054	invoice #
Work Order #	Acct. #
REA-104 (7-98) This Ini	formation is available in alternative formats upon request.





MT HOPE CEMETERY 5- 18054

weller Crawfor

GRAVE BLIND CHECK FORM

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

Enly	x	Kobusan	
		Gilbut	
Blind Check Initiated By	2)	Date: 9 09	2
Interment Date: MM	9/39 Tim	ne: 900	<u>,</u>
Div: 12 Sect: 2			_
Agrees with Legal Card:			

Blind Check & Verified By: 9 6 + Bull Date: 9:25-03

Cheer by

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FA		II EOUTO ON O	HIENA	2 DATE OF BIRTH	3 DATE OF DE	ATH T	4. SEX
HESTOR	28 - 100 100	YEE	Control of the Contro	REVILLA			YYY1 171 948	09/24/2	003	M
SA. CITY OF DEATH			5B. COUNTY ENTER ST		- OUTSIDE CALIF.,		E, RELATIONSHIP, FULL	MAILING ADDRE		IP CODE
CHULA VIST	22			SAN	DIEGO		DERICK REVII			
	RTS MORTUA	NA-FUNERAL DIRECTOR OR RY 607 NATION A 91950			LICABLE	CHU	60 2MD AVE #1 JLA VISTA CA NATURE OF APPLICANT—	91911	DATE	ICHED *
ACKNOWLEDGEMENT OF A	i hereby ack	nowledge as applicant that the proposed and Safety Code, and was authorized p	disposition stated herein is one of the	dispositions authorized Code	ortzed by Section 103065		antelle Vale	Z and burn of	09/25	/2003
renant.	THIS PERMIT IS ISSUED THE CALIFORNIA HEALT ITY FOR THE DISPOSITIO	IN ACCORDANCE WITH PROVISION HAND SAFETY CODE AND IS THE DAY SPECIFIED IN THIS PERMIT. HO PRONT OF DISPOSAL OUTSIDE OF I	SAS OF SA. AMOUNT OF \$13.00	FEE PAID	98. DATE PERMIT 09/29/20 P VALEN	003	9C. SIGNATURE OF LOCA 2316028	AL REGISTRAR ISSA	UING PERM	AIT .
THE LOUD OF SHAP SPECIFICATION OF THE SHAPE	VITAL RE	EGISTRAR OF DISTRICT OF RED IN CALIFORNIA CORDS PO BOX 0 CA 92186-52	K 85222				CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOS	SITION(S) CHECK APPLK	CABLE ITEMS		•			FOR C	DRONOR'S USE	ONLY	
	CREMATED REMAINS	OTHER	E TEMPORARY F. DISINTERME G. SHIP IN TO	NT	NT		L DISPOSITION PI (Name and Address	ENDING — REMAIN 8)	IS LOCATE	DAT
D. SCIENTIFIC USE	IERY		O. TRANSIT TO	OUTSIDE OF	CALIFORNIA			Ċ	£.,	b
BURIAL	MT HOPE (DDRESS OF CALIFORNIA CEMETERY 3751 CA 92102	Control of the Contro		9-29-Q	. 87	IC. SIGNATURE OF PER	SON IN CHARGE	OF BURI	IAL
CREMATION GREMATION GREMATION GREMATION GREMATION GREMATION GREMATION GREMATION GREMATION GREMATION GREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY		12B, DATE CREM	ATED 1:	2C. SIGNATURE OF PER	SOM CHARGE	OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA I	FACILITY RECEIVING RE	MAINS	13B. DATE RECEI	VED 1	3C. SIGNATURE OF PER	ISON IN CHARGE	OF FACI	LITY
TRANSIT		DDRESS IN RECEIVING ST I CREMATED REMAINS AR		RE	14B. DATE SHIPP	ED 1	4C. ADDRESS AND SIGN OF PLACING WITH T		SON IN C	HARGE .
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	EAREST POINT ON SHOREI O IDENTIFY FINAL PLACE / SEA, <u>ONLY</u> ENTER LATITUD	AND CA DISTRICT OF DIS		15B. DATE OF DISPOSITION		5C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREM	LICENSE M MATED REM ER — IF APF	IAINS DIS-

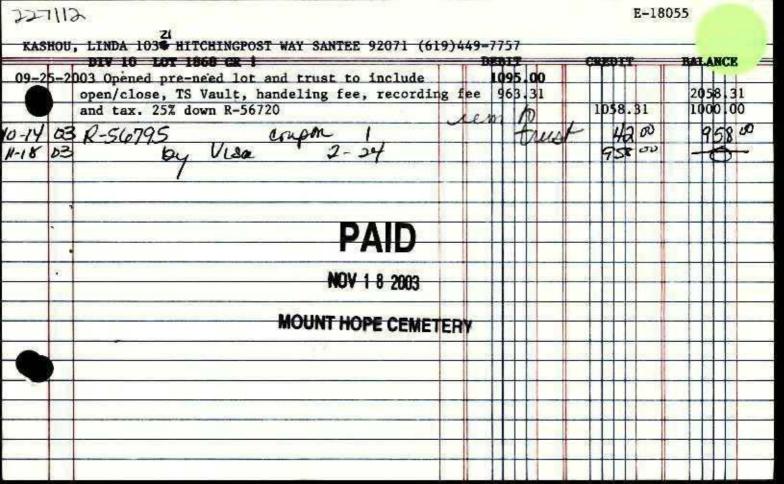
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego Da

Date Sept. 2503

ina /	Vauci F	uneral, date, time	
Type of Buds Church, Chapel, Grave	Container	:	Mortuary.
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will be applied and bille	Million and an analysis of the contract of the	on regular monitory of	
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1868	1 -	Section	/0
Lot 1040 Grave	How	Section	Division/Block_(
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Opening/Closing & Sett Burial Container	D/	חו	275
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Recording and filing fee		10.000	
Sales taxes	"unArtiti"HOK		A
		4//	Due
	Paid n	eceipt number 🖊 💆	
		И.	Balance due [600 · 00
I hereby certify I am the	X day	There	of the shows named decadent
and this is your authorithet I have the right to n	ty to make disposition make this authorization	of remains as above and I agree to hold M	indicated. I certify and represent t. Hope Cemetery harmless from
any liability on account	of said authorization a	nd Interment.	KASHOU
hereby authorize the li	nterment in Int I	Mud	alash
hold under deed.	Mention II III IOC 1	A 10 2 2 1	Hitching Postu
		Tatra Su	- A 93 (7)
Signature of recorded holder of de-	•	Tinte.	e CA 92071
\mathcal{T}		(019 4	497757
tan	40055		
(Vende)	18055	Invoice #	
and the second s			
Work Order # E		Acct. #	

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	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIF	ORNIA		
	WHITE CANARY PINK			5679)5 .Ø3
	From Jamies Baki	Address: 5611 Warris	OCF 19 ng Jal SX Dollars	921	20
	in Payment of Payment of Grave	pe nud	ection	Division Block	10
611	Invoice No. <u>E 18055</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THE STACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184		6
	w.o958.80	OCT 1 4 2003	Opening/ 100 Closing 77181 Burial 100 Containers 77182		313
	Pre-Need Lot At Need On Acct	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Trust 77186		31
	Pre-need Trust Cash Check/ AC-212 (Rev. 10-02) This information is available in alternative formats upon requ	ISSUED BY tantetel	Sales Tax 60101 78390 TOTAL PAID \$	42	@



THE CITY OF SAN DIEGO

E-18055

MOUNT HOPE CEMETERY <u>CEMETERY PROPERTY TRANSFER AND QUIT CLAIM</u> <u>OF INTERMENT RIGHTS</u>

Date: Jan 26, 2007						
INVe Linda Kashou						
DO HEREBY REMISE, RELEASE,	AND QUITC	LAIM	THE I	NTERMENT	RIGHT	S
TO: Dr. Payton Co	ok			05		
Street Address: 5282 Blue	2 Gum			Apt / Unit #:		
City: Las Vegas SI	: NV	Zi	p-Cod	e: 8914	8	
Telephone #: (619) \$86-856	7		72	A-40-00		
all the cemetery property interment ri of San Diego, County of San Diego,	State of Califo	mia, de	escribe	d as follows:		City
Division:	Section:	rave(s)		Blk / Row:	**	(8)
Lot(s): 1868	G	rave(s)	·			
TO HAVE AND HOLD THE above- interment rights owners, its successor WITNESS my/our hand this		Control of the contro) unto the abov	∕e said	
EXECUTED IN THE PRESENNCE THE FOLLOWING WITNESS:	of G	Part	Ka	17/		
WITNESS	- 1	,	Cepali On	ner Reprehensive Signatu	ire	
A WILLERS						
1 Tambano		1)00	LegalOw	ner Reprehensive Signatu	ire	



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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	City of San Diego	0	1 0
228048		Date_OU	7 32 03
49001			
ou are hereby authorized and instru	Shown www	ALL AND PROPERTY OF THE PROPER	o inter the remains
	A THE RESIDENCE OF THE PARTY OF		J - 1: A
Tono of Buriel Conteiner	Funeral, date, t		d5 11:00
Church, Chapel, Graveside Deliv	lery Only;	clausen	Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work	day or an extra char	
will be applied and billed to undersign	ned		
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ot <u>2-60</u> Grave 14 R	low Section	n_# Division	Block W LOS
3rave apace & Care Fund		A 9387	-0-
Additional spaces and care fund	((onter)	
	PA	ÎD	1110-
Burial Container			(01 -
Opening/Closing & Setup Burial Container	SEP 2	5 2003	Cole-
Flower vases - Marker setting fee	MT HORE	EMETADY	
Recording and filling fee	CITY OF SAN	DIEGO CA	50-
Sales taxes			4.73
3889 GAA99			29772
100		Total Due	267 73
581	Paid receipt number	K- 34188	297.10
£5)		Balance o	lue -
hereby certify I am the	A DESCRIPTION OF THE PARTY OF T	of the abov	e named decedent
and this is your authority to make dis that I have the right to make this auth	sposition of remains as porization and I agree to	above indicated. I ce hold Mt. Hope Ceme	rtify and represent tery harmless from
any liability on account of said author	rization and interment.	100	1
harabu authodas the laterment in le	«	0	Λ
hereby authorize the interment in lo noid under deed.	Rignature	NV. 10.00	-
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Rymature of recorded holder of deed		\	Zip Code
2009-25483P12:00 P	A I D Telephone		E 2 2
10 de 1000			
1805 _ 1805) 6 Invoice		
Vork Order # E	Acct. #		
		A. In address of a few	

227

39:42 SD MT. HOPE CEMENTERY + 918056408581

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

DED 25 03

You are haraby authorized		Short to your rules and regula	plone, to inter the sumpline	Į.
a Ash va		knorel, date, time Tuly	5 1017 11-00	
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		AND RESIDENCE AND STATE OF THE PROPERTY OF THE	ra onarge of \$	
will be applied and billed	to undersigned			i i
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AND SECTION AND SE		MT. HOPE CEMETARY		
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North Visited Name of Control		KOSATICA	2502 7	
GN09-25-03P1	2:00 PAID	X 805-640	2-807	, S
N/	18056	lavoles #	- Company	ē
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316 EAST MATILIJA STREET · AREA CODE 805 · TELEPHONE 646-1451

OJAI, CALIFORNIA 93023

September 12, 2003

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

RE:

Martha Ellen Chamness

Lot 200, Grave 14, Section A. Div Mas.

Dear Sir:

Enclosed are the cremated remains and permit for disposition for Martha E. Chamness. Also enclosed is a check for \$297.73 for the interment costs.

Please call Tim Foy upon receipt of this letter, <u>prior to interment</u>of the cremains. He may want to witness the interment. Telephone (805) 640-0825 or cell phone (805) 794-8581

Thank you.

405 640 8025

Chester C. Perry

Director

Encl.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE Hartha	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAM	Chauness	MONTH, DAY, YEAR MONTH,	E OF DEATH 4. SEX
5A. CITY OF DEATH			5B. COUNTY OF ENTER STAT	DEATH—OUTSIDE CALIF TE Ventura	6. NAME, RELATIONSHIP, FULL MAILING AS OF INFORMANT ATTEMPT TIMOTHY POY -	100000000000000000000000000000000000000
Clausen Fr	neral Home	The second secon	SON ACTING AS SUCH 7	F APPLICABLE	361 Avenida de la Ve Ojai, CA 93023	
316 E. Mat		Ojai, CA 93023	1	FD731	BA. SIGNATURE OF APPLICANT—Person WHAT	
ACKNOWLEDGMENT OF A	PPLICANT hereby Section 16	acknowledge as applicant that the proposed 1376 of the Health and Safety Code, and was	d disposition stated herein is or authorized gursuset to Section 7	ne of the dispositions authorized by 190 of the Health and Safety Code	Dom. No	10940/203
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROPORTION HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF ID NICHT OF DEPOSAL OUTSIDE OF CALFOR	13.00	FEE PAID 98 DATE PERM JE DAY 09/16/20		ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	nzeles Road, Su	I and the	San Diego Co.	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA Health Dept. 2, San Diego, CA 9218	6-5222
10. AUTHORIZED DISP	-	distribution of the second	*		FOR CORONER'S	
B. CREMATION		IAINS OTHER	F. DISINTERME		(Name and Address)	REMAINS LOCATED A
BURIAL	Mt. Nope	DDRESS OF CALIFORNIA CEM Cametery Let St., Sen Die		118. DATE BURI	1 1/ -	CHARGE OF BURIAL
CREMATION	Ivy Lawn	coness of California CRE Cometery Intine Road, Veni		128. DATE CREMI	ATED 12C. SIGNATURE OF PERSON IN-	PARGE OF OMEMATION
SOMENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACI	ILITY RECEIVING REMA	INS 13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN (CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIP	PED 14C. ADDRESS AND SIGNATURE COP PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	vrest point on shoreline, of entify final place and ca <u>d</u>			16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

wholing



GRAVE BLIND CHECK FORM

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

		-T	
		ness)	
	25 A	x Hozel	
	pecker)	william	
Interment spac	itiated By: <u>Pa</u> e for! <u>Mould</u> : Thurs 10 [Na Chan 2-Time: 11	nness i:00
	ect: A Blk/Rov	^	<u>₩</u> Gr:14_
Grave Laid out	by: Norman	(180)	
	gal Card: Yes	ONO K	lag mare
Agrees with Ma	ap: 🛘 Yes	□ No	0
Blind Check &	Verified By:		Date:



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

REA-104 (7-95)

9-25-03

or <u>Patrick D. Fran</u>	W Misself Control of the Control	27139	1	-	
na <u>Uner</u>	Funeral, date,	time FRI	lay Get	3	11:00
Church, Chapel, Graveside		CA	BUYIAL		Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	k day or an	extra charge	of \$ _	
will be applied and billed to undersigned		_		_	
Lot 102 Grave & Row	Sectio	n_2	_ Division/Bl	ock_	12
Grave space & Care Fund	***************************************		****************	98	35,00
idditional engage and care fund					
Opening/Closing & Setup	PAID			413	3.00
Burial Container	***************************************		*****************	L	9.00
Handling Fees	OCT 0 1 200	3		16	0.00
Flower vases - Marker setting feeMT					
ry : Recording and filling feeGFT	OF SAN DIE	O. CA		_5	0.00
Sales taxes				11	20
topy	46	Total Du	e	18	330
"H40 6-1	Paid receipt number	250	747_	13	533 X
			Balance due	_ 4	0
hereby certify I am the			of the above n	emed	decadent
and this is your authority to make dispo	estion and I soree to	above ind	cated. I certify	and	represent
any liability on account of said authoriza	tion and interment.				II
hereby authorize the interment in lot I	X Streetmen			1	/
nold under deed.	X Address		-Hal	0	<i>y</i> .
Agreelure of recorded holder of deed		Nel,	- Here		
0 1.50	¥	PU	<i>v</i>		Zip Code
Routere	Telephone'	5			
18057	Invoice	#	38		
Work Order # E	Acct. #				

O Printed on recycled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

a Patrick O. Fi	
in a	Funered, date, time Falday Oct 3 11:00
Church, Chepsi Gravesics	: CA MILYIAL Mortusty.
STANFORN TO SEVEN AND AND SEVEN SEPTIMES AND SEVEN SEV	(30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	red
Lot 102 Grave 8 F	
Grave space & Core Fund	985.00 L
Additional spaces and care fund	<i>y</i> =
Opening/Closing & Setup	443,00_
	209.07 - (4
Handing Fees	16000 1
Flower VSpac - Marker setting fee	$=$ Ω
Recording and filing tea	50.0
The series of th	16.20
imily to pay	Total Due
	Paid receipt number
319497-19923 5290 00-0-0-0-0-0	Bélance due
i hereby cartify I am the and this is your authority to make di	of the above named decedant specifion of remains as above indicated, I certify and represent
that I have the right to make the authors by Rability on account of said author	norization and I agree to hold let. Hope Correctory harmless from
	1968. X to 11/cles - CC
hereby authorize the interment in to held under theet.	Mes. 2 to Miles - Co
RI KUTIMUU (WHEN SUN DILLO (18 97/10
Advance or received across or solid	- Joseph 1990
(1) tains	Taleghore
180	





MT HOPE CEMETERY [- 11057

GRAVE BLIND CHECK FORM

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

	7	1			REID	ENRLY
	ans	Carlino	**************************************			Ebberg
			*			
Interment	space for	: Pat 3/03	Weate Yick Ti	Fran me: 1	1:00 (Thape!
Agrees wit	h Legal (Card: DY	m fen (es 🗇	No	Flug	on a
Agrees wit Blind Chec	u Mao.	U Yes	I I No	0	(/	11

E-18057

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS





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

1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAS	T (FAMILY)		2. DATE OF BIRTH	3. DATE OF DE	ATH 4. SEX
	Patrick		0.	F	ranklin	10	12717719861A	09724920	ŏ5 ^{AR} M
5/	CITY OF DEATH				NTY OF DEATH—OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL I	MAILING ADDRESS	AND ZIP CODE
	San Diego				R STATE Diego		Miles-Cart	er-Mother	6
71	California	Cremation	& Burial Cl San Diego,	napel	78. CALIF LICENSE NUMBER Fd-1357	San l	1 43RD St. Diego,CA 92 TURE OF APPLICANT	102	B DATE SIGNED
_	ACKNOWLEDGMENT OF A				rem is one of the dispositions authorized by Section 7100 of the Health and Safety Code.	Ma	with Bus		9/26/200
1	PERMIT LITHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHOR! IN THIS PERMIT NOTE: THIS PERMIT SINES IN	UED IN ACCORDANCE FORNIA HEALTH AND SATY FOR THE DISPOSITION INSIDE CONTROL OF DISTRICT CONTROL OF DISTRIC	N SPECIFIED \$1	3.00 J.Benya	003 rd	2315983		ISSUING PERMIT
30	Y CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	ed in california ords-P.O. Bo , CA 92186-5	ox 85222 5222	IF DISPOSITION IS TO OR	CUR IN ANOT	HER DISTRICT IN CALIFO	ZNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		70.	- 1	FOR COP	RONER'S USE	ONLY
	X A. BURIAL (INCLU	JDES ENTOMBMENT)			ORARY ENVAULTMENT		(Name and A	PENDING REMA Address)	INS LOCATED A
	B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US	11A NAME AND A Mt. Hope	obress of califor Cemetery, 3	G. SHIP	TERMENT IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 118. DATE BUR	IED 11C.	SIGNATURE OF PER	RSON IN CHARGE	OF BURIAL
	C DISPOSITION THAN IN A CI D SCIENTIFIC US	Mt. Hope	DDRESS OF CALIFOR Cemetery, 3:	G SHIP H TRAN NA CEMETERY 751 Market St	IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR	3 D	Sum F	- lan	m
BLE ITEMS	C DISPOSITION THAN IN A CI D SCIENTIFIC US	Mt. Hope	obress of califor Cemetery, 3	G SHIP H TRAN NA CEMETERY 751 Market St	IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR	3 D	SIGNATURE OF PER	- lan	m
LL APPLICABLE ITEMS	C DISPOSITION THAN IN A CE D SCIENTIFIC US BURIAL	Mt. Hope San Diego	DDRESS OF CALIFORN Cemetery, 3' , CA 92102 DDRESS OF CALIFORN	G SHIP H TRAN NA CEMETERY 751 Market St	IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR 10 3 0	3 PATED 12C	Sum F	SON BY CHARGE	F CREMATION
w	C DISPOSITION THAN IN A CI D SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	Mt. Hope AMD AME AND AME	DDRESS OF CALIFORM Cemetery, 3: , CA 92102 DDRESS OF CALIFORM	G. SHIP G. SHIP H. TRAN TABLE TAB	IN TO CALIFORNIA SIT TO OUTSIDE OF CALIFORNI 11B. DATE BUR 10-3 0 12B DATE CREW	3 ATED 12C.	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY

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

MT. HOPE CEMETERY

The grantischer city o	f San Diego	0.3
in the gradine Tischer City of Nadine	Date 9-25-	ω
You are hereby authorized and instructed, sub	**************************************	nter the remains
or Doris Jean Lang	X , , ,	
in a Ash Vault Fi	uneral, date, time <u>Juss Soft</u>	30th 1:00
Church Chapel Graveside	: Conrad	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Lot 2 Grave 7 Row	Section 3 Division/8	lock_ /2_
Grave space & Care Fund	7816 Jep(K)	. <u>+</u>
Additional spaces and care fund		
Opening/Closing & Setup	AID	116.00
Burial Container	AIU	. 61.00
Handling FéesSEP	- 9 € 9693	66.00
Flower vases Marker setting fee	23 LUUS PC	2385
CONTRACTOR SCIENCE THE PLANE OF	PE CEMETARY	50.00
CITY OF	SAN DIEGO, C#	£73
David or	rotel Due	297.73 323.58
0 14	Balance du	0
I hereby certify I am the <u>SAUGHER</u> and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization are	of remains as above indicated. I certi and I agree to hold Mt. Hope Cemeter ad interment.	ry harmless from
i hereby authorize the interment in lot i hold under deed.	Diene Tischlu Zu Byndero 1200 8 Caele de Leo	2 # 7/
Signature of recorded holder of deed	El Cipse, Ch 9	2019 2p 0xxx
Work Order # E	Invoice #	
WOR GIGHT	AUA (

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

the burial spac	e. '	I			T
		Wilhan	boren		
	Warren	x		psped	Jews.
Blind Check In				177	7/29/03
Interment Date	09/30/03	, т	ime: 1	io cho	Ų.
Div: <u> 2</u> Se Grave Laid out					6r:
Agrees with Le	gal Card: 🗹	Yes [J No F		tous
Agrees with Ma	ap: Ø Yes Verified By:	fail 7	10 Neriega	_ Date:	9-29-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

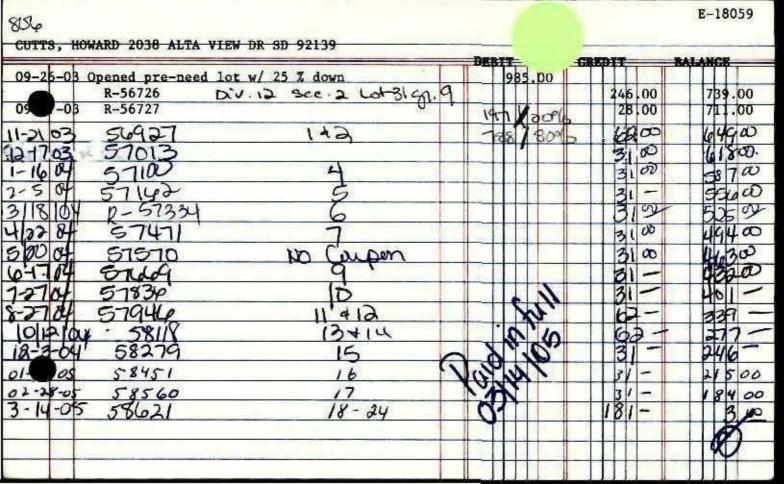
C-18054 OF HUMAN REMAINS 29319

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 07/05/1933 09/23/2003 DORIS JEAN LANC. 5A. CITY OF DEATH 5B, COUNTY OF DEATH -- OUTSIDE CALIF, 16, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. ENTER STATE OF INFORMANT SAM DIEGO OHN K LANG - SON SAN DIEGO 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER EL CAJON, CA 92019 - IF APPLICABLE CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LENOW GROVE, CA 91945-1533 FD941 BA. SIGNATURE OF APPLICANT—Person teking permit : 8B. DATE SIGNED I hereby adknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103/55 09/25/2003 ACKNOWLEDGEMENT OF APPLICANT sty Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A, AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9B. DATE PERMIT ISSUED PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF Grant K. Conradi THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORI-2315948 \$13.00 TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF 09/25/2003 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. TION REQUIRES A NEW PERMIT TO SHOW FINAL BOX 85222 DISPOSITION DIEGO. C 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - FIEMAINS LOCATED AT (Name and Address) **B CREMATION F DISINTERMENT** C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
NOTIFY HOPE CHETERY
SAN DIECO, CA 92102 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 9 2003 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CREMATED REMAINS DIS-DISPOSITION CHARGE OF DISPOSITION AT SEA OR POSER - IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE. DISPOSITION OTHER

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

THAN IN A CEMETERY

El parts proposition of	HOPE CEMETERY RMENT ORDER
	HMENT ORDER
· Mull box .	City of San Diego Date Sept. 20,0
You are hereby authorized and instructed of	d, subject to your rules and regulations, to inter the remain
In a	Funeral, date, time
Type of Butal Container Church, Chapel, Graveside	; Mortuar
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 31 Grave 9 Row	Section Division/Block_ \ O.S.C.
Grave space & Care Fund	
: [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
Opening/Closing & Setup	
Burial Container	
Handling Fees	id in the PAID
Flower vases – Marker setting (ee	'An' Fri-
Recording and filing fee	3/14/00 MAR 1 4 2005
Sales taxes	7V MAN
_	- IDMINDE CEME 1985
F	Paid receipt MOUNE SCTOLO 290
	Balance due739
I hereby certify I am the	of the above named decede
and this is your authority to make dispos that I have the right to make this suthoriz any liability on account of said authorizat	sition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from and interments
	Alana of the
I hereby authorize the interment in lot I hold under deed.	12038 Altaviwo
Signature of recorded holder of deed	- X San Diero Ca 9213
Dam	Zip Co
100	
_ 18059	Invoice #
Work Order # E	Acct. #
REA-104 (7-95) This inf	formation is available in alternative formats upon reques



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Howard Out	Jourdy S	2038 AIL	Vie	Dollars	\$ OHOW	12
Invoice No. EL8059	832	ROW PURPOSES STATED UNLESS	_ Section		_ B lock	
Acct. No.	STAMPED "PAID"		CREDIT 20% Sales 80% Sales		~!!	12
W.O			of Lots Opening/	77184 100	2460	0
BALANCE DUE			Closing Burial Containers			
	_		Handling R Recording		2	
Pre-Need Lot At Need On Acc		1100	Misc. Feet Pre-Need Trust	\$ 77183 63033 77186		
Pre-need Trust Cash Check	1 ISSUED BY	motestal	Sales Tax	60101 78390		
AC-212 (Rev. 10-02) This information is available in alternative formats open in	4	··· CIDEG	TOTAL PAIL	b s	alle	(CC)



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

			Date: De D		, 20	يو
From: Howard Cutt	Address: (2038 AU	rallier :	de	SO 0	1913
Quenty Cich	D			Dollars (\$ 280	100
in Payment of	· pre.	Ruen			Division	
Lot 931 Gr	ave	Row	Section	5	Block	19
Invoice No. E18050	NOT VALID FOR PUR	RPOSES STATED UNI	LESS	67007		1
Acct. No.		35.0 \$.20.3.00	20% Sales Ca 80% Sales	100	28	CXD
W.O			of Lots Opening/ Closing	77184 - 100 77181 -		
BALANCE DUE 101.00			Burial Containers	100 77182 -		
711.00			Handling Fee	100 77185 -		040
Pre-Need Lot At Need On Ac	44.7		Recording & Misc. Fees	100 77183 -		***
20 VINES VINES NO 10W		1/ 0	Pre-Need Trust Sales Tax	63033 77186 - 60101		34
Pre-need Trust Cash Che	ISSUED BY	m Horze	Sales lax	78390 -	-00-	100
AC-212 (Rev. 10-02) This information is available in alternative formats upon			TOTAL PAID	S _	38	

OF	FICIAL RECEIPT
	100 may 27

TO CUSTOMER

PINK AUDITOR

CANARY

CITY OF SAN DIEGO, CALIFORNIA

57013

From: Havaid Cutto	Address: 2038 Col	ate: Dec- la Sona (& SO92 (\$ 31.00
Lot 3/ Grave	7	Section 2	Division /
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	31 00
Pre-Need Lay At Need On Acct	DEC 1 7 2003	100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033	
Pre-need Trust Cash Check	ISSUED BY CHARLER	Y Trust 77186 Sales Tax 60101 78390 TOTAL PAID \$	31 0

CIAL RECE	IPT
(Ω)	1
֡	CIAL RECE

WHITE TO CUSTOMER

CANARY CEMETERY PINK...... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57334

MOUNT HOPE CEMETERY E- 18059 (619) 527-3400

	Date	March 19	8 .20 04
From: Howard Cutts !		ew Dr. , S.A	. Ca 92139
Eighty-Seven	and ov	Dollars	(\$87.00)
in Dart Payment of	3) pre-needs on	lot Loca	<i>stront</i>
Lot 59,31,31 Gra	10 9 Row	Section 2	Division 12
Invoice No. E-17609 E	NOT VALID FOR FEMPORES STATED UNLESS	CREDIT 67007	Ĭ
Acct. No	_ FAID	20% Sales Care 77184 80% Sales 100 of Lots 77184	87.00
w.o	MAR 1 8 2004	Opening/ 100 Closing 77181	
BALANCE DUE	_	Containers 77182 100	
526 *	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183	
Pre-Need Lot At Need On Ac	v	Pre-Need 63033 Trust 77186	
Pre-need Trust Cash Chec	issued by tauletic.	Sales Tax 60101 78390	- CO (5)
AC-212 (Rev. 10-02)	05	TOTAL PAID \$	2.1100

57669

WHITE TO CUSTOMER CANARY CEMETERY

	(5.5) 52.7-5400
From: Howard Cutta Address	1038 Wallington. 80 92139
MA DIA	Dollars (\$ \$7.00)
Div Sec Q	Bik/ Row Lot 31/39 Grave 9,10 16
Acct. No. 17610 NOT VALID FOR PUP STAMPED "PAID" IN	20% Sales Care 77184 90% Sales 100
W.O	AID of Lots 77184
Pre-Need Lot At Need On Acct	Handling Fee 77185
Pre-need Trust Cash Check Issued Issu	OFB CEMETERY SAMES TAX 60101 78390 TOTAL PAID \$

OF	FICIAL RECEIP	T
	(Ω)	

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E 18059

58118

From: MR. Howard J.	Cultsaddress: 2038 Alta	Dollar (S	174.00 174.00
in part Payment of 1. Div 12 Sec	re-need 1013,	ot 3/9 39 Grave	/ / 2 2
Invoice No. E-17609, 17610, Acct. No. E-18059, W.O	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burial 100	112 00
Pre-Need Lot X At Need □ On Acct □ Pre-need Trust □ Cash □ Check X	MOUNT HOPE CEMETERY	Sales Tax 60101	
AC-212 (Rev. 4-04) This information is available in afternative formats upon requir	ISSUED BY TUN awyor a	78390 — TOTAL PAID \$	174. 00

O	FFICIAL RECEIPT
ī	

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

E-18059

MOUNT HODE CEMETERY

58279

	(619) 527-340		Manhanesta, es
	N 53	12-03-04	09:29 PAID
From: Howard Cu	tts Address: 2038 Out	a Vilw Dr.	, 20
eighty-		POD Dollars (s_87 00
12	of pre-reed lots	20 21	0 10 1
Div Se	ec Row	Lot 39, 3/ Grav	109,10, G
Invoice No. E-17609,17610,18	OS9 NOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007	56000
Acct. No.	STAMPED "PAID TAID.	20% Sales Care 77184 - 80% Sales 100 of Lots 77184 -	31 00
W.O/EC	DEC - 3 2004	Opening 100 Closing 77181 - Burial 100	
BALANCE DUE 55 00 / 55 / 246	00 DEC - 0 2007	Containers 77182 -	
Pre-Need Lot X At Need On A	MOUNT HOPE CENTERENT	Handling Fee 77185 - Recording & 100 Misc. Fees 77183 - Pre-Need 63033 Trust 77186 -	
Pre-need Trust Cash Che	ISSUED BY . Vullegax		0- 10
AC-212 (Rev. 4-04) 79	72	TOTAL PAID \$ -	87100

CANARY CEMETERY PINK AUDITOR

	(010) 021 040			
From: Howard Cutts	Address: 2038 Outou	· april	22 ,20 20 921	39
		Dollars	40 00	_
inPayment of Div /a Sec	gre-null	ot 31/39 Gra	ave 10/4	19
Invoice No. E17609	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID THIS TO SEE	CREDIT 67007	-7	1
Acct. No. <u>E17410</u> W.O. <u>E18059</u>	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	87	00
BALANCE DUE 274- 279-	APR 2 2 2004	Closing 77181 Burial 100 Containers 77182	9	
Pre-Need Loty At Need On Acct	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033		
Pre-need Trust Cash Check	ISSUED BY tan Hetze	Trust 77186 Sales Tex 60101 78390	693	.50
AC-212 (Rev. 4-04) This information is available in alternative formats upon request.	Uniform control (TOTAL PAID \$	87	00

MT. HOPE CEMETERY

INTERMENT ORDER

REA-104 (7-95)

City of San Diego
Date Sept 36,03

You are hereby authorized and instruct	CHAIRO Led, subject to your rules and regulation Chine	
ina Oiner	Funeral, date, time	9/20 11:00
Church Chapel, Graveside		Mortuary.
	p.m. of regular work day or an extra cl حتی d.	narge of \$
		ion/Block /2_
Grave space & Care Fund		985
Additional spaces and care fund		110-
Opening/Closing & Setup	BAID	45
Buriai Container		
Handling Fees	SEP 30 2003	(60)
Flower vases - Marker setting fee	JCI PROFILE TAR	
Recording and filing fee	MT. HOPE CEMETAR CITY OF SAN DIE	_ 20 _
Sales taxes	CITY OF SALL	100.00
shown to soy	Total Due 837	73330
allo D. 10	Paid receipt number K-5673	8 1834.00
./	Balanc	e due
any liability on account of said authoriza	et 4 7 E of the ab ceition of remains as above indicated. I ization and I agree to hold Mt. Hope Cei	ove named decedent
I hereby authorize the interment in lot I hold under deed.	X 27 19th =	street
Signeture of recorded holder of elevel	- SAN DIEGO (614) 736	04-971150 0-7985
_ 1806	O Invoice #	
Work Order # E	Acct. #	

© Printed on regulad paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 18060

GRAVE BLIND CHECK FORM

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

1 . 7		A .	
taylor		Road	Hora
	x		
		Ashe	
Blind Check Initiated B Interment space for: Interment Date: \textstyle{\textstyle{\textstyle{1}}	Felip	e Se	gura
Div: 12 Sect: 2	Blk/Row:_	Lot: _	157 Gr. 8
Grave Laid out by: N			
Agrees with Legal Card	d: 🗹 Yes	□ No Po	lagar
Agrees with Map: 🗗 Y	res , D	No	grave
Blind Check & Verified	By Dail	Youis-	_ Date: 9-29-0

E-18060

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		MO	DATE OF BIRTH NTH, DAY, YEAR	3. DATE OF DEAT MONTH, DAY, YE	AR
FRLIPE 5A. CITY OF DEATH		·	SEGURA .	TH-OUTSIDE CALIF	The second second second	7/10/1980	09/21/200	
SAN DIEGO	,	,	SAN DIEGO	OUTSIDE CALIF.	OF INFOR			2006
SAN DIRGO	HEPPIALE	IA—FUNERAL DIRECTOR OR PERSON A	į -	ALIF: LICENSE NUMBER -F APPLICABLE -1575	27 19 SAN D	TH ST. IEGO, CA S		ATE SIGNED
ACKNOWLEDGMENT OF AP	PLICART hereby Section I	acknowledge as applicant that the proposed disposi- 0376 of the Health and Safety Code, and was authoris	tion stated herein is one of the persuant to Section 7100 of	he dispositions authorized by the Health and Salety Code.	> Yos	John Kan	mgn. 100/	29/200
PERMIT	SIONS OF THE CALL	UED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED		98. DATE PERM 09/29/2	2003		50000 S000 B000 B000	UING PEXMIT
LOCAL REGISTRAR		NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	J. LEMON		23160	91	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH- ED IN CAUFORNIA 85222), CA 92186-5222		DORESS OF REGISTRA DISPOSITION IS TO OC			你 祖人	•
10. AUTHORIZED DISPO	Commence of the latest services of the latest		2 6			FOR COR	ONER'S USE OF	ILY T
TE A. BURIAL ONCLU	DES ENFOMBMENT)	(1 -	ENTEMPORARY EN	AULTMENT .	10	T I DISPOSITION	PENDING REMAINS	LOCATED AT
B. CREMATION	220 2111 (2.110)	H	F. DISINTERMENT	4	Į.	(Name and A		LDUNILD AI
The state of the s		IAINS OTHER	G. SHIP IN TO CALIF	FORMA (SIDE OF CALIFORNIA	v 1			
BURIAL	3/31 MA	DORESS OF CALFORNIA CEMETERY	•	118. DATE BURI	ED 11C. SI	GNATURE OF PER	SON IN CHARGE OF	BURIAL 3
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMA	ATED 12G. S	GNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC	13A, NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	EIVED 13C. S	GNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		148. DATE SHIP		DDRESS AND SIGN F PLACING WITH T	IATURE OF PERSON THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		arest point on shoreline, or oth Entify final place and ca <u>distric</u>		168. DATE OF DISPOSITIO		GNATURE OF PER HARGE OF DISPOS	SITION OF C	ISE NUMBER REMATED RE- IS DISPOSER APPLICABLE

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

Arna

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dept 29 03

	ewart 201135
ina TS Vault F	uneral, date, time Wed 10/1 1:00
Church, Chapel, Graveside	:Glam Albberg Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$
3:05 will be applied and billed to undersigned.	
Lot 81 Grave 3 Row	Section Otvision/Block 1
Grave space & Care Fund	<u>985–</u>
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	AID 275
Handling Fees	_204-
Handling Fees	70 20-13
Recording and filing feeMT: HO	PE CEMETARY SUT
Sales texes CITY OF	SAN DIEGO (21.31
	Total Due 1948 3
Paid re	scelpt number R 56733 1948.3/
₩ ⁻ 1	Daughter Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to hake disposition of that I have the right to make this authorization are any liability on account of said authorization ar	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any nearmy on account or said authorization at	Marine Marine
hereby authorize the interment in lot I hold under deed.	
	1254 Jade Cove Co
Signature of recorded holder of sheet	San Diego CA 9215
09-29-03P03:13 PAID	Talabases
NM 18061	Application De
Work Order # E	Invoice #
TYUR CAUSE #	Acct. #

REA-104 (7-96)

This information is available in atternative formats upon request.

E-18061



DEPARTMENT OF VETERANS AFFAIRS

Regional Office (1-800-827-1000) 8810 Rio San Diego Drive San Diego CA 92108

September 29, 2003

DOROTHY L. STEWART SPOUSE OF VETERAN 7017 TUTHER WAY SAN DIEGO CA 92114 In Reply Refer To: 377/217

XSS 261-74-2167/10 STEWART, J A

Dear Mrs. STEWART:

The records of the Department of Veterans Affairs (VA) disclose that JAMES A. STEWART served in the Armed Forces of the United States as follows:

Entered On Active Duty: September 19, 1964

Released From Active Duty: May 31, 1984

Branch of Service: UNKNOWN

Character of Discharge (As certified to VA by military branch of service or shown on official

military documents): HONORABLE

Service Serial Number: 261742167

Rank and Organization: E-7

Date of Birth: February 1, 1946

Sincerely yours,

M. Daniels

M. Daniels

Veterans Service Center Manager/8

Email us at: sandiego.query@vba.va.gov

MT HOPE CEMETERY E- 1806

GRAVE BLIND CHECK FORM

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

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Intermen Intermen	t space fo	ed By: vr: Wod \	nes 0/17	Ster	1.00	
72	3	D BIL			<u>81</u> G	
Agrees v	vith Legal	Card: 🛛 \	es [J No	flag	m Xue
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Blind Ch	eck & Ver	rified By:		- W	Date:_	

E= 18061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1	IC. LAST (FAMILY	n		2. DATE OF BIRT	H 3. DAT	E OF DEATH	
JAMES		ANTHONY	i	STEWART			027017194	6 0972	5/2003	M
SAN DIEGO			,	SB. DOUNTY OF D ENTER STATE	EATH-DUTSIDE CALIF., SAN DIRCO	OF IN	RELATIONS P. FU FORMANT SE STEWAR			
7A. TYPED NAME AND A GLEW ARREST 3838 BORTT	THE RESERVE OF THE PROPERTY OF		ELOCUSEVI	ING AS SUCH 78.	CALIF. LICENSE NUMBER —IF APPLICABLE FD1371	1254 SAN	JADE COV DIEGO, CA	E COUR 92154	T.	
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby in	channings as applicant that 176 of the Health and Safety (the proposed dispesition	n stated herein is one o	of the dispositions authorized by 0 of the Health and Safety Code.	1		las	\$2.5 W	9/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	THE RESERVE AND PARTY OF THE PA	WITH PROVI- SAFETY CODE ON SPECIFIED	THE REAL PROPERTY.	E PAID 98 DATE PERM	ALEZ		A POWER LOSS AND SHIP	STRAR ISSU	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RI IF DEATH OCCURRE P.O. BOX SAN DINCE	D_IN_CALIFORNIA		₽E.	ADDRESS OF REGISTRA IF DISPOSITION IS TO OC				1	940
10. AUTHORIZED DISP		and the second of the second	П	TEMPORARY E	NVALIE TMENT		I DICEOUSIT	NON PENNIN		OCATE
A. BURIAL (INCL.	OF CREMATED REM EMETERY SE	AINS OTHER	F F		(X	E.C.		PERSON IN	6 FATTH CONTROL	
A. BURIAL (INCL.) B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REM EMETERY SE 11A. NAME AND A MOUNT HOP	AINS OTHER	THIA CEMETERY	DISINTERMENT SHEP IN TO CA TRANSIT TO C	LIFORNIA DUTSIDE OF CALIFORNIA	150 MG	SIGNATURE OF	PERSON IN	CHARGE OF	BURIAL
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION	OF CREMATED REM EMETERY SE 11A. NAME AND AI MOUNT HOP SAN DIEG	ODRESS OF CALIFO	ANIA CEMETERY, 3751 MA	DISINTERMENT SEP IN TO CA TRANSIT TO C	LIFORNIA DUTSIDE OF CALIFORNIA	150 MG	(Name a	PERSON IN	CHARGE OF	BURIAL
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC USE	OF CREMATED REMEMETRY SE 11A. NAME AND ALMOUNT HOP SAN DIEGE 12A. NAME AND ALE	ODRESS OF CALIFOR E CEMETERY D, CA 92102	RNIA CEMETERY , 3751 MA	E, DISINTERMENT B. SHIP IN TO CA I TRANSIT TO CO RKET ST.	LIFORNIA DUTSIDE OF CALIFORNIA 118. DATE BURI 10 - 1 - 0 128. DATE CREM	03 NATED 120	SIGNATURE OF	PERSON IN	CHARGE OF	BURIAL BURIAL REMATION
A BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REM. EMETERY SE 11A. NAME AND AL MCUNT HOP SAN DIEGE 12A. NAME AND AL 13A. NAME AND AL 13A. NAME AND AL 14A. NAME AND AL	ODRESS OF CALIFORMERS CA 92102 ODRESS OF CALIFORMERS	PINIA CEMETERY , 3751 MA RINIA CREMATORY RINIA FACILITY RE	E DISINTERMENT SHEP IN TO CA TRANSIT TO CO RKET ST.	LIFORNIA DUTSIDE OF CALIFORNIA 118. DATE BURI 10 - 1 - 0 128. DATE CREM	110 13 ATED 120	SIGNATURE OF	PERSON IN	CHARGE OF CHARGE OF	BURIAL PREMATION

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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ Supt. 29,03

Un Of-	itia 227133
in a Type of Build Container Church Chapel, Graveside	C L A G
All Funeral cars must arrive before 530 p.m. of	The state of the selection of the select
will be applied and billed to undersigned.	
242 A	d-
Lot 192 Grave LO Row	Section Q Division/Block 1 2
Grave space & Care Fund	<u>985</u>
Additional spaces and care fund	
Opening/Closing & Setup	41D 413-
Burial Container	7-7-
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Salaa taxaa	
yed of prentran	Total Due [948-3]
a classed in his	054727194831
O Paid les	which number * VY I I I I I I I
Y Paid leg	Annual Control of the
15.	Balance due
I harahy cartify I am that So I/I	of the above named decedent remains as above indicated. I certify and represent and lagree to hold Mt. Hope Cametery harmless from
i hereby certify I am the So M and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	of the above named decedent remains as above indicated. I certify and represent indicated the agree to hold Mt. Hope Cemetery harmless from interment.
I hereby certify I am the So M and this is your authority to make disposition of that I have the right to make this authorization a	Palance due of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from i interment. 1055
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i hereby certify I am the So M and this is your authority to reake disposition of that I have the right to make this authorization as any liability on account of said authorization and I hereby authorize the interment in lot I hold under deed.	Balance due of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from i interment. \$\int 55 = E SP \circ 6^2 C \$\int 622 E 3 rd A ve \$\int 500 \text{cond} \(\text{cond} \) \(\(c





MT HOPE CEMETERY E 18062

GRAVE BLIND CHECK FORM

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

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	noza	х		Herry	
			Lee		
Intermer Intermer Div:	neck Initiated By: nt space for: nt Date: Sect:	Alfredo 10/1 T BIKROW:	ime: Lot:		<u> </u>
Grave L	aid out by: No	RMAN	Fers	Mosus	
Agrees v	with Legal Card: with Map: 🗹 Ye	voryes L es □N	10 1 No d	gray and	w
Blind Ch	neck & Verified I	By DAVID	_	Date: <u>4</u>	29-03

E-18062 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				E OF DEATH 4. SEX
ALFREDO		<u> </u>	ESPITIA-LA	OYA			29/2003 M
SA. CITY OF DEATH			58. COUNTY OF DEAT	TH-OUTSIDE CALIF.,	B NAME.	RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
ATIONAL C	TTY		SAN DIEGO	A CONTRACT CONTRACT OF	HERM	INIA ESPITIA-DAU	CHTER
		IA-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH TB. CA	LIF LICENSE NUMBER		EAST 18th ST.AF	
GUADALUPAN	VA MORTUARY	,2601 IMPERIAL AV	Æ	IF APPLICABLE		ONAL CITY, CA.919	
SAN DIEGO,		PUSEA STREET	107	FD-1425			
	T recover	schnowledge as applicant that the proposed do			SA SIGN	ATURBOF APPLICANT—forson baking	
ACKNOWLEDGMENT OF AP	Section 10	1376 of the Health and Safety Code, and was aut	horiged pursuant to Section 7100 of t	he Health and Salety Code			130/30/2003
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE	9A. AMOUNT OF FEE F	AID 98 DATE PERMIT	ISSUED	9C. SIGNATURE OF LOCAL REC	SISTRAR ISSUING PERMIT
	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPECIFIED		SELENE CH		2316164	
		O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	09/30/20	103	>	
ANY CHANGE IN DISPOSE		EGISTRAR OF DISTRICT OF DEAT				RICT OF DISPOSITION-	
TION REQUIRES A NEW PERMIT HO SHOW FINAL	IF DEATH OCCURRE	ORDS P.O. BOX 8522		DISPOSITION IS TO OCCL	R IN AND	OTHER DISTRICT IN CALIFORNIA	
DISPOSITION.		CA. 92186-5222					
IO. AUTHORIZED DISPO						FOR CORONER'S	S LISE ONLY
The Standard Standard	and a little warre		7			The same and the same and the same and	
X A. BURIAL (INCLU	DEB ENTOMBMENT)		E. TEMPORARY ENV.	AULIMENT		(Name and Address)	3-REMAINS LOCATED A
B. CREMATION			F. DISINTERMENT			(realise and reduces)	
C. DISPOSITION C	OF CREMATED REM. METERY	AINS OTHER	G. SHIP IN TO CALIF	ORNIA			
D. SCIENTIFIC US			H. TRANSIT TO OUT:	SIDE OF CALIFORNIA			
	11A NAME AND AC	DORESS OF CALIFORNIA CEMET	RY	118. DATE BURNE	1 110	SIGNATURE OF PERSON IN	CHARGE OF BURNA
BURIAL		E CEMETERY, 3751			_	1/	/
BONIAL		,CA. 92102		10-1-0	3	Luxer I	/
. —		DDRESS OF CALIFORNIA CREMA	YARY	100 DATE COUNTY	FD 100	Will a service of	any
	TEA. NAME AND AL	JUNESS OF CALIFORNIA CHEMA	IONI	128. DATE CREMAT	EU 120	SIGNATURE OF PERSON A C	HANGE OF CHEMATION
CREMATION				8	100		A20-51
<u> </u>						V	
2		the state of the s		71	1		
4	13A. NAME AND AD	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECEN	/ED 130	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEN	/ED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC USE	13A, NAME AND AC	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEN	/ED 130	, SIGNATURE OF PERSON IN	CHARGE OF FACILITY
USE						47 MT 67	
USE	14A. NAME AND AD	DORESS OF CALIFORNIA FACILIT DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	COUNTRY WHERE	13B. DATE RECEN		47 MT 67	OF PERSON IN CHARGE
USE	14A. NAME AND AD	DORESS IN RECEIVING STATE OF	COUNTRY WHERE			ADDRESS AND SIGNATURE (OF PERSON IN CHARGE
USE	14A NAME AND AD REMAINS OR (ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	COUNTRY WHERE	14B. DATE SHEPPE	D 146	ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	OF PERSON IN CHARGE RIER
USE TRANSIT SCATTERING AT SEA	14A NAME AND ADREMAINS OR (DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE REST POINT ON SHORELINE, OR O	COUNTRY WHERE SHIPPED	14B. DATE SHIPPE	D 146	ADDRESS AND SIGNATURE (OF PLACING WITH THE CARI SIGNATURE OF PERSON IN	OF PERSON IN CHARGE RIER 1 150. LICENSE NUMBER
TRANSIT SCATTERING AT SEA	14A NAME AND ADREMAINS OR (ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	14B. DATE SHEPPE	D 146	ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	PERSON IN CHARGE RIER 1 15D. LICENSE NUMBER 1 OF CREMATED RE- 1 MARKS DISPOSER
USE TRANSIT SCATTERING AT SEA	14A NAME AND ADREMAINS OR (DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE REST POINT ON SHORELINE, OR O	COUNTRY WHERE SHIPPED	14B. DATE SHIPPE	D 146	ADDRESS AND SIGNATURE (OF PLACING WITH THE CARI SIGNATURE OF PERSON IN	OF PERSON IN CHARGE THER 1 150. LICENSE NUMBER 1 OF CREMATED RE-
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-03

You are hereby authorized and in	nstructed, subject to your rules and regulations, to inter the remains
of Sula Tr	nde Winston 227143
na Fines	Funeral, date, time Gues Oct 7th 100
Church, Chapel, Graveside	: Ragodale Mortuary.
All Funeral cars must arrive before	re 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to unde	reigned.
Lot <u>53</u> Grave 4	_ Row Section Division/Block/2
Grave space & Care Fund	985,00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	PAID 209 00
Handling Fees	
Flower vases - Marker setting fe	• OCT 0 2 2003
	MT. HOPE CEMETARY 50-00
Sales taxes	MT. HOPE CEMETARY CITY OF SAN DIEGO: Cr. 16.20
	Total Due
moderary.	Paid receipt number R 54749 1833.26
11/20 900	Balance due
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said au	of the above named decedent e disposition of remains as above indicated. I certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from athorization and interment.
10-02-03 I hereby authorize the interment	SPO1:54 PAID ()
hold under deed.	Address of factors
	21/100
Signature of recorded holder of dead	Cay De Codo
Paulette 18	Telephone D 6 3 Invoice #
Work Order # E	Acct. #
	This information is available in alternative formats upon request.

& Printed on recycled paper

NO.508

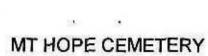
MT. HOPE CEMETERY INTERMENT ORDER

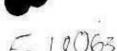
Olty of San Diego

Deto 9-29-03

tra Floids	Fungral, data, time Supp. Oct 7th 10
Church, Chape, Grevenide	: Ragodale morney
	. of regular work day or an extra charge of 8
will be applied and billed to undereigned	
Lot 53 Greve 4 Row_	Section2_Division/Black12
Greve space & Care Fund	985:00
Additional spaces and care fund	7.7.25
Opening/Closing & Setup	43.00
Burial Container	209.00
	160.00
Flower vasas - Marker satting les	
Recording and filing fee	5000
Salos taxes	16.30
n. sol	Total Due
TO O COURSE Pake	f receipt number
11/20/10	Balance due
hereby cently I am the	of the spore regred deceder
and this is your authority to make dispositions. I have the right to make dispositions.	of the those named deceder or of ramains as above indicated. I carelly and represent on and I agree to hold Mt. Hope Cornetery harmises from
my liability on account of each authorization	and memory.
	1 . 2 1
	X Balamue mile
	246 Enclid Avenue #H
	246 Enclid Avenue #H San Diego, CA 92114
old urder deed.	246 Enclid Avenue #H
C. Atto	246 Enclid Avenue #H San Diego, CA 92114
Paul de la 18063	246 Enclid Avenue #H San Diego, CA 92114 (619) 263-9423

Check pent 10/01/2003





GRAVE BLIND CHECK FORM

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

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		Yes Yes	Control and the Control of the Contr	No	Y) .
Ilind C	heck & V	erified By:_	(K)as	sen	Date:	10-60

E- 18063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2, DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Lula	Mae	Winston		01/27/1914	MONTH, DAY, YEAR 09/28/2003 F
SA. CITY OF DEATH	- W - 1110/A110 -	58 COUNTY OF DEATH		NAME, RELATIONSHIP, FULL I	MAILING ADDRESS AND ZIP CODE
Nation	nal City	Se Se		Lola Mac Mille	r. Friend
Anderson-I	poress of califorma—Funeral director or pe Ragsdale Mortuary, 5050 F , CA 92102	ederal Blvd	IF. LICENSE NUMBER FAPPLICABLE	246 Euclid Ave	nue, Apt. H
ACKNOWLEDGMENT OF AP	The state of the second state of the second		dispositions authorized by	Man Lange	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH P SIONS OF THE CALIFORNIA HEALTH AND SAFETY AND IS THE DISPOSITION SPECIAL THIS PERMIT. NOTE THIS PERMIT. NOTE THIS PERMIT ONES NO MIGHT OF DISPOSAL OUTSIDE OF CALL	CODE	09/30/2003 B. Campbel	2316138	DCAL REGISTRAR ISSUNG PERMIT
ANY CHANGE IN DISPOSA- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box	· • ·		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFO	
3/3/53/02/03	SAR-DREGO, CA 92186 OSITION(S) CHECK APPLICABLE ITEMS	ii		I FOR COL	RONER'S USE ONLY
8. CREMATION		G. SHIP IN TO CALIFO	PANIA	(Name and A	PENDING REMAINS LOCATED (Address)
BURIAL	Mt. Hope Cemetery, 3751 San Diego, CA 92102		10-7-03	1 1/	RSON IN CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CF	REMATORY	128. DATE CREMATED	12C. SIGNATURE OF PER	ISON IN CHANGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	ICILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	RSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE 1		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FIGIENT TO IDENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PET CHARGE OF DISPO	RSON IN 15D, LICENSE NUMBER OF CIEDANTED RE-MAINS DISPOSER —IF APPLICABLE

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

Atned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-03

na Ame	4	_ Funeral, date, time	7 hi Lay	OCH 3 Nd 1
Type of the	tel Container	nk •	00 /	
Church Chapel Grav	Same San and Asia Sali			Mortuary.
All Funeral cars must	arrive before 3:30 p.r	n. of regular work da	ty or an extra char	ge of \$
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nd this is your autho	rity to make dispositi	on of remains as ab	ove indicated. I ce	rtify and represent
ny liability on accoun	make this authorization of said authorization	n and interment.	ж мк. норе сете	tery narmiess from
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hereby authorize the	interment in lot I	Signature	Diese C	a anay
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Atneed

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-30-03

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has I have the right to make this authorization and I agree my liability on account of sald authorization and intermen	to hold Mt. Hope Cemetery hermiess from
	10. 11/16
hereby authorize the interment in tot I	rement parties
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Hest Vine To	an Nieap.CA 9210
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aulette 18061 invak	
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MT HOPE CEMETERY E 180 64

GRAVE BLIND CHECK FORM

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

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E- 1806A

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

94

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF	
CRRISTINE		PEARL	MCFALLS		6270971969 697277			2003 F
SA. CITY OF DEATH MATICHAL CITY 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON. SAN DIEGO HOSSITAL CHAPEL. SAN DIEGO, CA 92104		58. COUNTY OF DEAT ENTER STATE SAN DIEGO		8. NAME, OF INF	RELATIONSHIP, FULL MORIMANT		WORLD IN THE	
		- I	LIF LICENSE NUMBER IF APPLICABLE D-1575	231 SAN	DIEGO, CA	DR. 92105		
ACKNOWLEDGMENT OF AP	es areast I hereby	acknowledge as applicant that the proposed dispo 10376 of the Health and Safety Code, and was author			Ses	of Kun	Sh.	10/0/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CAL AND IS THE AUTHOR IN THIS PERMIT.	SUED IN ACCORDANCE WITH PROVI- IFORNIA HEALTH AND BAFETY CODE SITY FOR THE DISPOSITION SPECIFIED NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	10/02/2	003	C. SIGNATURE OF LO	CAL REGISTR	AR ISSUING PERMI
	P.O. BOX	REGISTRAR OF DISTRICT OF DEATH B5222 D, CA 92186-5222				ICT OF DISPOSITION— THER DISTRICT IN CALIFO	RNIA	•
O. AUTHORIZED DISP	SITION(S) CHECK	APPLICABLE ITEMS				FOR COR	ONER'S U	BE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND	DORESS OF CALIFORNIA CEMETER		ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE		SIGNATURE OF PER	SON IN CHAR	RGE OF BURIAL
CREMATION	12A. NAME AND	ADDRESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERS	SON A CHUR	GE OF CREMATION
SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C	SIGNATURE OF PER	son in Chaf	IGE OF FACILITY
TRANSIT		ADDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	ED 14G	ADDRESS AND SIGN OF PLACING WITH T		ERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, OR OT DENTIFY FINAL PLACE AND CA <u>DISTRI</u>		158 DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

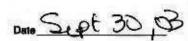
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



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ina	Cupt F	uneral, date, time	M 17	3 1.50
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All Funeral cars must a	arrive before 3.65 p.m. c	tregular work day or a	in extra charge	e of \$
will be applied and bill	ed to undersigned.	ser!		
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I heraby authorize the hold under deed.	interment in lot I	2640		warast
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Kany -	18065	Invoice #		
Work Order #		Acct. #		
REA-104 (7-86)	This informa	tion is available in alte	ernative forma	its upon request.

© Printed on regular paper

MT HOPE CEMETERY - 18065

GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX	
Mzzie	Lizzie Mae			10/25/1926 09/26/200		
SA. CITY OF DEATH	0.0000000000000000000000000000000000000	ENTER PTATE	ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT	DORESS AND ZIP CODE	
San Die		00	San Diego	Levy Hayes, Husband	1	
Anderson-R	epress of califorma—funeral director or person as agsdale Mortuary, 5050 Federa	1 Blvd	IF APPLICABLE	5640 Churchward Str San Diego, CA 92114		
San Diego,	CA 92102	P	D-1329	8A. SIGNATURE OF APPLICANT—Person taking I		
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposit Section (0376 of the Health and Selety Code, and was authorize			Ella Lampbell	09/29/200	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THE PERMIT GIVES NO BIGHT OF DISPOSAL CHITSING OF CALIFORNIA.	BA. AMOUNT OF FEE	09/30/20 8. Campb	003 2316112	ISTRAR ISSUING PERMIT	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- F DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box 8522 San Diego, CA 92186-5222			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA		
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMAINS OTHER	S1665000000001 (52200000	IFORNIA ITSIDE OF CALIFORNIA	(Name and Address)	REMAINS LOCATED A	
BURKAL	Mt. Hope Cemetery, 3751 Mar San Diego, CA 92102		10 3 O	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL	
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSONAN CI	HARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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will be applied and billed to unders	igned	
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Additional spaces and care fund		77.3
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al MOUNT	Dram arma B	tal Due
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08 10/4/63		Balance due 722-31
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ELMIRA A NA	96, VELLY SIG	2WIJ 897125
I hereby suthorize the interment in hold under deed.	Signature 2777	Belderst#30
Signature of recorded holder of deed	- San 2	exo C4 92111
Oulette	(858)	277-6685 26000
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E 18066		✓ Track Your Expe	inges		TAX DEDUCTIBLE	ITEM -
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A CONTRACTOR OF THE PARTY OF TH



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From E. Pagiyeva Truty 1+00/100	Address: 7777 Bull	don ox	/ #3∠ Dollars (20	03
in Payment of Grave	Row	Section		Division N	los
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Pre-Need Lot □ At Need □ On Acct	MOUNT HOPE CENETER	Handling Fee Recording & Misc. Fees Pre-Need	100 77185 - 100 77183 - 63033	200	-
Pre-need Trust Cash Check	ISSUED BY FRANKLES	Trust Sales Tax	77186 - 60101 78390 -	.30	10
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.	3335551	TOTAL PAID	\$.	30	10

OF	ICIAL RECEIP	T
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.... TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

56988

MOUNT HOPE CEMETERY

	(619) 527-340	Dia	9 3D 921	03
in part Payment of	pre mud	en 87 30 ((\$ 30 - 10	11
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OF	FICIAL RECEIPT
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WHITE TO CUSTOMER CANARY CEMETERY PINK AUGITOR

CITY OF SAN DIEGO, CALIFORNIA

57059

MOUNT HOPE CEMETERY (619) 527-3400

		Date: yan	.6	, 20	09
Thurty and	<u> </u>	- The St	Dollars (\$	3019	<u> </u>
in Paul () Payment of Fot Grave	Pre-need true	Section 7		Division /	1AS
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WHITE TO CUSTOMER CEMETERY AUDITOR

MOUNT HOPE CEMETERY

From: E. Nagiywa	Address: 7	777B	Date: Le Udon st	6 10 # 30	30	92111
in part Payment of _	pu	nu	d	Dollars (- D. J. J. J.	
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This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

	4.2	(619)	Date: May	oh	9	NL
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iri Part	Payment of	py mid	Section	T	gr - 12 - 12 (f)	asn
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This information is evallable in alternative formats upon request.

OFFICIAL RECEIPT	CITY OF SAN DIE	EGO, CALIFORNIA	5740
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Pre-need Trust Cash Che	ISSUED BY Tam Hetz	78390	30 1

TOTAL PAID

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

rom: E. Nag	0	Address: //	77 Belde	n or	Dollars (\$	30.1	0
IV Mas	_ Payment of Sec		Blk/ Row Lot	26	Grave	_4	
rvoice No. <u>E/8</u>	3066	NOT VALID FOR PURPOS STAMPED "PAID TIP	SES STATED UNLESS	CREDIT 20% Sales Care 80% Sales	67007 77184 ——		
<i>i</i> .o	511.4/	MAY 0	6 2004	of Lots Opening/ Closing Burial Containers	77184 — 100 77181 — 100 77182 —		
Pre-Need Lot At N	eed On Acct	MOUNT HOP	E CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 83033 77186 —	30	10
Pre-need Trust/ C	ash Check	ISSUED BY Fam	Hetzel	Sales Tax	60101 78390 —	30	10



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Elmira Naging	elle Address: 7	777 Bell	120	₩ 30 Dollars (\$_	80 9 30	3/1
in Payment of Payment of Sec	TP	Blk/ Row	Lot <u>24</u>	Grave	4	
Invoice NoE_180ldo Acct. No	NOT VALID FOR PURI STAMPED "PAINTED T	POSES STATED UNLES	CREDIT 20% Sales Care 80% Sales	100		
N.O	JUNU	3 8 2004	of Lots Opening/ Closing Burial Containers	77184 —— 100 77181 —— 100 77182 ——		
Pre-Need Lot □ At Need □ On Acct □	MOUNT HO	PE CEMETER	P.I.B.IABBO	77185 100 77183 63033	30	ıC
Pre-need Trust Cash Check	ISSUED BY LOW	- Hebb	Trust Sales Tax	77186 — 60101 78390 —	3 0	0

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

57825

MOUNT HOPE CEMETERY

(619) 527-3400

From: Elmina Magiyevandere	985:7777 1	Bilden &	Ley 27 2 \$ 30 Dollars (\$	1 .20 30.1	931
in	Blk/ Row_	rud Lot Ho	Grave _	4	
Acct. No	PAIL	UNLESS CHEDIT 20% Sales Care 80% Sales of Lots Opening/	87007 77184 —— 100 77184 ——		
101 111	UL 2 1 2004	Closing Burial Containers Handling Fee Recording &	77181 —— 100 77182 —— 100 77185 ——		
Pre-Need Lot At Need On Acct MOUNT Pre-need Trust Cash Check	HOPE THE	Misc. Fees Pre-Need Trust Sales Tax	77183 —— 63033 77186 —— 60101	30	10
C-212 (Rev. 4-04)	an He	TOTAL PAID	78390	30	10

TO CUSTOMER
CEMETERY
AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From: Elmina Nagiywa Address:	1777 Bild	Cuy	\$30 8	20 92	111
in April Payment of A	BIN Lot	d 26	Dollars (\$	30.1	<u>lo_</u>
Acct. NoSTAMPED "PA		CREDIT 20% Sales Care 80% Sales tof Lots Opening/ Closing	67007 77184 100 77184 100 77181		
Pre-Need Lot At Need On Acct MOUNT HOPE		Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	100 77182 100 77185 100 77185 63033	200	10
Pre-need Trust Cash Check Issued by AC-212 (Rev. 4-04) This information is available in alternative formation formation	nHobel	Trust Sales Tax TOTAL PAID	77186 60101 78390 \$	30	10

OFF	FICIAL RECEIPT
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CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY (619) 527-3400

From: Elimera A. Mass	Date: WWW.Address: ON New Cord	Sape	ember	<u>}</u> ,20	04
Thirty and Payment of 1	Pre-need trust.		Dollars (\$ _	30.10	
Div / MAS Sec	MOT VALID FOR PURPOSES STATED UNLESS	26	Grave	4	_
*Invoice No	STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 ————————————————————————————————————	30	10
BALANCE DUE # 391-21	SEP 0 8 2004	Burial Containers Handling Fee Recording &	100 77182 ————————————————————————————————————	3	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check X	MOUNT HOPE CEMETERY ISSUED BY P. Oraway ord	Misc. Fees Pre-Need Trust Sales Tax	77163 ————————————————————————————————————		
AC-212 (Rev. 4-04) 688	ISSUED BY POLICY OF OR	TOTAL PAID	\$	30	10

OF	FICIAL RECEIPT
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32	

WHITE TO CUSTOMER CANARY GEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

	(**************************************				
From: Elmia A- Maguze	Da Address: On record	e; - Octo	ber 7	, 20	04
Shirty and 100%	40		Dollars (\$	30.10	
Div MAS Sec	T BIN LO	a 26	Grave _	4	
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing	67007 re 77184 —— 100 77184 —— 100 77181		
BALANCE DUE \$3(01-11	OCT 0 7 2004	Burial Containers Handling Fee Recording & Misc. Fees	77182 100 77185 100 77183		
Pre-Need Lot ☐ At Need ☐ On Acct Pre-need Trust ★ Cash ☐ Check	MOUNT HOPE CEMETER	Pre-Need Trust Sales Tax	63033 77186 ——— 60101	30	10
AC-212 (Rev. 4-04) This information is available in alternative formats upon re-	ISSUED BY TOUR PG	TOTAL PAID	78390	30.	10

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From: Elming Nagi	yeva Addres	ss: <u>7777</u>	Belde 100		V- 2	- CA .9 30 10	ALC: COMMITTEE OF THE PERSON NAMED IN COMMITTEE OF THE PERSON NAME
in part Payment Poiv Mas . s	of	Blk/ Row	Lot _	26	Grave _	4	
Invoice No. <u>E - 18066</u> Acct. No W.O BALANCE DUE <u>331, 91</u>	STAMPED PAIL	PAID V 0 2 2004	UNLESS	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bunal Containers	100 77184		
	Acct MOUNT H	OPE CEMETE	RY	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 —— 100 77183 —— 63033 77186 ——	30	10
	28 ISSUED BY	J. Village	as	TOTAL PAID	78390 —— \$ ——	30	10

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CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE C (619) 527-3		582	288
From: Elming Nagiyeva Address: 7777Beldes	Date: Pecember. NO. SD. 100 Dollars (\$	3,200 9211 30 1	04
in part Payment of pul-need trust Div Mas Sec T Blk/ Row Invoice No. E-18066 NOT VALID FOR PURPOSES STATED UNLES	Lot 26 Grave	4_	
Acct. No PAID PAID	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening 100 Closing 77181 —		
Pre-Need Lot At Need On Acct MOUNT HOPE CEMETERY	Burial 100 Containers 77182 — 100 Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — Pre-Need 83033	3()	10
Pre-Need Lot At Need On Acct MOUNT HOPE CEMETERY Pre-need Trust X Cash Check X ISSUED BY VILLE GO AC-212 (Rev. 4-04) This information is available in atternative formals upon request.	Trust 77186	30	10

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

	Date		٠	, 20	05
From: Elmina Naguyeu thirty	Address: 7777 Belde	10/	30 Dollars (\$_	S.D.	10
in part Payment of Div Mas Sec	ore-need trust	n 26	Grave	Ц	
Invoice No. E-18066	NOT VALID FOR DURPOSES STATED UNLESS STAMPED "PAID II TAS FAO.	CREDIT 20% Sales Care 80% Sales	100		
W.O	JAN - 4 2005	of Lots Opening Closing Burial Containers	77184 —— 1007 77181 —— 100 77182 ——		
Pre-Need Lot At Need On Acct	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need	77185 —— 100 77183 —— 63033	30	10
Pre-need Trust X Cash T Check X AC-212 (Rev. 4-04) 745	ISSUED BYM - Ullegas	Trust Sales Tax	77186 —— 60101 78390 ——	30	10
This information is available in afternative formats upon reques	. U	TOTAL PAID	\$	001	10

CITY OF SAN DIEGO, CALIFORNIA

58466

MOUNT HOPE CEMETERY (619) 527-3400

PG	Date:	2-5-0	5,2	005
From: ELMIRA A Nagiyeva Address: 77	77 Belden St			
in Part Payment of Pre-need	trust	Dollars	\$ 30,1	0
Div Mas Sec T	Blk/	. 6 Gra	ve4	
Invoice NoE-18066 NOT VALID FOR UP OF STAMPED PARTY NAS	SPACE. CREE	OIT 67007 Sales Care 77184		
W.O FEB 0 2	of Lo	ning/ 100	30	10
BALANCE DUE 2 40.71	Con	al 100 tainers 77182 100	2	-
Pre-Need Lot At Need On Acct	Misc	dling Fee 77185 ording & 100 . Fees 77183 Need 63033		
Pre-need Trust Cash Check+T	Trus			
AC-212 (Rev. 4-04) # 10 4 ISSUED BY		L PAID \$	30	10

MOUNT HOPE CEMETERY (619) 527-3400

Em E. Maureva	Address: On NCO		,	, 20	<u>03</u> _
1011.	00	ca	Dollars (\$	30.19	
in part Payment of Div MAS Sec	Pu-need trust.	1_26	Grave	4	
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 20% Sales Cr 80% Sales of Lots Opening/ Closing Bunal	67007 77184 — 100 77184 — 100 77181 —		
BALANCE DUE 3 210.61	MAR - 8 2005	Containers Handling Fee Recording & Misc. Fees	77182 — 100		
Pre-Need Lot □ At Need □ On Acco	MOUNT HOPE CEMETERY	Pre-Need Trust Sales Tax	63033 77186 — 60101 78390 —	30	10
AC-212 (Rev. 4-04) 110	ISSUED BY PULLULA	TOTAL PAID	s	30	10

From: ELMIRA A. NAGI	νενΔ ου ρεσθα	000	Ή	, 20	05
Thirty and it			Dollars (\$	3010)
Div MAS Payment of	T BIN Lot	26	Grave	1	_
- Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID THAN STATED	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 ——— 100 77184 ———		
W.O	APR 0 1 2005	Opening/ Closing Burtal Containers	77181 ——— 100 77182 ———		
Pre-Need Lot □ At Need □ On Acc	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 ——— 100 77183 ——— 63033 77186 ———	.70	10
Pre-need Trust Cash Check AC-212 (Rev. 4-04) This information is evallable in alternative formats upon o	ISSUED BY P.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	Sales Tax TOTAL PAID	60101 78390 ———	30	10

WHITE TO CUSTOMER CANARY CEMETERY

From: E. Nagiyeva	Address: On record	:5	-5	, 20	
Thirty and	Ore need trust.		Dollars (\$	30.10)
Div_MQS Sec	Blk/ RowLo	1 260	Grave	4	
*Invoice NoE - 18000 Acct. No W.O BALANCE DUE \$\frac{1}{5041}	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID MAY 0 5 2005	CREDIT 20% Sales Car 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Loss At Need Con Acct Pre-need Trust X Cash Check X	OUNT HOPE CEMETERY	Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 — 63033 77186 — 60101	30	10
AC-212 (Rev. 4-04) This information is everlable in alternative formats upon reques	ISSUED BY T	TOTAL PAID	78390 — \$ —	30	10

CITY OF SAN DIEGO, CALIFORNIA

58915

From: ELMIRA A. NAG	Da DI YEVAndress: On record	te:		, 20(25_
Thirty and "	reneed trust acce	- count	Oollars (\$_	30.10	
Div MAS Sec	DIV	ot <u>26</u>	_ Grave _	4	
*Invoice No. <u>E - 18000</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED TO THE SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 ————————————————————————————————————		-
W.O	JUN - 6 2005	Opening/ Closing Burial Containers	100 77181 —— 100 77182 ——		
FIGHEOR COL MINECOL CITALOL	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 100 77183 63033 77186	30	10
Pre-need Trust Cash Check AC-212 (Rev. 4-04) This information is available in alternative formats upon reques	ISSUED BY Paul title C	Sales Tax TOTAL PAID	\$	30.	10

OFFICIAL RECEIPT			59034		
	(619) 527-3400	T0-00-T00-000	лh	100	05
From Elmyra Nagyeva	Address:	-		,20	<u> </u>
1 Musty-ama w			Dollars (\$ \(\)	3 Q-10	
in Part Payment of Pr	c-need trust.	2404	>	YOU	
Div HAS Sec	Pow Lot	_ 26	Grave _	4	
STANDARD LAND IN COLUMN AND AND AND AND AND AND AND AND AND AN	NOT VALID FOR PURPOSES AT ID UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184		1
W.O	JUL 0 7 2005	80% Sales of Lots Opening/	77184 ——		
BALANCE DUE \$ 90.21	MOUNT HOPE CEMETER"	Closing Burial Containers	77181 —— 100 77182 ——		
De Needlett Athende Control	THE SAME DESIGNATION OF THE PROPERTY OF THE PR	Handling Fee Recording & Misc. Fees	77185 —— 100 77183 ——	20	,
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust Cash ☐ Check X		Pre-Need Trust Sales Tax	63033 77186 —— 60101		10
AC-212 (Rev. 4-04) This information is evaluable in atternative formats upon reduest.	ISSUED BY PCAUDION	TOTAL PAID	78390 —— S	30.	10

CITY OF SAN DIEGO, CALIFORNIA

From: E. Nagryeva 10	Address:	Date:	- 1		3015
Div MAS Sec	T BIK ROW	Lot 26	Grave	4	_
-Invoice No	NOT VALID FOR PURPOSES STATED UNISTAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 —		
BALANCE DUE \$.30.0/	SEP 0 6 2005	Burial Containers Handling Fee Recording &	77182 — 100 77185 —		
Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust □ Cash □ Check ★	MOUNT HOPE CEME	TER Misc Fees Pre-Need Trust	77183 — 63033 77186 — 60101	30	10
Pre-need Trust Cash Check AC-212 (Rev. 4-04) This information is available in alternative formats upon reque	ISSUED BY TU CULL	TOTAL PAID	78390 \$	30	10

WHITE TO CUSTOMER CANARY CEMETERY

From: Elmua A Nagy	eva Addre	ss: onle	Date:	_ Oct	ober	4,20	05
Huty and 1/00		\rightarrow .	a ocour	+	Dollars (\$_	30.N)
Div Masonic Sec	Pu-ne	Blk/ Row	Lot	26	Grave	4	
Acct. No	 Interest of the Control of the Control	PURPOSES STATED OF THE SPACE.	UNLESS	CREDIT 20% Sales Cere 80% Sales of Lots	67007 77184 — 100 77184 —		
W.O		OCT - 4 2005		Opening/ Closing Burial Containers	77181 — 100 77182 — 100		
Pre-Need Lot □ At Need □ On Acct	292	IT HOPE GEME	TEFY	Handling Fee Recording & Misc. Fees Pre-Need Trust	77185 — 100 77183 — 63033 77186 —	30	10
Pre-need Trust Cash Check AC-212 (Rev. 4-04) This information is evaluable in alternative formals upon re-		rawyerd		Sales Tax TOTAL PAID	60101 78390 —	30	, 10

OF	FICIAL RECEIPT
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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

E-18066

59433

2532		(619) 5	27-3400	MEG		
From: Elmua A. Na Thurty and 10	guyeva Addre	988:	Date:	8-4 Dollars (\$ 5	,20 D 3Q10	5
n <u>Part</u> Paymer	nt of <u>Rue-nee</u>	Blk/ Row	Lot 26	Grave	4	
Acct. No	STAMPED "PA	OF PURPOSES STATED ID' IN THIS SPACE. OF 10 3 2005 OF 10 CEMETER	CREDIT 20% Sal 80% Sal of Lots Opening Closing Burial Contains	es 100 77184 — 100 77181 — 100 ers 77182 — 100 Fee 77185 — 100 98 77183 —	20.0	
Pre-need Trust Cash	Check X ISSUED BY	Evenyed Exercises	Trust Sales Ta	77166 — x 60101 78390 —	30.0	0
This information is available in alternative formats		0	IOIALI	Ψ		

42.75	18		E	-18066
Nagiyeva,	Elmira A. 7777 Belden St. #30, San Diego	CA 92111 DEBIT	(858) 277-6685 CREDIT	BALANCE
	Opened Pre-need trust acct.w/25% down R-56740.			963.31
	DIV MAS Sec T LOT 26 GRAVE 4		241.00	722.31
11-14 23	R 56897 Cupon + 1		3010	69221
12-9 03	56988		30 10	106211
1-6-041			3010	63201
2-10 04	57198 4		3010	40191
3-904	57302 5		3010	17/8/
4-6 104	57404 6		3010	94171
5-6 04	57524 7		30 10	98151
6-8 84	57635		3010	98151
7-21 04	57825 9		30 10	1251 41
8-4 04	57863 10		3010	42/31
9-8-09	5985 11		3010	39121
10/7/04	58106 12		30.10	136/11
11-2-04	58189 13	C - ASIM DAY	3000	33/01
12-3-04	58288 14		3010	30091
1-4-05	58381 15		30 10	27081
2-3-05	58466 16		3010	24071
3-8-05	58597		300	21061
4-4-05			3010	180.51
	5		BOTC	The state of

E-1806 MASCI 10+ 26 Gr 4 R-58801 Coupon 20 # 23 10/6/05 Pt in full

pt and

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/03

a Create F	1 - W 10	ore,	
na Olmer	_ Funeral, date, tir	100 LONE	01.00
Church Chapel, Graveside		Kacpdas	Mortuary.
All Funeral cars must arrive before \$300 p.		day or an extra charge	of \$
will be applied and billed to undersigned.	د		
Lot 4634 Grave Row_	Section	Division/Bi	OCK_[D
Grave space & Care Fund			0
Additional spaces and care fund			War Y
Opening/Closing & Setup		D	<u> 413 –</u>
Burial Container	PAI	U	204-
Handing Fees	OF 0.2.7	2003	160-
ACCRECATION OF A CONTRACT OF A			03:4
Flower vases — Marker setting fee	MT. HOPE CE	METARY	50
Sales taxes	SITY OF SAN U	iego, o	16.00
n . 1 - n .	188	THE SUR 30	1837.0
Pa	id Lecelpt number.	R56748	848-90
ř		Balance due	0
I hereby certify I am the		of the above n	amed decedent
and this is your authority to make dispositi that I have the right to make this authorizat	tion of remains as a tion and I agree to I	above indicated. I certify hold Mt. Hope Cemetery	y and represent y harmless from
any liability on account of said authorization	on and interment.		
I hereby authorize the interment in lot I	X		
hold under deed.	ARD THE REAL PROPERTY.		
	X		Zio Gode
Signature of recorded holder of deed	CM		
Signature of recorded holder of deed $10 - 02 - 03P01:54$	PAIR		5.750.0
California (Marchaelle Marchaelle California)	PAID Telephone		

@ Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY 18067

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		BINODE	111	No	110	
	Thuy	1240011	х		Naugen	
	6	308	ć	thm ind	91	
	10.0					ſ
Blind Che	eck Initiat	ed By:	<u>bur</u>		Date: 9	130
Intermeni Intermeni	t space for	or Go	6 1	Time:	(20:1)	<u> </u>
Div: <u>\</u>	_ Sect:	Blk/f	Row:	Lot: _	<u>1634</u> Gr	:
		Morman				
Agrees w	ith Legal	Card:	s [J No j	lan ;	Λ.

O No

Agrees with Map: XYes

Blind Check & Verified By

BoDate: p/

E- 18067

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

2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Moore 03/08/1915 09/27/2003 George 6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 6A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT San Diego SanDieggo Jonita M. Pierce, Niece 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH, 7B, CALIF, LICENSE NUMBER 1030 Woodrow Avenue Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92114 San Diego, CA 92102 FD-1329 BA_SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 10/01/2003 Section 10376 of the Health and Safety Code, and year authorized pursuant to Section 7100 of the Health and Safety Code. 9A. AMOUNT OF FEE PAID 96, DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2316297 10/02/2003 AUTHORIZATION OF IN THIS PERMIT 13.00 B. Campbell LOCAL REGISTRAR MOTE: THIS PERMIT GIVES MO INIGHT OF INSPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-RE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL **DISPOSITION** San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED Mt. Mope Cemetery, 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN ISD. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -F APPLICABLE

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

THAN IN A CEMETER

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/03

You are hereby authorized and instruct	ed, subject to your rules	and regulations, to	inter the remains
in DO WHOY	Funeral, date, time	Seed 10	14/00
Church, Chapel, Graveaide		el Camin	Mortuary.
All Funeral cars must arrive before 9:30	p.m. of regular work da	y or an extra charg	e of \$
will be applied and billed to undersigne	d	2 38	
Lot 34 Grave 5 Ro	w Section _ A 3	0 3/4/	Block MAS
Additional spaces and care fund		ΣT	660-
			413
Opening/Closing & Setup	PAID		418 -
Handling Fees		بوا	352-
Flower vases - Marker setting fee	001 0 1 200	13	
Recording and filing fee	MT HOPE CEME	TARY	50
Sales taxes	CITY OF SAN DIE	30, CA	32.40
	т	otal Due	1000
	Paid receipt number	VIDa	1925.40
I hereby certify I am the hus L	band	Balance du	named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	ization and I agree to ho	ove indicated. I central id Mt. Hope Cerneti	ify and represent ary harmless from
I heraby authorize the interment in lot I hold under deed.	X 903	Sanced Clift	Blod.
Signature of recorded hobber of deed		Diggo CA.	92107-4244 Zie Code
Work Order # E	8 Invoice #_		
SALES OF THE SALES	nformation is available i	in alternative forms	ats upon request

O Printed as recycled paper

MT HOPE CEMETERY E-18068

GRAVE BLIND CHECK FORM

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

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Blind Chec		PARTY PL	S - 5		Date: _	-
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Interment I	Date: 😏	€ 10	4 +) ime:	10.0	\subset
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Agrees wit	h Legal Ca	ard: 🛭 Ye	es 🗆	J No	les	nowe
Agrees wit	h Map: 🛭	Yes		o		C/W
Blind Chec	k & Verifi	ed By:2	Cennet	Callin	Date:_	10/2/03

E-18068

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	2005-200-200 (2005-200	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
AUDREY		FLORENCE	LATHEM		10/29/1926 09/29/2003 F
SA. CITY OF DEATH	7-4-1-1	10	58. COUNTY OF DEAT	H-OUTSIDE CALIF., 6	. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
SAN DIEGO			ENTER STATE	N DIEGO	OF INFORMANT ERNEST LATHAM - HUSBAND
7A. TYPED NAME AND A	ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS			903 SUNSET CLIFFS BLVD
ECM - PACIE	FIC BEACH C	HAPEL 4710 CASS	ST	F APPLICABLE	SAN /DIEGO CA 92107
SAN DIEGO (A 92109		FD-	815	A. SIGNATURE OF APPLICANT—Proper thing permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed 376 of the Health and Safety Code, and was			X/ (1/2) 10/01/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF DIRENT OF REPOSAL DURINGE OF CALFOR	9ED \$13.00	10/01/200 L CASTRO	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE VITAL REC	EGISTRAR OF DISTRICT OF DI D IN CAUFORNIA ORDSPO BOX 8: CA 92186-5222	1 (#		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA
A. BURIAL CINCLUM. B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM EMETERY SE	AINS OTHER	E. TEMPORARY ENVA	DRNIA	I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL	MT HOPE C	EMETERY 3751 MAI CA 92102	Control of the contro	10-4-03	Norman ferance
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CREI	MATORY	128. DATE CRÉMATE	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	odress of California Faci	ILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPEI	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, of Entify final place and ca <u>di</u>		15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 10-1-03

You are hereby authorized	relina i	Gore ?	27/1/28	30078
na Liner	Fur	neral, date, time	1413.00i	2-
Type of Buriel Con Church, Chapel, Graveside	tainer] - Di sen a	4 only Kel		2Mortuggy
All Funeral cars must arrive		regular work day or	an extra charge	ors Paul
will be applied and billed to	undersigned	146		
1068	and.	-	n4	
or St H Grave _	Aow	Section	Division/B	lock 19
Grave space & Care Fund				195.00
Additional spaces and care	s fund			
Opening/Closing & Setup	2410			43.00
Burial Container			72 +	204-00
Handling Fees	T 6 C 2002		// - +	160.00
Flower vases – Marker set	T Q 6 2003	up morek		=
Recording MOUNT H	INDE PENET	-BV		50,00
Sales taxes	OF L CEMETE	nr (2/7/	16.20
		Total	Due	1993.20
	Paid rec	elpt number	race	1911-9
	, ,		Balance due	
hereby certify I am the X	proping of	romaine se shove	_ of the above i	named deceden
that I have the right to make any liability on account of a	s this authorization as	nd I scree to hold M	. Hope Cemeter	y harmless fron
(* 10 × 20 × 20 × 3 × 10 × 10 × 10 × 10 × 10 × 10 × 10		12	a Sil	Vella
hereby authorize the inter hold under deed.	ment in lot I	Signamo VIII	stadas	ni
Konsale territoria (Santa Santa S		Martin 700	· CA	92176
10-06-0	3A10:47 PAL	0 000-5	30 CT	Zip God
)	Sulvial LVI	Telephone	11 000	-
an	18069	Invoice #		
Particular Company of the Particular Company	THE REPORT OF THE PARTY OF THE	ILLACATOR M		
Work Order # E		Acct. #		

MT HOPE CEMETERYE-18069

GRAVE BLIND CHECK FORM

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

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F- 18069

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_					200600000	Maria Value (Maria		,
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)			ONTH DAY YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX	
	Angelina		Company of the Compan	ore		05/25/1963	40/03/2003	F
70	L CITY OF DEATH		58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.	6. NAME, F		AILING ADDRESS AND Z	P CODE
	San Diego	tion of the commence of the co	S	an Diego	Ren	ee Munoz, S	ister	
	Feathering	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AC 11 MORCULARY	IF	APPLICABLE	336	Park Ave., sevelt, NY		
_	6322 KI Caj	on Blvd., San Diego, CA 9211:	Manager or water than the	D1083	BA. SIGNA	TURE OF APPLICANTY	erson taking permit 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF AP	PLICANT I hereby achaeveledge as applicant that the proposed disposit Section 10376 of the Health and Safety Code, and was authorize			> /C	10	10/07	7/2003
	UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTELLY OF IMPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PA \$13.00	10/07/20 K. Zares	003	231652	CAL REGISTRAR ISSUM 2	IG PERMIT
7	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION:	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- F DEATH OCCUMBED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222				CT OF DISPOSITION— HER DISTRICT IN CALIFOR	RNIA	
10	. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS				FOR COR	ONER'S USE ONLY	
	B. CREMATION C. DISPOSITION (THAN IN A CE) D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	FINIA	16 26	I. DISPOSITION (Name and Ad	PENDING—REMAINS LO ddrees)	OCATED AT
-	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Marka San Diego, CA 92102		118. DATE BURIE	3 11C.	SIGNATURE OF PERS	SON IN CHARGE OF BE	URIA
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY.	128, DATE CREMA	TED 12C.	SIGNATURE OF PERS	SON IN CHARGE OF CR	EMATION
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	138. DATE RECE	IVED 13C.	SIGNATURE OF PERS	SON IN CHARGE OF FA	ACILITY
CHAPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		148. DATE SHIPP	ED 140.	ADDRESS AND SIGN. OF PLACING WITH TO	ATURE OF PERSON IN HE CARRIER	CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u>		158 DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOS		NATED RE-

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

MT. HOPE CEMETERY

(137-	INTERM	ENT ORDE	:R	
r president from the grand	2 City o	of San Diego	- 1-	1
the of Fo	inx vila		Date 10/2	103
IN 191 the Un	uoner		1	
You are neredy authorize	ad and instructed, sur		and regulations, to in	ter the remains
or 10y	ako Tone			
ina ASH Vau	ltr	uneral, date, time	Wed w at	+8 10:00
Church Chapel, Gravesi			Communit	4 Mortuary.
All Funeral cars must arr	tve before 3:30 p.m.	of regular work day	or an extra charge	ys
will be applied and billed	to undersigned			<u> </u>
Lot 4969 Grave_	Row	Section	Division@in	- 10
Lot 4969 Grave Grave space & Care Fur	x E-	7083		0
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Opening/Closing & Setu		DAIL)	71/0,00
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Burial Container				_00.00
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TO BE	er .	To	tal Due	271.13
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laced or 9	Qall		Balance due	0
I hereby certify I am the	2000		of the above na	amed decedent
and this is your authority that I have the right to m	ake this authorization	and I agree to hold	ve indicated. I centry I Mt. Hope Cegnetery	harmless from
any liability on account o	vekura	na merment	11.	ha
hereby authorize the in	terment in lot I	Blemeture/	10 you	
hold linder deed.		670	HORES	ter la
Signiture of recorded holder of deed		BONI	TA CA 91	903
a		(813)	182-02	75 Zh Code
Variable		Yelsphone		- 0
Parlate	18070	Invoice #	8 9 9 10	
Work Order #	CENTRAL SERVICAS	Acct. #		
REA-104 (7-96)	This informa	ation is available in	alternative formats	upon request.

© Printed on recycled paper

MT HOPE CEMETERY E- 18070

GRAVE BLIND CHECK FORM

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

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	S Words				
Blind Che	eck Initiated B	y: Pauls	tle.	Date: 1	10/84.
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Interment	Date: 10/8/	03 Weds	Time: 10	io Ch	urch
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Agrees w	ith Mab: A	res 🖰	NO C		
Blind Che	eck & Verified	ву: ДЛ	aver	Date:	10-603
		\$100 PM			

E- 18070

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

, (

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) ! 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Toyoko	Toyoko			67719/1914 10701/2003 P
Chula Vis	ta	58. COUNTY OF DEATH	HOUTSIDE CALIF., IN Miego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROY TORICKUTS - SOS
Community			APPLICABLE	670 Forester Lane Bonita California 91902
855 Broad	way Chula Vista California 9		D1682	BA. SIGNATURE OF APPLICANT—Person taking perper, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	26/200 IUSAN OF THE HANDS WAS SOURCE FOR HER SHOWS	rized pursuant to Section 7100 of th	Health and Safety Code	Dell /// 10/02/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAMEDY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THE PERMIT, MICE HO MENT OF BERNEAL ORIGINE OF CALIFORNIA.	\$13.00	98. DATE PERMI 10/03/20 P.Neldenb	
TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA VILLA REC San Diego County P.O. Box 852 San Diego CA 9218665773	ords in		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
A. BURIAL (INCL) B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL	OF CREMATED REMAINS OTHER EMETERY SE 11A NAME AND ADDRESS OF CALIFORNIA CEMETER HOURT Hope Cemetery	RY	*	D 11C SIGNATURE OF PERSON IN CHARGE OF BURIA
CREMATION	3751 Market San Diego Calif. 12A NAME AND ADDRESS OF CALIFORNIA CREMAT Cremation Services Inc. 2570 Fortune Way Vista CA 9	ORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SOMENTIFIC	1SA. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECE	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACENS WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORIELINE, OR OT FICKENT TO IDENTIFY FINAL PLACE AND CA DISTRI		168. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CHARGE DE DISPOSITION OF CHEMATED RE-MAINS DISPOSER — IF APPLICABLE

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

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deta 10/203

of	1 10/7 100
in a TS Carolina Fun	neral, date, time
Church, Chapel, Graveside	: Merkey Mitchelle
All Funeral cars must arrive before 4:50 p.m. of r	regular work day or an extra charge of \$
歌:のひ will be applied and billed to undersigned.	
Lot D4 & Grave Row	Section Division/Bleek
	FIRATI
Grave space & Care Fund	12 (0) 11 - 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 recr	eipt number
	Balance due
I hereby certify I am the X SON	of the above named deced
and this is your authority to make disposition of that I have the right to make this authorization an	remains as above indicated. I certify and repres
any liability on account of said authorization and	interment.
Uilson	X Welson Kullingel
I hereby authorize the Interment in lot I hold under deed.	X494 CAMINO DE LA ALDEA
	X Soura BARBORA 9
Signature of recorded holder of closed	(a) (a) (.82 /240
	Telephone
18071	Telephone
18071	Telephone Invoice #





MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

5 m		prouvinger		Allen	
2=0		Hubbell	x	Jetties	
*	Adams				Darden

		4			لبيا
Blind Check	Initiated By	: Par	2	Date: _	1012
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Agrees with	Legal Card:	Yes Yes	□ No	lay o	M
Agrees with I	Map: X Ye	es E	No	3	we
Agrees with I Blind Check	& Verified	By: O/A	Jane	Date:_	10.60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE JERRY	NT-FIRST (GIVEN) 18. MIDDLE MILDRED	IC. LAST (FAMILY) HUBBELL			DATE OF DEATH 4. SEX
SA. CITY OF DEATH	KL CAJON	58 COUNTY OF DEAT	NH-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILE OF INFORMANT ROBERT HUBBELL - S	Carabana and an anti-
MERKLEY-MIT	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A TCHELL MORTUARY, 3655 FIFTH A		LIF. LICENSE NUMBER IF APPLICABLE	8\$56 CORDIAL RD. EL CAJON, CA 9202	1
SAN DIEGO,		SOFT THE PROPERTY OF THE PARTY	D-119	BA. SIGNATURE OF APPLICANT—Person	
ACKNOWLEDGMENT OF A	Section 16076 of the freship and Swert Code, and mas member	and personnt to Section 7100 of	the Health and Safety Code	Mae M Zu	Mo 10/03/2003
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.		28103/2	03 2316353	REGISTRAR ISSUING PERMIT
LOCAL REGISTRAR	NOTE: THIS PERMIT CINES HE BEST OF COSPOSAL COTTERS OF CALFORNAL	\$13.00	R.M. ZU		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA	5222 F		OF DISTRICT OF DISPOSITION— R BN ANOTHER DISTRICT IN CALIFORNIA	
	P.O. BOX 85222, SAN DIEGO, CA OSITION(S) CHECK APPLICABLE ITEMS	92186-		FOR CORONI	ER'S USE ONLY
A. BURIAL (INCLL	Marie Control of the	E. TEMPORARY ENV	The section of the Contract	100000000000000000000000000000000000000	
B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF		(Nama and Addre	DING—REMAINS LOCATED A'
BURIAL	MOUNT HOPE CEMETRRY, 3751 MASAN DIEGO, CA 92102		10-7-03	1/ -	IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	PAY	128. DATE CREMA	ED 12C. SIGNATURE OF PERSON	A CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	D 14C. ADDRESS AND SIGNATUL OF PLACING WITH THE C	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

MT. POPE CEMETERY

INTERMENT ORDER

City of San Diego

	10	2	03
Date	10	-	つり

(MA		Date_10	300
You are hereby and longed a	786 and instructed, subject to v	our rujes and regulations, t	c inter the remains
" Warre	n bick		System Carachastronics
" ASMIN		late, time Thurs	10/9/11:0
Type of Build Contail Church, Chapel, Graveside	witness		Mortuary.
All Funeral cars must arrive I	before 3:30 p.m. of regular	work day or an extra char	ge of \$
will be applied and billed to u	undersigned.		<u> </u>
.1.	_P	- P	_
Lot 14 Grave 3	2 Row s	ection Division	/Bleck
Grave space & Care Fund		1	
Additional spaces and care f	lund		
Opening/Closing & Setup			116
Burial Container		***************************************	<u></u>
Handling Fees	יות ו		(do
Flower vases - Marker settin	ng too .OCT .0.3 .200		
Recording and filing fee			≤ 15
Sales taxes	OUNT HOPE CE	NETERY	4.73
grafic actions to the production of the control of		Total Due	299.73
	Paid receipt nu	imber Weer	297.73
		Balance	due
I hereby certify I am the		of the abov	e named decedent
and this is your authority to that I have the right to make	make disposition of remainthis authorization and I ad	ns as above indicated. I ce	artify and represent
any liability on account of sa	ild authorization and intern	nent.	V
I hereby authorize the interm	ment in lot i		d \
hold under deed.	Ž	- ALL AND	<u>Gar</u>
Signature of recorded holder of dead	<u> </u>	D How	
10-03-0341	1:10 PAID X	\sim	c. 24 000
17//Hz 80/E-23/1/86W-01	Section 1970 The Total	Whone U	17821
_ 1	8072 m	roice #	
Work Order # E	Ac	ct. #	
REA-104 (7-04)	This information is a	vallable in alternative form	ns www.

This Information is evaluate in alternative formats upon request.

REA-104 (7-00)

NO.638

Cartal

MT HOPE CEMETERY

E-18072

GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18072 75

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

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Redding	Cemetery ntigental S		. 1865	ACTING AS SUCH	7B. CALIF. LICENSE NUMBE —IF APPLICABLE 06172	6961 Redd	Riverside ing, CA 96	Drive	ATE SIGNED
ACKNOWNLEDGMENT OF A	PPLICANT I hereby at Section 102	twowledge as applica	ent that the proposed disp Safety Code, and was author	esition stated herein is a circle personal to Section	ne of the dispositions authorized by	1 de		etillo 10/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALIFF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THE PERMIT SHES NO	ED IN ACCORDA ORINIA HEALTH A Y FOR THE DISP	ANCE WITH PROVI- AND SAFETY CODE OSITION SPECIFIED OUTSEE OF CALIFORNIA.	9A. AMOUNT OF \$13.00			Splle	CAL REGISTRAR ISSI	JING PERMIT
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1 1					I,				MEMATION
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CA	LIFORNIA FACILITY	RECEIVING REM	ARNS 13B DATE REC	EIVED 13C.	SIGNATURE OF PER	SON IN CHARGE OF	
SCIENTIFIC	14A, NAME AND AD	ORESS IN REC	•	COUNTRY WHER				NATURE OF PERSON	FACILITY -

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



E-18012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMILY)	STATE OF THE STATE	MONTH,	DAY, YEAR MO	THE OF DEATH	4. SEX
Warren		Mason	Nichols	V-582360-1005-			/17/2002	M
Laguna Bea	ch		SB. COUNTY OF DEAT ENTER STATE OT	ange		Shirley N		
Accord Cres	estion & Bu	rial	L.Y.	FAPPLICABLE		erside Dr. Ca. 96001		38
333-C W. B	ni na santa a adi dan	Bres Ca. 92821	The grown was a second	rd-1591	8A. SIGNATURE O	F APPLICANT—Person to	70 1000-000-000	
ACKNOWLEDGMENT OF A			osed disposition stated herein is one of the was authorized persoant to Section 7100 of th	e Health and Salety Code.	> 2	4		9/2002
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH F ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE ID MIGHT OF DISPOSAL QUITING OF CALL	CODE CIFIED \$7.00	DEC 20	2002 SIG	Nouth B	EGISTRAR ISSUIN	3 PERMIT
ANY CHANGE IN DISPOSH TION REQUIRES A NEW PERMIT TO SHOW FINAL	F DEATH OCCURRE P.O. Box 23		P.5.	DRESS OF REGISTRAP DISPOSITION IS TO OCC BOX 7600 Prside Ca.	UR IN ANOTHER DIS	TRICT IN CALIFORNIA	7	V
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PLICABLE ITEMS	2			FOR CORONE	R'S USE ONLY	
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRINIA		DISPOSITION PEND (Name and Addres		GATED AT
BURIAL	11A. NAME AND AC	ODRESS OF CALIFORNIA CO	EMETERY	118. DATE BURIE	D 11C. SIGNA	TURE OF PERSON	N CHARGE OF BU	RIAL
CREMATION		oress of calforma commatorium, 1020 matorium, 1020 ma Ca. 92701	REMATORY N. Puller St.	128. DATE CREMA	12C. SIGNA	TURE OF PERSON I	OFFIARGE OF ORFE	MATION
SHENTIFIC USE	13A. NAME AND AD	ORESS OF CALIFORNIA F/	ACILITY RECEIVING REMAINS	138. DATE RECE	WED 13C. SIGNA	TURE OF PERSON	N CHARGE OF FA	CILITY
TRANSIT		ODRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPP		ess and signatur acing with the C		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	Res: Shirle	NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION RIVERSIDE Dr.	15B, DATE OF DISPOSITION		TURE OF PERSON SE OF DISPOSITION		ATED RE-

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

Mt Hope Cemetery

E-18072

Contract Entry Verification (Preview Only)

06/02/2004

Contract Number: E-18072-A

Contract Date: 10/03/2003 Purchaser: Nichols, Shirley

6961 Riverside Drive

Purchaser Number: 227834 / 220786

Phone: 530-243-9056

Redding ,CA 96001

Beneficiary: Nichols, Warren M

Counselors: 5

PAMALA HETZEL

-	Q	ty	Category	Description of C	Contract Items	Pr	ice		Tax	Allowance	Addl. De	sc.	
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•		1	Hndl Fee-Reside	Ash Vault Hand	ling Fee	66	.00		0.00				
		1	Misc Fees	Recording Fee	No.	50	.00	W B	0.00				
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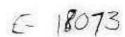
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 | B / 03

Type of Busiel Container	Funeral, date, time
Church, Chapel, Graveside	;Mortuary:
All Funeral cars must arrive befor	re 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	rsigned.
Lat <u>135</u> Grave	_ Row Section _2 _ Division/Block _ //
Grave space & Care Fund	
Additional spaces and care fund.	PAID
Opening/Closing & Setup	I AIU
Burial Container	OCT 0 3 2003
Handling Fees	
Flower vases – Marker setti an (OUNT HOPE CEMETERY 50.0
Recording and filing tee	From Girlene Garcia
Sales taxes	From Girlene Garcia
	Total Due
	Paid receipt number 256752 56.0
	Balance due
I hereby certify I am the	SUF of the above named decedent
and this is your authority to make that I have the right to make this	of the above named decedemted deposition of remains as above indicated. I certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from thorization and interment.
any liability on account of said au	X attached copy
any liability on account of said au I hereby authorize the Interment I hold under deed.	In los 1 X attached Copy 3060 53rd Street Apt. 11
hold under deed.	3060 53rd Street Apt. 11
	3060 53rd Street Apt. 11
hold under deed. Signature of reconstal holder of dead	3060 53rd Street Apt. 11 San Diego, CA 92105 (619) 286-3677 Telephone
Signature of reconstant product of dead	3060 53rd Street Apt. 11 San Diego, CA 92105 (619) 286-3677



THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: September 30, 2	003				
I/We GIRLEA	E GAN	CIA			
DO HEREBY REMISE	, RELEASE, AN	O QUITCLA	IM THE INTE	ERMENT RI	GHTS
TO DORO		CLA	Y BORN	E	
Street Address: 306	50 53 -		Apt	/ Unit #:	//
City: San Diego	ST: _(.A	Zip-Code:	72105	
Telephone #: (619) 2	86-36 / /				
all the cemetery propert	v interment rights	situated in N	fount Hope Ce	metery in s	aid City
of San Diego, County o					ard city
Division://	S	ection: 2'	*N/A * BI	k/Row:	" N/A "
Lot(s):		Grav	e(s):		
TO HAVE AND HOLE interment rights owners WITNESS my/our hand	, its successors an		ever.		Said EBONY R. POLK Commission # 1400743 Oldary Public - California
EXECUTED IN THE P		Morpey	4		San Diego County comm. Expires Feb 14, 20
Topo The		_ x&	Legal Owner ; Re	Marc. prediensive Signature	2
WITNESS	55.00		Legal (Jamer / Re	prehensive Signature	
Paulette Cra				ehensive Standare	



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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_10 | B / 03

,	Clayborne
7 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 135 Grave 1 Row	Section 2 Division/Block //
Grave space & Care Fund	With
Additional spaces and care fund	AID
	0-3-2003
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	Total Due50 Q
Daild	scelpt number 254753 56-0
rack	Balance due
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and this is your authority to make disposition	of remains as above indicated. I certify and represent
hat I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery harmless from
	Darathy (Vallance
hereby authorize the interment in lot I hold under deed.	JON IN KOND HELL
VII. 30400 40400	10000 00 00 10 10 10 10 10 10 10 10 10 1
	San High 72/0
Signature of recorded holder of deed	Telephone
	Telephone
Work Order # E	Invoice #

MT. HOPE CEMETERY

INTERMENT ORDER

De

City of San Diego

* 148234	Date_IS [Q	
You are hereby authorized and instructed, or John Doc	aubject to your rules and regulations, to inte	
ina luna	Funeral, date, time JUS 11 4	10.00
Typis of Burlei Container	: Breitenbrich	Mortuary.
3	m, of regular work day or an extra charge of	
will be applied and billed to undersigned.		
Lot 129 Grave 7 Row_	Section/ Division/Bio	×12
Grave space & Care Fund		
Additional spaces and care fund		1100 -
Opening/Closing & Setup		
Burial Container	PK.	
Handling Fees	16 Jan 24	
Flower vases - Marker setting fee	OCI CEMETEL.	
Recording and filing fee	OCT 06 2003 OCT 06 2003 OCT 06 2003 MOUNT HOPE CEMETERY Total Due	
Sales taxes	**OAN '.	1100 a
	Total Due	1100-00
Pa	id receipt number K 3 4 1 3 2	1100-00
	Balance due	
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorizati any liability on account of said authorization	of the above nar ion of remains as above indicated. I certify a tion and I agree to hold Mt. Hope Cemetery for and interment.	and represent
i hereby authorize the interment in lot i hold under deed.	Signature of the Contraction of	<u> </u>
Signature, of recorded holder of deed	City Communication Communication City Communication	Zip Code
xam	Telephine	200
18074	Invoice #	
Work Order #	Acct. #	<u> </u>
REA-104 (7-98) This Info	rmation is available in alternative formats u	pon request.

E-18074

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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E-18074

Breitenbach Mc Coy-Leffler funeral Home

PRESIDENT-DIRECTOR

SUIPHIN AT WOODLAWN AND WICOFF MIDDLETOWN, OHIO 45044 TEL (613) 423-9443

Mt. Hope Cemetery San Diego, California

August 26, 2003

Good morning:

Enclosed please find the original document you sent to us for Michael Wells' signature; you have previously received a FAX copy of same.

Michael Wells, Jr.'s identity has not yet been established through the State vital statistics office; it is in process, but he is still probably listed as a John Doe. with no DOB or SSN. He has subsequently been identified as

Michael Allen Wells,Jr. DOB 12/26/64 SSN # 280-68-0403

Date of death was October 10,1994 in San Diego

There was also a question asked about Mr. Wells' mother. She passed away in 1998.

Thank you for your help in this matter.

Respectfully yours,

John D. Webster, Director



THE CITY OF SAN DIEGO

C-18074

LETTER OF APPROVAL FOR DISINTERMENT OF John Doe/ Michael Allen Wells Ir.

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal composition 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 mise 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 humiless 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 John Doe/Michael Allen Wells Jr. is identified as:

Lot 129 Grave 7 Section 1 Division 12

We acknowledge that we have been advised that the remains of (insert name) may not be present and/or intact.

SIGNATURE(S)

SIGNATURE(S)

RELATION TO DECEASED

WITNESSED BY

August 25 2003

DATE

DATE

PLASE

Aft. Hope Cermetery

Coronally tuits) • Poly and Busines • 975) Marker Street • See Wags, Ch 72102-4527

Jeffrey L. Bonnell Tel (615) 527-3403 • For (619) 527-3403

Notary Public, State of Ohio Commission exp. 1-27-2008 Recorded in Butler County



E 18674

County of San Diego

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

DON BILLINGS PUBLIC ADMINISTRATION PUBLIC GUARDIAN

AGING & INDEPENDENCE SERVICES

PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD: SAN DIEGO. CA 92123-1699
(858) 694-3500 FAX 18581 694-3987

August 26, 2003

Attn. Paulette
Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102
BY FAN ONLY: (619) 527-3403

Re:

Form¢r John Doe #94-1907 A/k/a Michael A. Wells, Jr

Ladies and General

It has come to our attention that the above-referenced individual has been properly identified, and a request for disinterment has been made by his family

The Public Administrator has no objection to said disinterment. Furthermore, the Public Administrator hereby waives the burial cost of \$386.00, which would otherwise be due and owing.

Please do not hesitate to contact this office if any further information is required.

Thank you for your attention to this matter.

Sincerely.

PATRICIA FROSIO FUBLIC ADMINISTRATOR

IDA M. COMERFORD

Deputy Public Administrator

County of San Diego

GLENN N. WAGNER, D.O.

OFFICE OF THE MEDICAL EXAMINER

5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1270 TEL. (858) 694-2895 FAX (858) 495-5956 CHRISTINA STANLEY, M.D. CHIEF DEPUTY MEDICAL EXAMINER

July 29, 2003

City of San Diego Mount Hope Cemetery 3751 Market Street San Diego CA 92102

Attn: Cemetery Records

Re: John Doe (Medical Examiner Case #94-1907)

Ladies and Gentlemen:

This letter is to inform you of the identification of a John Doe, Medical Examiner case number 94-1907. The date of death of John Doe was 10-10-1994. He was positively identified on 07-28-03 through a Fingerprint comparison.

The decedent's identity has been established as: Michael Allen Wells, Jr. His next of kin is Michael Allen Wells III who may be reached at 609 Wilson St. Middletown, OH 45044. Please update your records to reflect this identification.

Thank you for your assistance in this matter.

Sincerely,

Calvin L. Vine

Supervising Medical Examiner Investigator

cc: Medical Examiner John/Jane Doe Investigator

Medical Examiner Case File

· E. 18074

WITH

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS JOHN WELLS TO ALL 1C. LAST (FAMILY) 3. DATE OF DEATH 2. DATE OF BIRTH DOE Michael MONTH DAY, YEAR 10/10/1994 Allen TR. SAN DIEGO 5B. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONISHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PUBLIC ADMINISTRATOR, KATHERINE HOWARD ENTER STATE SAN DIEGO 7A, TYPED NAME AND ADDRESS OF CALIFORNIA -FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER -F APPLICABLE S201A RUFFIN ROAD SAN DIEGO, CA 92123 MERKLEY-MITCHELL HORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 FD-119 BA. SIGNATURE OF APPLICANT—PERM DAME PERM, 88. DATE SIGNED larsely acknowledge as applicant that the proposed discontion stated herein is one of the doc Section 18376 of the Health and Seinth Code, and has authorized pursuant to Section 7100 of the He 05/19/1905 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE ALTHORITY FOR THE DISPOSITION SPECIFIED IN THES PERMIT. HOTE: THIS PERMIT GIVES NO ISSUED OF CALIFORNIA. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AUTHORIZATION OF T.C. MITCHELL LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. IF DEATH OCCURRED IN CAUFORNI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222 THORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY (Name and Address) BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT B. CREMATION F. DISINTERMENT . 1 C. DISPOSITION OF CREMATED REMAINS OTHER 1 c com in to conscion

rest 3 kin Michael allen Wells III.
609 Wilson St.
Middletown SH

45044

AFred

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	1011	EA 1
Date	10/4	2100

(m)	
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Ash yoult F	uneral, date, time Thurs 1018.
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Il Funeral cars must arrive before 3:30 p.m. o	of regular work day of an extra charge of \$
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lower vases - Marker setting fee	
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	Balance due
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nd this is your authority to make disposition :	11 60.
hereby authorize the interment in lot I old under deed.	X land J. Dard
gradum of recorded holder of dend	GRASS VALLEY CA 95
kan	530/346-6587
18075	Invoice #
	WAR 1977
ork Order # E	Acct. #

put ter

MT HOPE CEMETERY E-18075

GRAVE BLIND CHECK FORM

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

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APPLICA

TION AND PERMIT FOR DISPOSITION OF HUMAN REMAIN	vs al	314 P18
ILACK INK ONLY MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS	7	314

1 18075

USE E 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2 DATE OF BIRTH 3 DATE OF DEATH 4. SEX BARD, JR

BARD, JR

SB. COUNTY OF DEATH — OUTSIDE CALIF. G. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COOE

ENTER STATE

2. DATE OF BINTH
MONTH, DAY, YEAR
MONTH, DAY, YE BURTON HOWARD 5A. CITY OF DEATH OF INFORMANT CHULA VISTA SAN DIEGO
7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER DAVID BARD - SON 15046 LEITER WAY - IF APPLICABLE SIMPLE TRIBUTE - SD 7851 MISSION CENTER CT ASS VALLEY CA #104 SAN DIEGO CA 92108 FD-1272 8B. DATE SIGNED I hereby echnowledge as applicant that the proposed disposition stated herein is one of the dispositions autiful the Health and Salety Code, and was approximate pursuant to Section 7100 of the Health and Salety Code ACKNOWN FOGENERY OF APPLICANT 10/08/2003 SA. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED . E OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT 10/08/2003 2316644 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT **AUTHORIZATION OF** MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA \$13.00 L CASTRO LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION —

DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION IF DEATH OCCURRED IN CALIFORNI VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING — REMAINS LOCATED AT E. TEMPORARY ENVAULTMENT (Name and Address) X B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETER 118, DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102 CREMATION 128 DATE CREMATED: 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY TUBE OF PE CYPRESS VIEW CREMATORY 3953 IMPERIAL CREMATION AVE SAN DIEGO CA 92113 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS HARGE OF FACILITY SCIENTIFIC 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15C. SIGNATURE OF PERSON IN 158 DATE OF 150. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION AT SEA OR DISPOSITION OTHER IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE POSER - IF APPLICABLE THAN IN A CEMETERY COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVEE COPICE TATERS IS 2003

V59 (REV. 3/03)

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorize			iles and regulati	ions, to inter t	he remains
OI 1 1		rrara	100		
ina ASh o	ault	Funeral, date,	time Def	1/00/1	13:30
Church, Chapel Graves		8 9 8	Quent	els'	Monthary.
All Funeral cars must an	rive before 3:30 p.	m. of regular work	day or an extra	charge of	my
will be applied and billed	to undersigned.			™ 42	
Lot 48 Grave	Row_	Section	n__D	ivision/Block_	8_
Grave space & Care Fu			8316		<u> </u>
Additional spaces and c	are fund	O	Γ	<u>9</u>	131
Opening/Closing & Setu					116
Burial Container		CIAC			<u>61 – </u>
Handling Fees		MID	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		GG-
Flower vases - Marker s	etting fee	T-11-8-2009			
Recording and filing fee					<u>50</u>
Sales taxes	MOUNT	OPE CEME	TERY		4.70
	moon.		Total Due	100	28 . 13
10-06-03	P12:02 PA	aid receipt number	£5479	20 5	18.13
		10		ance due 💳	0
I hereby certify I am the and this is your authorit that I have the right to m any liability on account of	y to make disposit	tion and I agree to	above indicate	above name d. I certify and Cemetery har	d represent
I hereby authorize the in hold under deed.	terment in lot I ノフルク	3 June	J. Tre	nan	<u> </u>
Dan	- 90	1dens	2. J. H. 310)	errara 323 79	20 Code 51
F	18076	Invoice	*	1000	
Work Order #	200000	Acct. #		to work also not a	
MEA-104 (7-96)	I his info	rmetion is availal	nie in alternativ	e formats upo	n request.

GRAVE BLIND CHECK FORM

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

Normans was

	tree			valvex	1	
- 4	tree				8	
	Mckanzie	Bostwic	x	Ferrora	. Benson	
		Parish	Bostwick			
Intermer	eck Initiate	· m	air	Au.		X
	nt Date: 9				No. acceptance	
Div: 8	Sect:_	BI	k/Row: _	Lot: _	48 Gr	:
Grave La	aid out by:	mooth	on F	unena	·~	
Agrees v	vith Legal (with Map: (Card: 🛘	Yes [) No	Jas	Mul
Agrees v	vith Map: (∃ Yes	~ 0 1	10	0 0	Y
	eck & Ver					02903

C-18076

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 006092

WA WATER	USE BLACK INK ONLY-MAI	E NO ERASURES, V	HITEOUTS OR OT	HER ALTERATIONS	
	ENT-FIRST (GIVEN) 18. MEDDLE	1C. LAST (FAMILY)		MONTH DAY, YEAR MONTH	TE OF DEATH 4. SEX
MARIO	_ <u> </u>	FERR.			9/2003 MALE
HARBOR CLT	Y	SB. COUNTY OF DEAT	H-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT	T West the
GREEN HILL	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSO. S MORTUARY 27501 S. WESTER	N AVE.	LIF. LICENSE NUMBER	LUCILLE L. FERRARI 17103 MERIT AVE. GARDENA, CA 90247	1
KANCHU PAL	OS VERDES, CA 90275	spassition stated herein is one of the	depositions authorized by	BA SIGNATURE OF APPLICANT—Person bions OF Taylo Sa	G - 30 0
2000 C C C C C C C C C C C C C C C C C C	Section 19376 of the Health and Safety Lode, and was aut		AND DESCRIPTION OF THE PARTY OF	ISSUED, BC. SIGNATURE OF LOCAL RE	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GHES NO BIGHT OF DISPOSIN, OUTSUE OF CALFORNIA.	1 \$13 00	Q6/30	/ 2008 - Momas Will	ישר
NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERAUT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST. ROOM LDS ANGELES. CA 90012	L-1 P.		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA 92186	9.
. AUTHORIZED DISF	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	S USE ONLY
B. CREMATION	SE	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALE! H. TRANSIT TO OUTS	ORNIA	(Name and Address)	G-REMAINS LOCATED A
BURIAL	1/2 ASHES MT. HOPE CEMETE 3751 MARKET ST. SAN DIEGO	RY,	118. DATE BURNED	11G. SIGNATURE OF PERSON IN	CHARGE OF THRIAL
CREMATION	GREEN HILLS CREMATORY 275 AVE. RANCHO PALOS VERDES,	D1 S. WESTERN	7-3-Q	1 112	HARGE OF CHEMATION
SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B, DATE RECEIV	ED ASC. SIGNATORE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPE	D 14G ADDRESS AND SIGNATURE OF PLACING WITH THE CARI	
CATTERING AT SEA OR ISPOSITION OTHER IAN IN A CEMETERY			15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	130. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
HESPONSIBLE HISPOSITION OF HEGISTRAR MA	HE PERMIT ACCOMPANIES THE REMAINS TO FOR COMPLETING AND FORWARDING THE P OCCURRED OR THE DISTRICT NEAREST TH Y DESTROY ANY ORIGINAL OR DUPLICATE P	ERMIT WITHIN 10 DAY E POINT WHERE TH	S OF DISPOSITION	N TO THE REGISTRAM OF THE DI MAINS WERE SCATTERED AT 1	ISTRICT IN WHICH
COPY 1	STATE OF CALIFORNIA DEPA	RIMENT OF HEALTH SEL	WICES OFFICE OF ST	ATE REGISTRAR	VS 9 (REV 8/91)

MT. HOPE CEMETERY CHY of Son

Date 10/4/03

You are hereb of	y authorized and in			nd regulations, to i	
Marie V		W. 3500		SAVINE SAUNES	
200	Type of Burlel Container el, Graveside		24 /S E		11
All Funeral ca	ra must arrive befor	e 3:30 p.m. o	i regular work day	or en extre charge	of \$
will be applied	and billed to under	rsigned			
	_ Grave LO 9				
	& Care Fund				
	aces and care fund .				
Opening/Clos	ing & Setup				**
Buriel Contain	ner			************************	
Handling Fee	6			***************************************	•
Flower vases	- Marker setting fee	i			
Recording and	- Marker setting fed d filing fee	<u>X</u> -	Cer		<u>vomera</u>
Sales taxes				••••	
				tal Due	
		Paid re	celpt number		
I hereby certif	y I am the	Sele		Balance du	nomed decedent
that I have the	ur authority to make right to make this a account of said au	authorization i	and I agree to hold	e indicated. I certi Mt. Hope Cemete	ry and represent ry harmless from
I hereby autho hold under de	orize the interment i ed.	n lot I	830	D 9184 -	24
Signature of records	d holder of deed		100 C	9210	FOR ABONN
			Total gone	1000	4004
	_ 180	077	Invoice #		
Work Order #			Acct. #		
DEA-104 (7-08)	3	This Informat	ion is avallable in	alternative forms	ls unon request



To Premied on respected paper

THE CITY OF

SAN DIEGO E 18077

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

QUITCLAIM DEED

- C
In consideration of J. Birtch Having made arrange with Memorial Society and Humphrys Morti
as well as Fort Rose Crains.
as well as 101, me (101112.
Inv. James B. Birtch
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to TIM HALLION
all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of
San Diego, State of California, described as follows:
Lot 14 Grave 6 & 7 Row Section MAS Division/Block P
TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said TOM HARRISON. , its successors and assigns forever.
WITNESS my/our hand this 2 7 day of De 1200
Va 10 10 10 10 10 10 10 10 10 10 10 10 10
THE FOLLOWING WITNESS:
Clane Carmel
Deignen Keeler
Witnesses
Magner Lecler
The Appendix France I and the property of the
10 M. #1130484 9 Wigner Color
14.9CH 28. 2001

DIVERSITY BRINGS US ALL TOGET—

				8.2
	MT. HOPE CEMETER	Y		
a beed chair	INTERMENT ORD	ER		
At New Cha	City of San Diego	1000		
Total	Oily or Call Diago	8	10- 7-03	
90		Date_	10 105	-

You are hereby authorized and instructed, subject to your rules and regulations, to	inter the remains
or Fimore Beidler	
in a Liner Funeral, date, time Fri. Oct !	0th 10:00
Church, Chapel, Staveside : EUCayor	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	DAN 102
will be applied and billed to undersigned.	
20 x	
Lop45 Grave 1 Row Section 5 Division/	Block 8
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	41300
Opening/Closing & Setup. PAID Buriel Container. PAID	209.00
Handling Fees OCT 0 7 2003	
r-valid	5000
Recording and filing fee MOUNT HOPE CEMETERY Sales taxes	1620
Total Due	848.20
Paid receipt number 2 - 56764	0100
Balance di	CK
INES	MONTH WAREHOUSE
and this is your authority to make disposition of remains as above indicated. I cer that I have the right to make this authorization and I agree to hold Mr. Hope Cemet	named decedent tily and represent
any liability on account of said authorization and Interment.	ery naminesa irom
I hereby authorize the interment in lot 10 00 towns I	realles.
hold under deed.	Vallen Q
	919 36
Signature of recorded holder of deed	- (D Zip Code
Telephone	1081
18078 Invoice#	
Work Order # E Acct. #	
	95 JW

MT HOPE CEMETERY E - 18078

GRAVE BLIND CHECK FORM

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

					1 1
	Jacobs	x	Beidla		
Blind Check Ini	tiated By: 🖳	int	ette (Date:	10/7
Interment space	e for: Q(m ev	æ	S. Bei	dler	Cliner
Interment Date	10-10-0	3	Time: (0):	00 (5.5.
Div: 8 Se					
Grave Laid out	by: Norma	7.	~-~		47 - 100 - 2-20
Agrees with Le	gal Card; 🏚 Ye	95	J .	1. 9x 0	ne
Agrees with Ma	p: Da Yes		No T I	wo r	D
Blind Check &				_ Date:	10-7-0

E-18078

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA	. NAME OF DECEDE	INT-FIRST (GIVEN)	T—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)					4. SEX
	ELMORE		SAMUEL	BEII	LER		01/07/1907		/2003	M
5A	LA MESA		Mel	5B. COUNTY ENTER S	OF DEATH—OUTSIDE CALIF., STATE SAN DIEGO	OF IN	RELATIONSHIP, FULL MA	ALING ADDI		-
7A	EL CAJON M	ORTUARY		PERSON ACTING AS SUC	H 78. CALIF LICENSE NUMBER	1494	O LYONS VALI			
_	ACKNOWLEDGMENT OF A	DOLLARY I hereby a		oposed disposition stated berein	FD-1022 s one of the dispositions authorized by use 7100 of the Health and Safety Code.	1.//	ATURE OF APPLICANT—PO	erson taking peri		E SIGNED 19/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFET BY FOR THE DISPOSITION SE ID NORTH OF DISPOSAL OUTSIDE OF CO	PROVI- Y CODE ECIFIED \$13.0	OF FEE PAID 98. DATE PERM	/2003	2316696	CAL REGIST	THE PERSON NAMED IN	STATE OF THE PERSON
AN		P O BOX 8		AND COUNTY OF THE	BE. ADDRESS OF REGISTRA	UR OF DISTI	PROCESS OF THE PERSON NAMED IN COLUMN 1	INIA		_
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS		•		FOR COR	ONER'S	USE ONL'	7
	B. CREMATION	SE		F. DISINTER G. SHIP IN 1	ARY ENVAULTMENT MENT TO CALIFORNIA TO OUTSIDE OF CALIFORNI 118. DATE BUR	383	I. DISPOSITION I	(dress)		
180	BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102			1	3	7-61	Bu	w.	
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CHEM	ATED 120	SIGNATURE OF PERS	ON IN CHA	RGE OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		EMAINS 13B, DATE REC	SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF F. SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN OF PLACING WITH THE CARRIER			ACILITY		
COMPLETE	TRANSIT	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION						ERE 14B, DATE SHIF		CHARGE
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				ON SUF- 15B, DATE OF TION DISPOSITE		C. SIGNATURE OF PERS CHARGE OF DISPOSI			AATED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED LHOE City of San Diago

10 101	2.2
CASE CON Date 10/8/6	93
You are hereby authorized and instructed, subject to your rules and regulations, to interest of VIRGILIA VANTA	er the remains
of VINGICIA WILLIAM	7+6 1
in a D. D. C.R.Y.P.T. (B) Funeral, date, time MON OCT. 1.	3/10
Church, Chapel, Graveside : PACIFIC BE	9C/Monuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of	f\$
will be applied and billed to undersigned.	
Lot 123 Grave 10 Row Section 2 Division/Blo	rck_//
Grave space & Care Fund E - 6809	0
Additional spaces and care fund	
Opening/Closing & Satup	413,00
Burial Container 1 0-0 CLYPT	0
Opening/Closing & Setup "I D-D CRYPT Burial Container PAID Handling Fees	
Clause vesse. Mader patting les	
	50.00
Sales taxes	4—
MOUNT HOPE CEMETERY	463.00
# 068 483 Paid receipt number PAW By CRAM	463.00
Sales taxee MOUNT HOPE CEMETERY Paid receipt number Para By Ram Belance due	0
I hereby certify I am the * SON of the above to	med decedent
and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery any liability on account of said authorization and interment.	and represent harmless from
I hereby authorize the Interment in lot I A Hay Not be 2. Ved bold under deed.	No. of Contract of
hold under deed.	. 446.
Signature of recorded holder of seed VORy	4 5 117
Paulatte Paulatte	10.000
18079 Invoice#	
Work Order # E Acct. #	
REA-104 (7-96) This information is available in alternative formats	upon request.

MT HOPE CEMETERY E-18079

GRAVE BLIND CHECK FORM

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

			O contrar	
		FP	Cunning	
	butter	AGUIL	x .	CHUBOS
(1€).			Chamberla 1	

	لتسييرات السطاب
Blind Check Initiated By: Pau LEH	
Interment space for: Virgilia	Vanta D. D. CRYPT (B)
Interment Date: 10/13/03	Time: 1:00 CHURCH
Div: 11 Sect: 2 Blk/Row:	
Grave Laid out by: Norman F	
Agrees with Legal Card: Yes	100 Flog or grave
Agrees with Map: Yes	J No
Blind Check & Verified By: A	RREY Date 10:10:03

18079

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDER	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		NT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY)			2. DATE OF BIR		TH 4. SEX
VIRGILIA	SANTOS	VANTA		11/27/192	- I A I AF I AAA			
SA. CITY OF DEATH	EUROPATON DRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON	ENTER STATE	CANADA CANADA CALIF, LICENSE NUMBER	6. NAME, RELATIONSHP, F OF INFORMANT RETHALDO VANT	A-SON	D ZIP CODE		
ECH-PACIFI	C BRACE CRAPEL 4710 CASS ST.		-F APPLICABLE	4333 MT. JEYN SAN DIEGO, CA BA. SIGNATURE OF APPLICA	92117	DATE SIGNED		
ACKNOWNED GMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed disposed of the Health and Salety Code, and was author			· Coffin	10/	10/2003		
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS FEMILE SINCE NO INSHIT OF INSPOSAL QUITERS OF CALIFORNIA.	\$13.00	98. DATE PERMIT		OF LOCAL REGISTRAR IS	SUING PERMIT		
	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA	⊢ ¦9Ε. 	ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSIT UR IN ANOTHER DISTRICT IN PO BOX 8522 92186-5222	CALIFORNIA	•		
8. CREMATION		RY	(ASSE TO 15	D 11C SIGNATURE OF	(FION PENDING—REMAINS and Address)			
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT-	ORY	12B. DATE CREMA	VI KUM	PERSON IN CHARGE OF	CREMATION		
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF	PERSON IN CHARGE O	FFACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148. DATE SHIPP		SIGNATURE OF PERSON VITH THE CARRIER	N IN CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION	15C SIGNATURE OF D	ISPOSITION OF MAIL	ONSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE		

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



Premel

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/8/03

You are hereby authoriz	ed and instructed, subje	THE RESERVE OF THE PARTY OF THE	6를 200 MONGS (1) 유럽에 가르 누워지?	
a Govern	e a Migu	ela ID	nay	nan
in a OO Y	Chy Ot Fu	neral, date, time	**	
Church, Chapel, Graves	ide			Mortuary.
All Funeral cars must an	rive before 3:80 p.m. of	regular work day or ar	extra charge o	×\$
will be applied and billed	to undersigned			
Los 109 Grave	9_ Row	Section	Division/Blo	m 12
Grave space & Care Fu	nd bn			088
Additional spaces and c	are fund		~~~	Day -
Opening/Closing & Setu	, РД	P $\mathbf{q}_{\mathbf{l}}$	12 XY	500
Burial Container	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			418
Handling Fees	OCT 1	3. 2003		333
Flower vases Marker	setting fee			
Recording and filing fee	MOUNT HOP	E CEMETERY	D XA	(B)
				33.40
		Jotal D	UB	7734
	Paid rec	celpt number KS4	768	6 18.00
		R-56	Balance due	1035 · YC
that I have the right to m	ty to make disposition of nake this authorization a of said authorization and Tri Marrungov	remains as above in nd I agree to hold Mt. d interment.	of the above n	amed decedent and represent harmless from
Symmetric of recorded holder of dec	d	CA CA	Office 1 201 - 28/07	40en. 20
r W _	18080	Invoice #		
Work Order # E		Acct. #	(f. Ha. 1939)	
REA-104 (7-96)	This information	on is available in alte	rnative formate	upon request.

© Printed on respoise paper

8-2003 Opened pre-need lot and trust to include Div 12 Sec 2 Lot 109 Gr 9	985.00	GREDIT	RALANCE
2 open/close, DD Crypt, handeling fee 2 recording fees and tax. 25% down R-56768		678.00	2713.
13/03 PAID IN FULL R-56786 P.C.		2035.40	le l
PAID			
OCT 13 2003			
MOUNT HOPE CEMETERY			

Over d

MT. MOPE CEMETERY

INTERMENT ORDER

MUS	City of San Diego		11
{ \(\sigma \)	S. 0245	Date)O	8 03
224/1/0		III. See See See	
You are hereby authorized and instr	ructed, subject to your rules		ter the remains
Levi	y May	e\$	STATE OF SALES AND SALES
n av	Funeral, date, time		
Type of Burlel Container Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work de	y or an extra charge	of \$
will be applied and billed to undersi	gned.		
Lot 223 Grave 10	Row Section <u>&</u>	2 Division/BI	00x 12
Grave space & Care Fund			
Additional spaces and care fund			
Opening/Closing & Setup	DAID		413 -
Burial Container	IAIV	***************************************	···
Handling Fees			
Flower vases - Marker setting fee .			
Recording and filing fee			50-
Sales taxes			
Optob taxes		otal Due	463 -
	Paid receipt number	56769	30 -
	Paid receipt number Z		413-
X	00.	Balance due	4.0
I hereby certify I am the	thorization and I agree to ho	ove indicated. I certify	amed decedent y and represent y harmless from
hereby authorize the interment in I	lot Vale	my may	len
hold under deed.	Beu	CHOPCH W	RD ST
Signature of recorded holder of deed	185A	V DIEGO	3000
7)	XC0	92114	Zip Gode
rain	Telephone C	19262670	9
100	Q 1 Imples #		1

REA-104 (7-96)

Work Order # E

This information is available in alternative formats upon request.

	2 107 223 CR 18 ed pre-need trust to include 1 open.	/sless	CREDIT	BALANCE
and r	recording fee for second burial. R-	56769 463.00	5000	413.00
10-3103 K-50	1843 Compan 4 1		36 00	37700
12-303 56	967		36 00	34100
1-7-04 R-57	7067 3,		3.9	30500
	156		26-	269 00
	1280 5		36-	233 00
	407 6		134-	19700
5-7 04 57	530 7		36	16100
	628 wo coupon		360	12500
7-7 04 57	DAID DAID		30	89.00
8-404 57	878 PAID		360-	53
9-204 57	977 SEP 0 2 2004		53-	
	MOUNT Hor			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

00000

1 1 mg 17			Date_O	CF !	4 Q3
You are hereby authorized an	nd instructed, subjectives	ect to your rules an		to inter th	e remains
		neral, date, time	nes 10	14 1	:00
Type of Burlat Contain Church, Chapel, Graveside	" Stell a	Du H	umph	rey	Mortuary.
All Funeral cars must arrive b	-			//-	
will be applied and billed to u	ndersigned	Kinass	M USE	- Uo	55
Lot 89 Grave	1Row	Section	QDivision	on/Block _	11
Grave space & Care Fund		E 90	29 (<u> </u>	0
Additional spaces and care to	and				
Opening/Closing & Setup				<u> </u>	0
Burial Container				<u> </u>	$\underline{\leftrightarrow}$
Handling Fees					0
Flower vases - Marker settin	g fee				
Recording and filing fee					<u> </u>
Sales taxes					0
		Tota	d Due	<	0
	Paid re	celpt number			
N.			Balance	due	0
I hereby certify I am the and this is your authority the that I have the right to make t any liability on account of sai	res authorization a	and I agree to hold I	indicated, I	pertify and betery ham	nless from
I hereby authorize the intermi hold under deed.	ant in lot I	Signature V	V to	fact	<u> </u>
Sparme of manufact hillber of dead		Pagophone	_0		Zip Code
	8082	Invoice #			
Work Order #		Acct. #			
REA-104 (7-96)	This Informati	ion is avallable in i	alternative for	mats upo	n request.

MT. HOPE CEMETERY INTERMENT ORDER

St rug

City of San Diego

Oct 903

You are hamby authorized and instructed, subj		ind recreation
- Kay haws		1:00
	aneral, classe, time TUES 1914	1.00
Onurch, Chapel, GraveniceC	de Humphrey	Jacoban
All Funeral curs must arrive before 3:30 p.m. of	regular work day or an extra oberge of	-
	Course des de	
Lat 89 grans 1 Aur	Seuton 2 Division/Block	11
Green space & Care Fund	E 9097 -	0
Additional spaces and same fund		
Opening/Closing & Seeup	The contract of the contract o	0
Burlel Container		0
		À
Handing Foot		
Pleaser value - Marker selling for		7
Recording and filing fee		-
Spine passe	and the second s	\hookrightarrow
	Total Dua	<u>-</u>
Paid ro	calpt mumber	
30000-3000	Balance due	0
I marking country I am the N Wile	of the above name	d donado
and this is your authority firegains disposition of that have the right to make his methorization a	I remains so above indicated. I certify an	Labrase
triss i ingive the right to imple this militarization a any lightity on account of said suffunitzation an	ing i agree to haig Mil. Hope Cemetery he: d Interment,	Janes alou
	VEALON DO WA	nd
i heritry sufficies the interment in let I heris under dead.	1 3/m	7
	Sugar N. Way	ay .
Appellant of Participal Participa	Eltha D. War	de
	Ella D. Ward	
		- 111
_ 18082	Involce #	
Work Onler • E	Acct 0	
This information	has be excellented in differential formats con-	





MT HOPE CEMETERY E-18082

GRAVE BLIND CHECK FORM

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

	Killer	-12-13-11		e etc.	
	Rockis	x	Freeve	mHollinan	
Cashille		**		Belcher	-
Blind Check Initial	or:R	4	w.	ard	
Interment Date:	1055			According to	-000
Grave Laid out by	:Norma	Zen	Meon		
Agrees with Legal Agrees with Map:	Card: Ye	es C	J No	placy 1	V)
Agrees with Map:	☐ Yes		10	of	gue -
Blind Check & Ve	rified By: Po	BERTO	Boath	Date:	913.03

E- 1808Z

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

19

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

A. NAME OF DEC	EDENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			OF DEATH 4. SEX
ROY		TRAVIS	WARD			8/2003 H
A CITY OF DEAT	Н		5B COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADD	PRESS AND ZIP CODE
SAN DIEG			ENTER STATE SA		ELTHA WARD (WIFE)	
EURCEREY	CHULA VISTA	IA—FUMERAL DIRECTOR OR PER MORTUARY VISTA, CA 91910	-	IF, LICENSE NUMBER APPLICABLE D 964	POTREBO, CA 91963 BA. SIGNATURE-OF APPLICANT—PERM MAIN P	NEWSTER SE
ACKNOWLEDGMENT (or appropriate I hereby a	schowledge as applicant that the propose 1376 of the Health and Safety Code, and was	d disposition stated herein is one of the		>n Down	10/09/200
PERMIT AUTHORIZATION O	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECIE ID NIGHT OF DESPOSAL OUTSIDE OF CALIFO	OVI- ODE FIED	10/10/20	TISSUED 9C SIGNATURE OF LOCAL REGIS 003 2316791 NGUEZ >	TRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF D D IN CAUFORNIA 85222 O. CA 92186-522	iF i		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA	
O. AUTHORIZED D	ISPOSITION(S) CHECK A				FOR CORONER'S	USE ONLY
	ON OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	STATES	(Name and Address)	REMAINS LOCATED AT
BURIAL	" MOUNT BO	DORESS OF CALIFORNIA CEN PE CEMETERY RET ST., SAN DI	wasana maaaa aa	10 14 0	ED 11C SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	EMATORY:	129, DATE CREMA	NTED 12C. SIGNATURE OF PERSON IN CH	ARGE OF CREMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C SIGNATURE OF PERSON IN CI	ARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPF	PED 14C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRIE	
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMET	FICIENT TO ID	rest point on shoreline, o entify final place and ca <u>d</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date (Oct 8,03

You are hereby authorized ar				o inter the remains
of Hono	1 1	rie i	A James of	22 /15
in a Type of Buriel Contain	ult Fi	ineral, date, time	Man 1	9/13 9:00
Church, Chapel, Graveside	and the same	:_	munu	OO C Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m. of	regular work da	y or an extra char	ge of \$
will be applied and billed to un	ndersigned			
Lot 80 Grave 8	Pow	Section	/ Division	Plock_/J
Grave space & Care Fund				985
Additional spaces and care fu	D.A.	וח	***************************************	
Opening/Closing & Setup	_ PA	111		413-
Burial Container	OT A	2003	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	275-
CALL CONTROL OF THE CALL	_			-
Flower vases - Marker setting	MODELLE HOD	F. CEMETE	RY	***************************************
Recording and filing fee	OUN! HO			50 -
Sales taxes				2/2/
		1874	otal Due	1948-31
	Paid re	ceipt number		1948.31
W W			Balance o	ue -
I hereby certify I am the	SROTHER	e	155565000030	e named decedent
that I have the right to make the any liability on account of sak	his authorization and Felogo	remains as about	we indicated. I ce	rtify and represent
I hereby authorize the interme hold under deed.	ant in lot I	29149	Village 6	Len da #185
Signature of recorded holder of deed		TO CA	N. 65 - 27 - 3	9) 10 Code
un		Telephone 2	8 503-67	12/25
1	8083	Invoice #	,,,,,,	(See
Work Order # E	BODAELS ————————————————————————————————————	Acct. #		
REA-104 (7-96)	This informati	ion la available i	n alternative form	ats upon request.

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MT HOPE CEMETERY E- 1808 3

	GRAVE BLI	ND CHE	ECK FOR	M	
olock marked	name of the decea d with "X". Place the ker's in the appropance.	the name	s, lot # ar	nd grave	of all
	C(5, m)				
.e	Flinn	x Jepidu	lams	tree	,
Olind Chack	Initiated By:	2000		Date:	10/7
nterment sp	ace for: Am	meel	Marie	Lil-	e8
oiv: 12	Sect: Blk/	Row:	Lot: _	80 Gr:	8
Agrees with	out by: <u>Norma</u> Legal Card: ☐ Ye	es 🗆	INO F	Cag or	
Agrees with I	Map: Tyes	\Box N	0	Data	an-

E-18083

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

650

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FA	MILY)	SORPHEN NACISANAS		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE (OF DEATH	4. SEX
	AMMANA	RIE	S.	L	LILES			12/05/1947	10/05		F
5/	L CITY OF DEATH							RELATIONSHIP, FULL I	MAILING ADDR	ESS AND Z	P CODE
	SAN DI	ECO		ENTER STA		N DIEGO	700	TOPELOGO -	NDO/TH	PP PP	
74	TYPED NAME AND AD	ODRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH			11 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	VILLAGE GL	THE RESERVE OF THE PARTY OF THE	THE R. LEWIS CO., LANSING MICHIGAN	85
	GREENWOOD H	ORTUAKY -	1-805 & IMPERIA	L AVENUE	→F A	PPLICABLE		DIEGO, CA 9		,	٠,
			SAN DIEGO, CA 9:	2102	FU	843	BA. SIGN	TURE OF APPLICANT	Person Labing pern	BB. DAT	E SIGNED
_	ACKNOWLEDGMENT OF A	Section 10	cinemicity as applicant that the propose 376 of the Health and Safety Code, and we	authorized pursuant to Section	7100 of the He	eith and Salety Code	> Du	ana Se	WILL		3/2003
	PERMIT	SIONS OF THE CALE	JED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY C	ODE	FEE PAID	STANA PERM	USSUED.	9C. SIGNATURE OF LO 2316832	CAL REGIST	RAR ISSUIN	G PERMIT
	UTHORIZATION OF	IN THIS PERMIT.	TY FOR THE DISPOSITION SPECI IN BIGHT OF DISPOSAL OUTSIDE OF CALFO	\$13.	.00	10/13/20		2310032			
100	OGAL REGISTRAR		EGISTRAR OF DISTRICT OF D	NA COLUMN TO A COL	BE ADDRE			ICT OF DISPOSITION-			
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRE	ED IN CALIFORNIA	essent (THER DISTRICT IN CAUF			
P	DISPOSITION.	P.O. BOX									
70	. AUTHORIZED DISP		O. CA 92186 522		-	1-17 - 17	_	EOD COL	ONER'S	ISE ONLY	
10		TOTAL PROPERTY OF THE PARTY OF	PP DOADEE II CAIO	—				100000000000000000000000000000000000000	rancount of the	Notice or and	
16	X A. BURIAL (INCL)	JOES ENTOMBMENT)	¥3	E. TEMPORAR		TMENT		L DISPOSITION		REMAINS LO	CATEURI
	B. CREMATION	OF CREMATED REM	ANC OTHER	F. DISINTERMI		ue:		NEW SCHOOL			
	THAN IN A CE	EMETERY	MING OTHER	G. SHIP IN TO		77.1					
1	D. SCIENTIFIC US	SE		H. TRANSIT TO	OUTSIDE	OF CALIFORNIA		1			
	10.000	11A. NAME AND A	DORESS OF CALIFORNIA CEN	METERY	1	118. DATE BURRE	D 11C	SIGNATURE OF PER	SON IN CHU	ARGE OF BI	URIAL
	BURIAL		PE CEMETERY - 37 SAN DIEGO, CA 92		1	10 13.0		kun 1	-	m	
TEMB		12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	- 1	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHA	RGE OF CR	EMATION
E	CREMATION				i		i	2			
ğ	Distallation CAT.						i b	/			
3	adicasores	13A. NAME AND A	DORESS OF CALIFORNIA FAC	LITY RECEIVING REM	AINS	138 DATE RECE	IVED 130	. SIGNATURE OF PER	BON IN CHA	ARGE OF FA	ACILITY
å.	SCIENTIFIC	and the same of the same of			ì		i				13
=	USE						1.				
E			DORESS IN RECEIVING STATE		E	148. DATE SHIPF	ED 140	ADDRESS AND SIGN			CHARGE
9	TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO	BE SHIPPED			1	OF PLACING WITH	THE CARRIER	ng Na Astanahistan	GIP
8	114,0140				. !						
Ü	SCATTERING AT SEA		REST POINT ON SHORELINE, O			15B. DATE OF	150	SIGNATURE OF PER	SON IN	ISD. LICENSE	
	OR	FICIENT TO IDE	ENTIFY FINAL PLACE AND CA	NSTRICT OF DISPOSITIO	N !	DISPOSITION	N I	CHARGE OF DISPO	SMON	MAINS D	
	DISPOSITION OTHER				i i		! -		í	-# APP	
_	The second second second second				_						

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

Afrila

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Oct 9,03

You are hereby authorized to	LZIC Fro		227150	O CONTROLLES
in a		funeral, date, time, 1	ues 19	14 11:00
Church, Chapel, Graves		:CA	bura	Mortuary.
All Funeral cars must at will be applied and bille	300	of regular work day or	an extra charge	of \$
Lot 244 Grave	Row	Section	Division/B	12 985-
Additional spaces and of Opening/Closing & Sets	р	PAID		413
Burial Container	00	T 0 9 2003		160-
Flower vases - Marker	setting fee			
Flower vases - Marker Recording and filing fee	MOUNT	HOPE CEMETI	EHY	505
Sales taxes				10.00
		Total	Due	183300
	Paid	eceipt number R	20776	1833.20
	. 1	acapt harles		-3
	Vita		Balance due	
I hereby certify I am the and this is your authori	ty to make disposition	of remains as above	indicated. I certif	named decedent by and represent
that I have the right to n any liability on account	nake this authorization of said authorization a	and I agree to hold M nd interment.	t. Hope Cemeter	y harmless from
		12:00	. D.	a 15773
I hereby authorize the in hold under deed.	nterment in lot I	Blagature	u nu	ars_
note of our coops.	101	Arthurs		
Signature of recorded holder of dee	d	X8914 1	Debros	came#17
$\overline{}$		¥500-	Maller	1 (A 9/97
Nan -		Total Coly 615	1698-5	359
LO-	18084	Invoice #		
Work Order # E		Acct. #		
REA-104 (7-96)	This Informa	ntion is available in al	ternative format	s upon request.

MT HOPE CEMETERY E- 18084

GRAVE BLIND CHECK FORM

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

			_	1 000	
		9	_		
		X			
Differences		Warren	(1. Nog	•	
Blind Check Initiate	:157	rie	Fran	_ Date: _	\wedge
Interment Date: 1	ies '	<u>0[14</u> T	ime:\	1:00	
Div: Sect:	2 BI	k/Row:	Lot	24H 0	Sr:
Grave Laid out by:	Normo	m ten	que	~	
Agrees with Legal (Card: 🗆	Yes 🗆	J No	2011	m
Agrees with Map: (J Yes		0	1, 3	2000
Blind Check & Veri	fied By:_	Kennel	1 Collen	Date:	10/10/00

E-18084

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

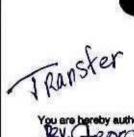
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMIL	Ŋ		2. DATE OF BIRTH	3. DATE O		4 SEX
LIZZIE		MAE	KRANKLI	CN .		03/26/1941	10/07	/2003	F
SA. CITY OF DEATH		10		DEATH-OUTSIDE CALIF.	S. NAME, I	RELATIONSHIP, FULL I		the state of the s	CODE
SPRING VA	LLEY		SAN D	EGO	LILLI	RIVERS-S	STER		
		A—FUNERAL DIRECTOR OR PE	Parent.	CALIF. LICENSE NUMBERIF APPLICABLE		DELROSE AVI	THE PERSON NAMED IN COLUMN		ā.
		SAN DIEGO CA 9	Simpleson Hills	D-1357	-2.	G VALLEY, (
	1 (1000)	chrowledge as applicant that the proper	The second secon		BA. SIGNA	TURE OF APPLICANT—	Person taking perm	3//2050/4	10000
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, and w	es authorized pursuant to Section 71		PK	K		10/0	9/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PI CORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC ID NIGHT OF DISPOSAL OUTSIDE OF CALIF	CODE	98. DATE PERMI	2003	c. signature of Lo	CAL REGISTI	aar issum	3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D IN CALIFORNIA RDS—PO BOX 852 CA. 92186—5222	222	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC					
B. CREMATION		ains other	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	Т		Olame and A		EMAINS LU	CAIED A
BURIAL		DDRESS OF GALIFORNIA CE EMETERY 3751 MA CA 92102	SEMESTE CONTRACTOR	10-14-0	ED 11C	SIGNATURE OF PER	ISON IN CHA	RGE OF BU	RIAL
CREMATION	12A, NAME AND AC	odress of California CR	EMATORY	129. DATE CREMA	TEO 12G.	SIGNATURE OF PER	SOM CHAR	GG OF CRE	MATION
SCIENTIFIC	13A. NAME AND AS	ODRESS OF CALIFORNIA FA	CILITY RECEIVING REMAI	NS 138. DATE RECE	IVED 13C	SIGNATURE OF PER	ISON IN CHA	RGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPE		ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		UF- 158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		SD. LICENSE OF CREAL MAINS DI —IF APPL	ATED RE-

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



* MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date 10-9-03

In a	Funeral, date, time	
Type of Burled Contains Church, Chapel, Graveside _	• • • • • • • • • • • • • • • • • • •	Mortuary.
All Funeral cars must arrive b	efore 3:30 p.m. of regular work day or an extra charge of	\$
will be applied and billed to ur	ndersigned.	
Lot 135 Grave Grave Grave Space & Care Fund	E-704AIR	* <u> </u> _
Additional spaces and care fu	· · · · · · · · · · · · · · · · · · ·	_
	OCT 2 1 2003	-
	MOUNT HOPE CEMETERY	-
Flower vases - Marker setting	g fee	
Recording and filing fee	Transfer fee	50.00
Sales taxes FD	Lom birlene Garcia	
•	Paid receipt number 26779	50.00
	Balance due	Ø
I hereby certify I am the	SELF of the above na	med decedent
and this is your authority to n that I have the right to make t	make disposition of remains as above indicated. I certify this authorization and I agree to hold Mt. Hope Cemetery id authorization and interment.	and represent
guly incomy on account of and	CO	ched)
I hereby authorize the interme hold under deed.	TAD SELMO P	1
Signature of recorded holder of deed	SAN DIEGO C	9 92/19
Quelate 1	Cay (619) 264-9134 Telephone	2hp Code
800° 1	8085 Invoice#	
Work Order # E	Acct.#	
	parameter security and the second	
REA-104 (7-98)	This information is available in alternative formats:	uyan reguesi

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tyrone broken

MT. HOPE CEMETERY

INTERMENT ORDER

ansker

3

City of San Diego

Date_10-9-03

In a	Funeral, date, time
Type of Burill 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 135 Grave 2 Row E	
read to security and the equipment of the control o	=
한 회사는 경우를 받는 사람이 그리면 생각을 하는 것이 없는 것은 것이 없는 것이 없는 것이 없었다.	3
The state of the s	
Flower vases - Marker setting fee	18fer fee 50.00
Recording and filing fee	rirlene Garcia =
Sales taxes	Total Due
	Total Dua
Pa	aid receipt number
C	aid receipt number
C	aid receipt number
I hereby certify I am the	Balance due Of the above named decedention of remains as above indicated. I certify and, represention and I agree to bold Mt. Hope Cernateor harmless from
C	Balance due Of the above named decedention of remains as above indicated. I certify and, represention and I agree to bold Mt. Hope Cernateor harmless from
I hereby certify I am the	Balance due Balance due of the above named decedention of remains as above indicated. I certify and represention and I agree to bold Mt. Hope Cemeter harmiess from and interment.
I hereby certify I am the	Balance due Balance due of the above named decedention of remains as above indicated. I certify and represention and I agree to bold Mt. Hope Cemeter harmiess from and interment.
I hereby certify I am the	Balance due Balance due of the above named decedention of remains as above indicated. I certify and represention and I agree to bold Mt. Hope Cemeter harmiess from and interment.
I hereby certify I am the	Balance due Balance due C of the above named decedention of remains as above indicated. I certify and represention and I agree to held Mt. Hope Cemeleor hamiless from and interment Claude PL Addissa SAN DIEGO CO 9 2/10 Car (C19) 264-7/34 Tsiephone
I hereby certify I am the	Balance due Balance due C of the above named decedention of remains as above indicated. I certify/and, represention and I agree to held Mt. Hope Cemeleor harmiess from and interment Claud FL Address AN DIEGO CO 92/10 Cay (CI9) 264-7/34



MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: October 9, 2003		(as)		
I/We REW SEOK	GE STEL	isen 6	PRLENE	GARC
DO HEREBY REMISE, RELE	ASE, AND QUITO	CLAIM THE	INTERMENT I	RIGHTS
TO: REV. GEORGE	STEVENS			
Street Address: 700 5	ELMA PL		Apt / Unit #:	
City: San Diego	ST: CA	Zip-Co	ie: 92/14	
all the cemetery property interm of San Diego, County of San Di				said City
Division://	Section:	" N/A "	Blk / Row:	" N/A "
Lot(s): / 35		Grave(s):	2	20 - 20
TO HAVE AND HOLD THE a interment rights owners, its successful witness my/our hand this	cessors and assigns	10.500 and 10.000 and 10.000 and 10.000		e said
EXECUTED IN THE PRESENTHE FOLLOWING WITNESS		D plan	Whee / Reprehensive Signals	<u>.</u>
Pamala Hetzel	-	Cem	etery Reprohensive Signature	





CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1
County of San Dugo	SS.
County of San Dugo	J
10 0 00	P. 11/1/2
on [0 - 9-03 before me.	Regina Villa
personally appeared Ciricm	and the state of t
personally appeared OI rich	garax
W 1999	Mame(s) of Signer(s)
	□ personally known to me Sproved to me on the basis of satisfactory evidence
REGINA VILLA COMM. # 1258358 WOTARY PUBLIC-CALIFORNIA San Diego County My Comm. Expires Narch 26, 2004	Name(s) of Signer(s) personally known to me 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 be/she/they executed the same in his/her/thefr 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.
Place Notary Seal Above	WITNESS my hand and official seal. Signature of Notary Public
	y law, it may prove valuable to persons relying on the document I and realtachment of this form to another document.
Description of Attached Document	2 10 1
Title or Type of Document: Cometar	Droperty Fransfer & Quit Ca
11 9-02-0	
Document Date: 10-1-05	Number of Pages;
Signer(s) Other Than Named Above: NO.	ne
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer's Name: Girlene Gara.	RIGHT THUMBPRINT
Individual	OF SIGNER Top of thumb here
¬ Partner — □ Limited □ General	
Attorney in Fact	
☐ Trustee	
Guardian or Conservator	
Other:	

the contraction of the contracti

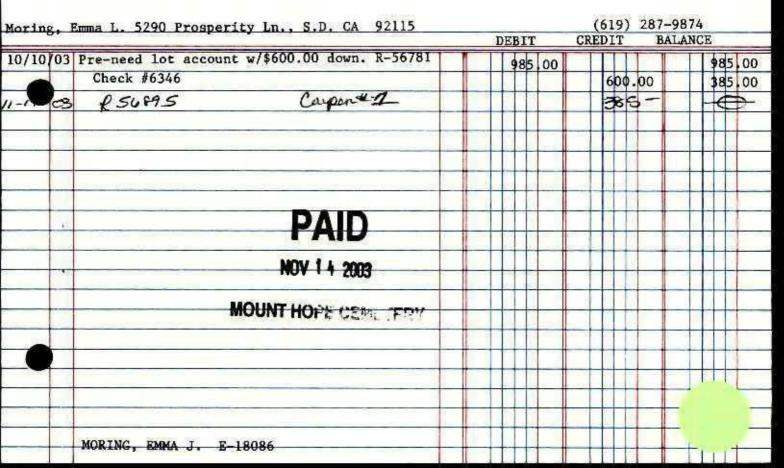
pre-read low

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10 10 03

You are hereby authorized and instructed, sub	ject to your rules e	and regulations, to i	nter the remains
of for Emma f.	uneral, date, time	- 123/169	
In aF Type of Surfal Container Church, Chapel, Graveside	uneral, case, tips		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of requier work day	or an extra charge	rd S
will be applied and billed to undersigned			
Lot 126 Grave 2 Row	Section	1 Division/B	lock 1/
Grave space & Care Fund			. <u>985.0</u>
Additional spaces and care fund		******************************	
Opening/Closing & Setup			
Burial Container	AID.		
Hendling Fees	MIU		
Flower vases - Marker setting fee NOV	1 4 2003		
Recording and filing fee	1 7 2000		
Sales taxes MOUNT HC	DE CEMET	ERY	
MOUNT HO	To 370	rtal Due	985.00
Peid n		7-56781	600.00
,		Balance du	385.00
I hereby certify I am the		Y The Control of the Assessment	named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at	and I agree to hold	ve indicated. I certi	ty and represent
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of deed	City		2% Code
n etta	Telephone		- 2
Vallelle	36		
18086	Invoice #		
Work Order #	Acct. #		
REA-104 (7-95) This informa	tion to Wait	ed to EN Signature 18086	equest.
	Coc	simature	5.
	404	510	The state of the s
	_	18086	
		1000	



MOUNT HOPE CEMETERY (619) 527-3400

From: Emma Mor		Prospute	0nSO 9211
in full Payment of	d dishtufive	dolla	rs (\$ 385. CQ) Division //
Lot Grav Invoice No E 1 8 0 8 0 Acct. No	NOT VALID FOR PURPOSES STA		197 =
W.OBALANCE DUE	NOV 1 4 200	Opening/ 10 Closure 7718	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Pre-Need Lov At Need On Acc	11 (1)		3
AC 212 (Rev. 10:02) 435		TOTAL PAID	, <u>3</u> 85 —

MT. HOME CEMETERY INTERMENT ORDER

City of San Diego

You are here!		20		tions, to inter the remains
of	Darrer	1 Gr	ani	1000
in a	Type of Burlat Container	Funeral, dat	CONTRACTOR CO.	10/1/100
Church	Graveside	_	-: Con	Mortuary.
All Funeral ca	ers must arrive before 3:	30 p.m. of regular w	rork day or an ext	ra charge of \$
will be applie	d and billied to undersign	ned,		
La 24?	5 Grave 9 R	low Sec	ation <u>2</u>	Division/Block 12
Grave apace	& Care Fund	***************************************	***********	<u>985</u>
Additional sp	aces and care fund		***************************************	
Opening/Clos	sing & Setup	A IP	***************************************	413-
Burial Contain	ner	AIU		709-
Handling Fee	OCT	1 3 2003 (R	56797	1) 240-
	the second second second			50-
Recording an Sales taxes	d filing MOUNT HO	PE CEMETE	RY	16.00
			Total Due	<u>8,588</u>
		Paid receipt num	ber_VB	a 1833.00
	VP	o move of	В	alance due
i hereby certified that I have the any liability or	our authority to make dis e right to make this auth n account of said author	ization and imagine	as above indicate to hold Mt. Nop	ne above named decedent ed. I certify and represent a Cemetery namiless from
i hereby authoride de	Crucial G r orize the interment in lo		5902 1	FlippenDn
<u></u>	3409:35	PAID	SANDII GIF 21	40 9214 208968
, Ke	180	87 Invol	ce #	
Work Order #	<u> </u>	Acct.	•	
REA-104 (7-98)	This	information is ava	ilable in alternati	ve formats upon request.

D Printed on respeled paper

MT HOPE CEMETERY 18087

GRAVE BLIND CHECK FORM

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

	Men			Androw		
	Still		x			
		eyan	adom	parhan)	
			Parr			10/13
			10/1			
						Gr:_ <u></u>
Grave L	aid out by	Mosm	an F	erque	<u>~</u>	*
Agrees v	with Legal	Card:	Yes [J No	Man	W)
TO DESCRIPTION OF THE PROPERTY OF	with Map:	Carrier Drawn &		lo d		20 and
Blind Ch	eck & Ve	rified By:_	DARKEY		Date	10-18-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DARREN	NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE DARREN ISERT				2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SAVANNA)	<u>2</u> 1	.W	5B. COUNTY OF DEAT ENTER STATE		NAME, RELATIONSHIP, FULL M DE INFORMANT ERNEST GRANT —		OP CODE
COMBAD I	LEMON GROVE M		10	LIF. LICENSE NUMBER	5902 FLIPPER DI SAN DIEGO, CA SIGNATURE OF APPLICANT—	92114	TE SIGNE
ACKNOWLEDGMENT			proposed disposition stated herein is one of the		(dentilon	10/1	0/2003
PERMIT AUTHORIZATION (LOCAL REGISTRA	AND IS THE AUTHOR	UED IN ACCORDANCE WITH FORMIA HEALTH AND SAFE TY FOR THE DISPOSITION S ID MIGHT OF DISPOSAL DIFFIELD OF	\$13.00	Grant K. Con 10/16/200	mad 2317121	CAL REGISTRAR ISSUM	NG PERMI
ANY CHANGE IN DISP TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	W IF DEATH OCCURR	EGISTRAR OF DISTRICT (ED IN CALIFORNIA	OF DEATH— 9E. AL	ORESS OF REGISTRAR OF DISPOSITION IS TO OCCUR IN OF SAN DIEC TAL RECORDS	DISTRICT OF DISPOSITION— A MOTHER DISTRICT IN CAUPO DEPT. OF HEAD 2186—5022	ALTH SERVICE	s
IO. AUTHORIZED (DISPOSITION(S) CHECK A	APPLICABLE ITEMS				ONER'S USE ONL	
B. CREMATK	NCLUDES ENTOMBMENT) ON OF CREMATED REM A CEMETERY	IAINS OTHER	F. DISINTERMENT G. SHEP IN TO CALIF		(Name and A	PENDING—REMAINS L ddress)	
D. SCIENTIFI	11A NAME AND A MOUNT HOP 3751 MARE SAN DIECO	DDRESS OF CALIFORNIA PE CEMETERY (ET STREET), CA 92102	CEMETERY	SIDE OF CALIFORNIA 118. DATE BURIED 10.17-03	11C. SIGNATURE OF PER	- lene	W
D. SCIENTIFI	11A NAME AND A MOUNT HOP 3751 MARE SAN DIECO		CEMETERY		· kun !	- lene	
BURIAL CREMATION SCIENTIFIC USE	11A. NAME AND A MOUNT HOP 3731 MARE SAN DIEGO 12A. NAME AND A	CEMETERY CET STREET CA 92102 DDRESS OF CALIFORNIA	CEMETERY	118. DATE BURIED 10 17-03 128. DATE CREMATED	· Sum !	SOM IN CHARGE OF CR	REMATION
BURIAL CREMATION SCIENTIFIC	11A. NAME AND A MOUNT HOP SAN DIEGO 12A. NAME AND A 13A. NAME AND A	CEMETERY CA 92102 DDRESS OF CALIFORNIA DDRESS OF CALIFORNIA	CREMATORY FACILITY RECEIVING REMAINS TATE OR COUNTRY WHERE	118. DATE BURIED 10 17-03 128. DATE CREMATED	12C. SIGNATURE OF PERS	SON IN CHARGE OF F	ACRETY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

\	D/ate_	
	\sim	
You are hereby authorized and instructed, su	bject to your rules and requi	ations, to inter the remains
of	\mathcal{N}	Constitution of the Consti
in a	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	$\wedge v / -$	Mortuary.
All Funeral cars must armye before 3:30 p.m.	Ander white dev or en en	
	de regulai yolk day ol all ex	ma chaile or e
will be applied and billed to undersigned.		- 14 - 17 - 1 - 10 - 10
Lot Grave Row	Section	Division/Block
No.		DIVIDIO IL DIOCK
Grave space & Care Fund	W DAL	
Additional spaces and care fund	NO DOT	·
Opening/Closing & Setup	Dint	-
Burial Container	1	M
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes	/	
	\	-
/	1	
Paid	receipt number	Monthly accomplished
	/6	Balance due
I hereby certify I am the / and this is your authority to make disposition	of complete as above indica	he above named decedent
that I have the right to shake this authorization	and lagree to hold Mt. Hop	be Cemetery harmless from
any liability on account of said authorization	and Interment.	
I hereby authorize the interment in lot I	Signature	1
hold under deed.		\
Signature of recorded holder of deed	Address	
` ?	City	Zip Code
	Telephone	
	Invoice #	
Work Order # E 18088	Acct. #	
10010010010101010101010101010101010101	A. 64 CARRECT	
REA-104 (7-96) This inform	ation is avaliable in alterna	tive formats upon request.

@ Printed on (veycled paper

MT. HOPE CEMETERY INTERMENT ORDER

REA-104 (7-95)

reneed Lotters pd. City of	Date 10/13/03
You are hereby authorized and instructed, subj of <u>for Lelia D. Robert</u>	ject to your rules and regulations, to inter the remains
in a Asta Container FL	uneral, date, time
Church, Chapel, Graveside	;Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	f regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 141 Grave 1 Row	Section 14 Division/Block 7
Grave space & Care Fund	1395.00
Additional spaces and care fund	
Opening/Closing & Setup	395,00 380.00
Buriel Container 0, 3. CROP	380.00
Handling Fees	320,001
Flower vases - Marker setting lise	
Recording and filing fee	45.000
Sales taxes	39.45
	Total Due
I hereby certify I am the and this is your authority to make this authorization of that I have the right to make this authorization any liability on account of said authorization and	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from ad interment.
I hereby authorize the interment in lot I hold under deed.	Signature
Symptome of recorded holder of deed	704-873-8874 Zip Code Telephone
18089	18 President

O Printed on recycled paper

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

	PE CEMETER	705		
(3)	MENT ORI		Oct	13,03
You are hereby authorized and instructed, so of Kuben in a OO Cupp to		nbila		
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		in in	2.548 W	
Lot 190 Grave Row	Section .	_2_p	rision/ Black	12
Grave space & Care Fund		***************************************		100_
Additional spaces and care fund		(11)	7	27/1-
Opening/Closing & Setup			9 -	1100
Burial Container	HD		<u>.</u>	118
Handling Fees			ك	352
Flower vases - Marker setting fee NOV	2.2003			51.42
Recording and filing fee		50 ×	٠	100=
Sales taxes	E CEMETE	RY	<u>5</u>	32.40
TO BE A SOUL TO A SERVE TO THE MENT OF THE SERVE THE SER	AND THE SERVICE HOUSE	Total Due	2	76303
Paid	receipt number .	R 567	10 7	100.00
	6	1-8020	nce due 20	10 502 10 51570 "
and this is your authority to make dispositio that I have the right to make this authorization any liability on account of each authorization.	n aftremains as a n and I agree to I and interment.	above indicated hold Mt. Hope (I. I certify an Cemetery ha	I day and T
I hereby authorize the interment in lot I hold under deed.	49	ulu/s	Ey CI	elelu RC ∈
"Signature of recorded holder of deed	XCH	ULAU	ISTA	CA9191
Pow-	X619	-427-	3145	5
_ 18090	Invoice #			
Work Order # E	Acct. #			
This inform	nation is evallable	a in allement	formate :-	on marines

								E-3	18090	
		., RUBEN 493) Smokey Cir. Chula Vista 91910 (619)	427-3	145						
10 1000		03 Opened pre-need lot and trust to include		985	00	TI	II I		I	
		2 open/close, DD Crypt, handeling fee, 2	1	780	.03	7 11		2765	03	
		recording fees and tax R-56790 25% down		T		700	0.00	2065	03	
10-20	03	also to include Trion vase R 56803		11		1 (8	2 03	14	030	>
10-20	03	recording fees and tax R-56790 25% down also to include Trion wase R 56803				A	3-	4	6	
		PAID NOV 1 2 2003								
-			- 5	+	-	-14		+	-	_
		MOA 1 5 5003								
		OEMETERY								
		MOUNT HOPE CEMETERY								
				11				- 11	1	
						+++		+++		
									Val.	
							1 1			
				+						
									120	

CITY OF SAN DIEGO, CALIFORNIA

56889

MOUNT HOPE CEMETERY (619) 527-3400

Invoice No Payment of Row Section	0110	0 00
Not valid for purposes Stated Unless CREDIT 67007	(s 463	(2)
Acct. No STAMPED *PAID PAST CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening? 100	Division	D
of Lots 77184 Opening ² 100		1
1.O1		
BALANCE DUE NOV 1 2 2003 Containers 77182		
MOUNT HOPE CEMETERY Handling Fee 77183 7100 Misc. Fees 77183		
Pre-Need Lot / At Need On Acct Pre-Need 63033 Trust 77186 Sales Tax 60101	463	3 00
AC-212 (Rev. 10-02) This information is available in alternative formats upon request.	463	300



MT. HOPE CEMETERY INTERMENT ORDI

			MT. HOP	E CEMETE	RY		
		IN	TERM	ENT OR	DER		
AT	Need		City of	San Diego		· 10/14/	υ3 <u> </u>
You are h	Henri		Brown	6	115	gulations, to inter	17.1
Church C	Title of Botte Chapel, Grave	this	-		RAG	SDALE extra charge of	Mortuary.
will be ap	ellid bna beliq	Account to State of the	and the same of th				
La 6	Grave	10_	Row	Section	. 2	Division/Block	//
C	one & Com E	nd .				acceptance of the control of	985.00

of	Henri L.	promu	00	11157	5	117.00
In a	liner	Funer	al, date, time	THURS	OLT.	16th 11:1
Church)CI	Type of Birtist Container hapel, Graveelde		. 1	RAGUI	ALE	Mortuary.
All Funeral	cers must army befor	re 3:30 p.m. of reg	ular work da	y or an extr	s charge of	\$
	eled and billed to under					
La 63	Grave_ID_	- Row	_ Section _	2 0	ivision/Blo	
Grave spa	ce & Care Fund			••••		985.00
Additional	spaces and care fund .					
Opening/C	losing & Setup			•••••		413.00
Buriel Con	icsing & Setuptainer	P	AID			209.00
			70 70 70 70			160.00
Flower vas	ses – Marker setting fe	, OCT	1 4 2003	}		
						50.00
Sales tove	and filing fee	MOUNT HO	PE CEN	METERY		16.20
CALLED LEAD				otal Dua		1833,20
		Paid receip		R-56	791	1833 a
		2 ()	Bal	ance due	0
and this is	your authority to make the right to make this of your account of said au	authorization and	agree to ho	ove indicate	d. I certify	med decedent and represent harmless from
CHARU I hereby su hold under	ES BROWN uthorize the interment i deed.	in lot I	1988 N	TRANS	16 II	- De
	corded holder of deed		(W9)4	DE60		GUI4 Zip Code
auto Work Orde	_ 181	091	Invoice #	_		
BEA-104 (7-6	turb 2	This information i	e available	in alternativ	e formets i	inon remiest

MT HOPE CEMETERY E-18091

GRAVE BLIND CHECK FORM

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

		WAFER	LEWIS	50011	SHABAR2
		x	MAJORS		WALKE
* *	COOPER	ANDER	GARRETT		
	and the second		A. Mariane and A. Mar		4
	nitiated By: <u>Pa</u> ice for: <u>Henr</u>				10-14-0

Agrees with Legal Card: Yes

Agrees with Map: Yes ☐ No

Blind Check & Verified By: Keaneth Collins

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY -	- MAKE NO ERASURES, WI	HITEOUTS OR OTH	HER ALTERATIONS		
NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY) Brown		2. DATE OF BIRTH MONTH, DAY, YEAR 11/10/1943	3. DATE OF DEATH MONTH, DAY, YEAR 10/07/2003	4. SEX
A. CITY OF DEATH	n Diego XXRESS OF CALIFORNIA			iego	of informant Charles Brown, 988 Marjorie D	MAILING ADDRESS AND Brother rive	
San Diego,			FD-1	320	San Diego, CA		SIGNED
ACKNOWLEDGEMENT OF A	PPLICANT I heroby acknowledge of the Health a	eviledge as applicant that the proposed disp and Salety Code, and was authorized purac-	costion stated herein is one of the dispositions aut ant to Section 7100 of the Health and Salety Cod	honzed by Section 103055	· I lan Co	mdew 10/1:	
PERMIT	THE CALIFORNIA HEALTH I	ACCORDANCE WITH PROVISIONS AND SAFETY CODE AND IS THE AU SPECIFIED IN THIS PERMIT, RIGHT OF DISPOSAL OUTSIDE OF CALL	THOR-	98 DATE PERMIT IS 10/13/200 B. Campbe	3 2316871	CAL REGISTRAR ISSUING PE	PMIT .
NY CHANGE IN DISPOSI-	Vital Recor	GISTRAR OF DISTRICT OF DE IN CALIFORNIA Cds, P.O. Box 8 CA 92186-5222	15222		DISTRICT DE DISPOSITION — I ANOTHER DISTRICT IN CALIFORNIA	159	_
THAN IN A CEMET D. SCIENTIFIC USE	41A, NAME AND AD	DRESS OF CALIFORNIA CEN			Name and Addre		WIRESTRE
BURIAL	San Piego,	CA 92102	Market Street	10-16-0	3 - Keine	I bone	mi
CREMATION	12A: NAME AND AD	DRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMAT	ED: 12C. SIGNATURE OF PE	RSON IN CHARGE OF CI	REMAT
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PE	RSON IN CHARGE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	O 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT SEA, <u>ONLY</u> ENTER LATITUDE AND LONGITUDE			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		REMAINS DIS-

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dato_10/14/03

	경기를 가면 없는 이 시간 중에 가게 되고 있다.	ect to your rules and regulation	s, to inter the remains
ofO	pick w	ulson 22	100
ina Cin	Container	neral, date, time	113 11:00
Church Chapel, Grave	side Chust Un	tree : Kaged	all Mortuary.
All Funeral cars must a	rrive before 3:30 p.m. of	regular work day or an extra cl	narge of \$
will be applied and bille	d to undersigned	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		Section Divis	ion/Block 12
	ind		
Additional spaces and o	are fund		
Opening/Closing & Set	Ф		413-
Burial Container	PΑ	D	209_
	1750 TC 175		11 A
Flower wases - Marker	and OCT 14	2003	WWW. H. CHANGE CO.
			-5.0-
Hecording and filing tee	MOUNT HOPE	CEMETERY	DE 37
Sales taxes			(833.20
		Total Due	
	Paid red	celpt number <u>K 54792</u>	1833.90
	Y (# E	Balanc	e due
that I have the right to n	ty to make disposition o	f remains as above indicated. I and I agree to hold Mt. Hope Ce	cove named decedent certify and represent matery harmless from
I hereby authorize the in hold under deed.	nterment in lot I	* Du to	dil
10-14-03) Par	111:01 RCVD	Totaphone	Zip Code
	18092	Invoice #	
Work Order #	39	Acct. #	
REA-104 (7-98)	This informati	ion is available in alternative fo	ormats upon request.

@ Printed on respeled paper

Atrud

INTERMENT ORDER

City of San Diego

10/14/03

- Opects li	5/18-00
- Links	uneral, data, time
Shurch, Chapel, Graveside	: <u>Passchall</u> Mornuy.
M Funeral care must entre before 3:30 p.m. o	f regular work day or an extra charge of \$
vill be applied and billed to undersigned	
a 94 ans 6 m	Section _ 2 Townston/Black _ 2
Trave space & Care Fund	965-
Additional spaces and care fund	
	4/3-
Opening/Closing & Status PA	709
	169
fending Feel	2002
Flower varies - Marker eating tee	
Recording and filling too	DELL'S
MOUNT HOPE	CEMEIEHY 100.00
	Total Dass
A Palore	scalpt number R.56793 1833-30
	Beliance due
W 7	May reason and the second seco
hardly partity am the	remains as above indicated. I contify and retreasent
trent I have the right to make this susherization or the susherization of the state of the susherization of the state of the susherization of the state of the st	of remains as above indicated. I cartify and represent and I agree to hald-fits-flope Company hardness from
ruk allestik du epportu ai bere draion/berou eu	
hereby authories the interment in lot i	
hold uniter dead.	1 Bearice
	7 4583 Alterena#
	9 CO CH92115
	D-31 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
18092	broke #
Wark Order & E	Acct. •

MT HOPE CEMETERY

E 18092

GRAVE BLIND CHECK FORM

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

*		pidens	Welcar)			
		pefact	rt x			
		Kager		NJE	115	
Blind Check	< Initiate	d By:	Pam		Date:	10/13
Interment s	pace for	Jag	ck li	081,0	5	
Interment D	ate: FT	10	П_т	ime:		
Div:12	Sect:	₽ BII	k/Row;	Lot: _	<u>au</u> ,	Gr: /
Grave Laid	out by:	Josma	m te			
Agrees with	Legal (Card: 🗆	Yes 🗆	No No	Hag	m
Agrees with	Map: (J Yes	ПΝ	o	" Y	france
Blind Check	< & Veri	fied By:	DARRE	A	Date	10-15-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

44

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)			OF DEATH 4. SEX		
Jack	Jack - Wilson			08/20/1959 08/23/2003			
SA. CITY OF DEATH	Diego	58. COUNTY OF DEATH	OUTSIDE CALIF.	B. NAME RELATIONSHIP, FULL MAKING AD OF INFORMANT Beatrice Martey, Si	ORESS AND ZIP CODE		
7A. TYPED NAME AND AD	oress of california—funeral director or person agsdale Mortuary, 5050 Feder	ACTING AS SUCH 7B. CAL	IF. LICENSE NUMBER	4583 Altadena Avenu San Diego, CA 92115 8A SIGNATURE OF APPLICANT—Person labor 1	ie Apt C		
ACKNOWLEDGMENT OF M	PLICANT I hereby acknowledge at applicant that the proposed disp Section 10376 of the Health and Salety Code, and was nother		dispositions authorized by	>1 la lanciente	09/19/2003		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS FEMILE GIVES NO INSHIT OF DEPOSAL CHITSDE OF CALFORMA.	9A. AMOUNT OF FEE P.	19/09/200 B. Campb		STRAR ISSUING PERMIT		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNA VITAL RECORDS, P.O. Box 8522 San Diego, CA 92186-5222	9E. AD		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA			
	OSITION(S) CHECK APPLICABLE ITEMS		-	FOR CORONER'S	USE ONLY		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	MHA	L DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT		
BURIAL	Mt. Hope Cemetery, 3751 Max San Diego, CA 92102		118, DATE BURIET	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL		
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON OF	HARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	PRECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY		
TRANSIT TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148, DATE SHIPPE	OF PLACING WITH THE CARR			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

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

Afrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/14/03

You are hereby authorize	d and instructed sub	niect to your rule	e and requietion	s. to inter the remains
Victo	or O	Son	22711	16,
ina Prince	EDD F	uneral, date, tin	10 Tri	19/17 2:00
Church, Chapel Gravesin	A	;1	Saidel	Mortumy.
All Funeral cars must arri	ve before 1.50 p.m. t	of regular work o	bay or an extra d	varge of \$
will be applied and billed	るころし to undersigned	840		5
CSE/	4		11	
Lot 88 Grave	Row	Section	16 DIVIS	ion/Block
Grave space & Care Fun	đ		***************************************	1535
Additional spaces and ca			***************************************	1112
Opening/Closing & Setup Burial Container		ATP	***************************************	HIE
Burlai Container		'AIU	*******************************	7/20
Handling Fees			***************************************	252
Flower vases - Marker s	etting feeOC	1.4.2003		
Recording and filing fee .			***************************************	_50,_
Sales taxes	MOUNT H	OPE CEM	177	32.40
			Total Due	220090
	Paid re	eceipt number_	visa	280040
	2 2	- 8f 00	Balanc	e due _ @_
I hereby certify I am the	Y WIE	E	of the al	ove named decedent
and this is your authority that I have the right to me any liability on account of	ke this authorization	and lagree to h	bove indicated. old Mt. Hope Ce	certify and represent metery harmless from
I hereby authorize the int	armont in Lat I	. X	Irono (Olson!
hold under deed.	Sment in lot I	X	-0810	RCHARDAL
Signature of recorded holder of dead		7	AND DIE	60
Daw		Todophicane	AL 92	18 /> Ze Code
_	18093	619	222-1	+886
Work Order # E		Acct. # _		
REA-104 (7-95)	This informs	ition is available	in alternative to	ormats upon request.





MT HOPE CEMETERY

E-18693

GRAVE BLIND CHECK FORM

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

	School	- 1-	v.Q.,		
	بماتين	1			
	U			1	
Blind Ch	eck Initiated	Ву:	100	Da	te:
ntermen	t space for:_	Victo	r (Sloor	
ntermen	t Date:	10/17	Time:	2:0	D
Div:	_ Sect:	Blk/Rov	r	Lot: <u>55</u>	_ Gr: <u>4</u>
Grave La	aid out by: $\underline{\mathscr{N}}$	orman	Perqua	m	
Agrees v	vith Legal Ca	rd: 🗆 Yes	☐ No	pla	3 on
Agrees w	vith Map: 🛘	Yes	910)).	s in frame pate:/01503
Blind Ch	eck & Verifie	ad By	5+P	were D	ate:/0/503

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

11	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C, LAST (FAMIL	Y)			DATE OF DEATH	4. SEX
VICTOR GILBERT		OLSON SEL				0/11/2003	M	
5/	L CITY OF DEATH	= 34	5B. COUNTY OF E	DEATH-OUTSIDE CALIF.,	B. NAME, RE	ELATIONSHIP, FULL MAILIN	IG ADDRESS AND ZIP	CODE
	SAN DIE			SAN DIEGO		OLSON - WIFE		2
7/	BEARDSL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	8	IF APPLICABLE	4581 O	RCHARD AVE., EGO. CA 92107	7	8
	SUNSETT	CLIFFS BLVD., SAN DIEGO, GA 9	2107 F	D-816	ACCRET AND ADDRESS OF THE PARTY	JRE OF APPLICANT—Person		SIGNED
	ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed disposing Section (10376 of the Health and Safety Code, and was bullets)		0 of the Health and Safety Code	and the latest	un les	217 10/15	
	PERMIT UTHORIZATION OF OCAL REGISTRAN	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALEFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FI	10/15/20 NANCY LO	003	2317030	REGISTRAR ISSUING	PERMIT
1	ON REQUIRES A NEW PRINT TO SHOW FINAL	DD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 83696 SAN DIEGO. CA 92186-5222	The state of the s	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU	OF DISTRICT			•
10		DSITION(S) CHECK APPLICABLE ITEMS			1	FOR CORONE	ER'S USE ONLY	
South Salante Salante	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C	r .		I DISPOSITION PEN (Name and Addre	DING—REMAINS LOG	CATED A
	BURIAL	NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 2751 MARK SAN DIEGO, CA 92102	Charles To the Control of the Contro	118 DATE BURIE	11C, 5	Remarks	in charge of BUF	RIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C. S	SIGNATURE OF PERSON	IN CHARGE OF CREI	MATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	IS 138. DATE RECEI	VED 13C. S	SIGNATURE OF PERSON	IN CHARGE OF FAC	CILITY
OMPLETE AL	TRANSIT		14B. DATE SHIPP		ADDRESS AND SIGNATUR OF PLACING WITH THE		CHARGE	
8	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICHENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		UF 15B. DATE OF DISPOSITION		SIGNATURE OF PERSON CHARGE OF DISPOSITIO		SPOSER

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



MT. HOPE CEMETERY

INTERMENT ORDER

	100
1	Meson
00	X

REA-104 (7-95)

-X Ha	City of dail thego
61,	Date 10/15/03
PC.	8. 10 . 00.
	ed, subject to your rules and regulations, to inter the remains
a Kosa M. Wo	
In aIner	Funeral, date, time WEDS DCT 22 1:00
	; RAGSDAUE Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigns	d
Lot 83 Grave 12 Ro	w Section Division/Bleck
Grave space & Care Fund	DAID 985.00
Additional spaces and care fund	PAID
(7)	OCT 2 0 2003 413.00
Burial Container	209.00
Handling Fees	MOUNT HOPE CEMETERY 160.00
Flower vases - Marker setting fee	MOUNTHOLEGENETATION
	_50.00
Sales taxes	16.20
AND	Total Due
ART TO PAY	Paid receipt number R-5007 (6332)
APT.	Balance due
I hereby certify I am the DAUC	SHTER of the above named decedent
and this is your authority to make disp	osition of remains as above indicated. I cartify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz-	ation and interment.
I hereby authorize the Interment in lot I	
hold under deed.	~ C D 1044 CAMINO ESCUELA
Signature of recorded holder of dead	- CHULA VISTA, CA. 91910
-84	1619. 422-9488
a local	* Telephone
loulate _ 1809.	4. Invoice #
Work Order #	Acct. #

MT HOPE CEMETERY 6 18094

GRAVE BLIND CHECK FORM

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

whole	2 dard	WE GO			
		x	nage		
				-	
llind Check In	e for: Ros	21 M.	woods	2 _	
nterment Date	10/22	03	Time: 1:0	o Cha	pel
oiv 11 s	ect: F	Blk/Row:	- Lot	87 G	-12

Blind Check & Verified By: Kenneth Collins Date: 10/20/03

O No

Flag

Grave Laid out by: Norman

Agrees with Legal Card: Yes

Agrees with Map: Yes

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

-	. NAME OF DECEDE	NT FIRST control	18. MIDDLE	- WARE NO ENASC		III EOOI 3 ON O	I II EN AL	(d)	O DATE	OF DEATH	4. SEX
1/	Rosa	INI-PINST (GIVEN)	Mae	3180				2 DATE OF BIFTH MONTH, DAY, YEAR 04/06/1922	MONTH	OF DEATH DAY, YEAR 4/2003	
	Anderson-		IIA FUNERAL DIRECTOR OR I	ENTER ST PERSON ACTING AS SUCH	San D: 78. CALIF. — IF API	Lego, C	Jos 104 Che	RELATIONSHIP FULL FORMANT YCE Crockett 44 Camino Es ula Vista, C MATURE OF APPLICANT	puela	ghter s	*
_	ACKNOWLEDGEMENT OF A		nowledge as applicant that the proposed of and Safety Code, and was authorized pur				Il	a- Laure	i i L		7/2003
	- COMIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISION I AND SAFETY CODE AND IS THE IN SPECIFIED IN THIS PERMIT, O RIGHT OF DISPOSAL OUTSIDE OF CA	NUTHOR-	FEE PAID	98. DATE PERMIT 10/17/2 B. Campt	003	2317174	AL REGISTR	AAR ISSUING PE	RMT
		Vital Reco	DDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA tal Records, P.O. Box 85222 n Diego, CA 92186-5222					RICT OF DISPOSITION — THER DISTRICT IN CALIFORNIA			
	A BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS (OTHER	E. TEMPORARY F. DISINTERME G. SHIP IN TO C D. TRANSIT TO	NT CALIFORNIA OUTSIDE OF		D 1 444	I. DISPOSITION PI	a)		
	BURIAL	Mt. Hope	Cemetery, 375 o, CA 92102	l Market Str	eet	10 22	1	King 1		komi	n
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA C	REMATORY		128. DATE CREM	ATED 12	C, SIGNATURE OF PER	SONTO	HARGE OF CE	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AT	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REI	MAINS	13B, DATE RECEI	VED 13	C. SIGNATURE OF PER	ISON IN C	HARGE OF FA	CILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		RE	14B. DATE SHIPPI	ED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELI DIDENTIFY FINAL PLACE AI SEA, ONLY ENTER LATITUDE	ND CA DISTRICT OF DIS		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

200	City of San Diegi	0	Transport
Ye has been authorized and inst		Date	1115/03
You are hereby authorized and inst	ructed, subject to your r	ules and regulations	to inter the remains
MICHEAL	WESLEY	227178	and the state of t
na LINER	Funeral, date,	time Fri Plan	11:60
Church, Chape, Graveside		: CA BUR	UAL Mortuary.
All Funeral cars must arrive before	9:50 p.m. of regular wor	k day or an extra che	ETTE 286-26
will be applied and billed to undersi	4:00	***************************************	
ot 176/ Grave /	200	BOY 4000	- 10
257.72.757.74	Row Section		on/Block_ 10
Grave space & Care Fund		(67,	1095.00
Additional spaces and care fund			
Opening/Closing & Setup		4/3	413.00
Burial Container	MID	209	204.00
landling Fees	T 2 2 2002 8/	06.82 08.7	160.00
lower vases - Marker setting fee			
Recording and filing MOUNT		v 31.8	0 50.00
Sales taxes	JPL CEMETER	(G.,	16,20
		Total Due	d 1943.20
	Paid receipt number	1 51.013	1745.00
1	do letto	R-568/8	- 678. M
	compriser)	Balance	A 130 A)
hereby certify I am the X () and this is your authority to make that I have the right to make this au	disposition of remains a	Second the above indicated. I	ove named decedent certify and represent
hat I have the right to make this au any liability on account of said auth	thorization and I agree to orization and interment.	to hold Mt. Hope Cen	netery harmless from
	X.V	1. bin il	la les Bal
hereby authorize the interment in lold under deed.	lot I Signature	water m	uses #
	7	44swillieda	
catelogue of recorded holder of dead	— <u>XS</u>	D	92113
y	. Telephone	19527.025	52
16 thu	8		
\ _ 180	95 Invoice	#	
Work Order # E	Acct. #		
9EA-104 (7-98)	nis information is availa	ble in alternative fo	rmats upon request.

MT HOPE CEMETERY E-18095

GRAVE BLIND CHECK FORM

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

	wil.		100		
	X	shegus	eulins	mitchal/	
	MOBILE	4			
Blind Check Initiated By Interment space for: Interment Date: 10/2 Div: 10 Sect:	4/03	Time: //: 0	18 Chay	cef	3
Grave Laid out by: 10	rman to	rque			
Agrees with Legal Card	4	L		YUN.	a i
Agrees with Map: 💋 Y	es `ୁ □	No	1") grav	0
Blind Check & Verified	By CO au	len	Date:	10-22-0	3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

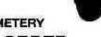
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDOLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3.000	DAY, YEAR
MICHAEL		RAY	WESLEY		09/04/1957 10/1	3/2003 M
SA. CITY OF DEATH		AL ANIMARE		ATH-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILING AL	ODRESS AND ZIP CODE
SAN DIEGO			SAN DIE		OF INFORMANT NAKIA WESLEY-DAUGHTE	CR.
CALIFORNI	A CREMATION	M & BURIAL CI , SAN DIEGO,	The state of the s	→F APPLICABLE	344 S. WILLIE JAMES SAN DIEGO, CA 92113 8A. SIGNATURE OF APPLICANT—PERSON UNITS.	
ACKNOWLEDGMENT OF AP			professed disposition stated herein is one of and has subtorized pursuent to Section 7100 of		klount renn	10/17/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WI FORMA HEALTH AND SAF BY FOR THE DISPOSITION IO NIGHT OF DEPOSAL DURSEE O	SPECIFIED \$13.00	98. DATE PERMIT 10/17/20 J. BENY		ISTRAR ISSUING PERMIT
TION REQUIRES A NEW	F DEATH OCCURREN	EGISTRAR OF DISTRICT ED IN CALIFORNIA EDS-P.O. BOX CA 92186-52	85222		OF DISTRICT OF DISPOSITION— RE IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO			140		FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM METERY SE			FORNIA TSIDE OF GALIFORNIA	(Name and Address)	- REMAINS LOCATED A
BURIAL	MT. HOPE	CEMETERY 375. CALIFORNIA	MARKET ST.	10 24-Q	3	eac.
CREMATION	12A. NAME AND A	DORESS OF CALIFORNI	A CREMATORY	12B. DATE CREMAT	ED 12C SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC	13A. NAME AND A	DORESS OF CALIFORNI	A FACILITY RECEIVING REMAINS	13B. DATE RECEN	VED 13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE CO. OF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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





MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Date 10/15/03

1				Date	15/15/	
You are hereby aut	thorized and in		A STATE OF THE PARTY OF THE PAR	es and reg	ulations, to im	ter the remains
na line	1		Funeral, date, tir	no FRI	001 17	th 12:30
Church Chapel, G	Faveside		:	SOM	emoria	Mortuary.
All Funeral cars in		re 3:30 p.m.				
will be applied and			1858			77 70
	820			120		- 2
Lot 45 gr	ave_3_	_ Row	Section	2	_ Division/Ble	ek_1_
Grave space & Car	e Fund		DA	In.		985, a
Additional spaces a	and care fund		IM	I <i>U</i>		
Opening/Closing &	Setup		OCTIC	-900		413.00
Buriel Conteiner						209.00
Handling Fees		MOL	INT HOPE	CEME	FORW	160.00
Flower vases - Ma				Charles and the Control of the Contr		
Recording and filing	g fee			**********		50.00
Sales taxes						16.20
0	erro			Total Du		1833.20
nunt, TO P		Paid	receipt number .	_ 2 ~	36798	1833.2
white has	-			20	Balance due	9
I hereby certify I an	nthe_X ?	Ju .			the above no	amed decedent
and this is your au that I have the right	thority to mak t to make this	e disposition authorization	n of remains as a n and I agree to i	above indi- hold Mt. H	cated. I certify ope Cemetery	and represent harmless from
any liability on acco	ount of said at	athorization :	and Interment.	10	1	
hereby authorize	the interment	in lot I	VAIN.	un Ch	home	/
hold under deed.			x244	811	Tages.	solest
Signature of the St holder	of dead		X Va	n Oie	colla	20s Code
Congo			Taisphone	8-27	8-639	6
_	18	096	Invoice #			
Work Order # E	80.000		Acct. # _			



GRAVE BLIND CHECK FORM

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

16		
-	Bowling	
PQ.	cé X	Johnson

Blind Check Initiated By:	Date:
Interment space for: Wther Co	phreon
Interment Date: QCTOBER 17th	Time: 12:30
Div: 12 Sect: 2 Blk/Row: _	
Grave Laid out by: Norman	Per
Agrees with Legal Card:	□ No
Agrees with Map: Yes	No
Blind Check & Verified By	Date: 16.15.0

E 18096

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

-	NAME OF DECEDE	NT EDST MAKEN	IB. MIDDLE	TC. LAST (FAMILY)		1.0	DATE OF BIRTH 3. DA	TE OF DEATH 4. SEX
1.79		THIST (GIVEN)	ID. MIDDLE			N	IONTH, DAY, YEAR MONT	H. DAY, YEAR
54	CITY OF DEATH		-	58 COUNTY OF DEA	TH-OUTSIDE CALIF	1	19/30/1916 \ 10/	10/2003 M
-	SAN DIEGO	0		SAN DIEGO		OF MEO		
7A	TATA DE LEGA		A FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH 78. C		2448 SAN	INGERSOLL ST. DIEGO, CA 9211 URE OF APPLICANT—Posmula	1
	ACKNOWLEDGMENT OF AL	PPLICANT bereby i	classwindge as applicant that the proposed di 1376 of the Health and Saloty Code, and was aut	spools stated terein is one of their and their section 7100 of	the dispositions authorized by the Health and Salety Code.	> 90	eyl temy	idispos
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORI'S IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED IN MORE OF DISPOSAL OUTSING OF CREETINGS	\$13.00	PAID 88. DATE PERMIT 10/15/ J. LEMON	2003		GISTRAR ISSUING PERMIT
ANT		P.O. BOX	EGISTRAR OF DISTRICT OF DEA B S 222 D, CA 92186-5222		DDRESS OF REGISTRAR DISPOSITION IS TO OCC		T OF DISPOSITION— HER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			o []	FOR CORONER	S USE ONLY
-	B. CREMATION		AINS OTHER	E. TEMPORARY ENT F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU	25177341773417 23174343	Yas	(Name and Address)	G. REMAINS LOCATED AT
500	BURIAL	3751 "83	COMESS OF CALIFORNIA CEMET CEMESTRY 0, CA 92102	ERY	118. DATE BURIE	225	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CABLE ITEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	13B, DATE RECE	VED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPP	14B. DATE SHIPPED 14C. ADDRESS AND SIGNATU OF PLACING WITH THE		
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORIELINE, OR C ENTIFY FINAL PLACE AND CA <u>DIST</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



Afrud

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/14/13

. ~ !	subject to your rules and regulations, to inter the remains
<u> </u>	T = 10 11 11 20
in a Type of Budal Container	- Constant Control of the Control of
Church, Chapel, Graveside	- Jeathernall Mortuary.
All Funeral cars must arrive before 2000 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 2720 Grave Row_	Section Division/Block_
Grave apace & Care Fund	
Grave space & Care Fund	
Additional spaces and care fund	2
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	<u>-Q-</u>
Sales taxes	<u> </u>
	Total Due
Paid	I receipt number
	Balance due
that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I heraby authorize the interment in lot I hold under deed.	X 4851 NORMANDIA PL
Signature of recorded faither of deed	LA MESA 91941 21619 466-3784 20 Cods
18097	invoice #
Work Order # E	Acct. #
This later	

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.

Dontas

	Phillips	Bone	x	bore	Couns	
*	tuc	ter	Twice	Cook		
					_ Date: _\	olke
Intermen	t Date:	100	en (7 24 T	ime:	11,50	
Grave La	id out by:	Noon	anter	××	-120 Gr.	
Agrees w	rith Map: 8	3 Yes	Yes ☐ ☐ N	o	lag m	رعو
Blind Che	eck & Veri	fied By:_	Kennet	h Gollis	0 ≰⊻ Date: <u>/</u>	0/20/03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH	4. SEX
Glen		Raymond	B	one	11/13/1914	10/15/2003	M
SA. CITY OF DEATH		A	58. COUNTY OF DEATH	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND Z	OP CODE
La Mesa				an Diego	Janice McCarth	y, Daughter	
		IA-FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 7B. CAL	IF LICENSE NUMBER	4754 73rd St.		
Feathering		[1] 12 [1] 1 [1]			La Mesa, CA 91		
6322 El Caj		San Diego, CA 92			BA. SIGNATURE OF APPEIDANT		
ACHNOWLEDGMENT OF A		scknowledge as applicant that the proposed 1376 of the Health and Salnty Code, and was a		e Health and Salety Code.	· /C A	CHARLES THE RESIDENCE OF THE PARTY OF THE PA	7/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- CORNIA HEALTH AND SAFETY COI TY FOR THE DISPOSITION SPECIFI ID MIGHT OF DISPOSAL OWISIDE OF CALFORN	OE ED	10/20/200		OCAL REGISTRAR ISSUM 7233	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERAIT TO SHOW FINAL DISPOSITION.		EGISTRAR OF DISTRICT OF DE			OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALI		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRIMA	1. DISPOSITIO (Name and	N PENDING—REMAINS L' Address)	OCATE
	11A. NAME AND A	DDRESS OF CALIFORNIA CEME	TERY	118. DATE BURIED	11C. SIGNATURE OF PE	RSON IN CHARGE OF B	URIAL
BURIAL	Mt. Hope (Cemetery et St., San Diego	, CA 92102	10/2+ 103	* Kenne	Il Callin	, -
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREW	MATORY	12B, DATE CREMAT	ED 12C. SIGNATURE OF PE	ršón in Charge of Cr	EMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B, DATE RECEN	/ED 19C. SIGNATURE OF PI	erson in Charge of F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148, DATE SHIPPE	D 14C. ADDRESS AND SK OF PLACING WITH	SNATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		urest point on shoreline, or entify final place and ca <u>dis</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	DISTRION DF CRES	NUMBER MATED RE- DISPOSER PLICABLE

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

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 (17/63

You are hereby authorized a	nd instructed, subj	ect to your rule	and reg	gulations, to in	ter the remains
of Lines	#7 6	meral, date, tim	<u>_</u>	10310	31 1'.3¢
Type of Burisi Contain	O. I.	A 101 EL, CELOV, INT	300	Nema	Ca Catortuary
Church Chapel, Graveside	-			1001140	construction and
All Funeral cars must arrive t	pelore 3:00 p.m. of	regular work d	ay or an	extra charge	#\$
will be applied and billed to u	indersigned				=====
Lot 76 Grave 12	A Row	Section	1	Division/84	12
Grave space & Care Fund	OF THE SECOND CASH CASH CASH CASH CASH CASH CASH CASH		11.2		985
Additional spaces and care fo					
Opening/Closing & Setup					413-
Burial Container	_ UN	me to =		2420	2-10-17
Opening/Closing & Setup Burial Container Handling Fees	PA	ID			1600
Flower vases - Marker settin					
Recording and filing fee	OCT 1.7	2003		***************************************	20-
Sales taxes				18.76	16,20
Sales taxesMO	UNT HOPE	CEMETER	Mal Du	8.76 -	1833 D
		ceipt number	2-5	1083	18332
	6277768	أرمم	0.50	alle	7005
V		Por		Balance due	-
I hereby certify I am the X and this is your authority to i that I have the right to make any liability on account of sal	this authorization a	and I agree to h	oove indi	of the above n loated. I certify lope Cemetery	and recessor
hereby authorize the interm hold under deed.	ent in lot I	Stonasto	011	he (X
		A Section	Y	ev	
Signature of recorded helder of deed		OW /	al	\	Zie Code
1		X.			NAMES OF THE PARTY
18C		Individual			
Mary and	18098	Invoice #_			
Work Order # E		Acct. #			
REA-104 (7-95)	This informati	ion is available	in alteri	native formats	upon request.

© Printed on respeited paper

Atrud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Den 10/17/03

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Huran Chepal Stavesio	-	-: 21	Maryou	The street
VII Funeral care must enty	e before addrawn, of r	egular work day o	an extra charge of	1
will be applied and billed to	undereigned.			
or TOLO grave 1	2	Section \	DMsion/Blee	12
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Grave space & Care Fund	*************************			chs.
Additional apaces and can	e tund		- Maria (1807 - 1200) 17 - 1	77 ==
Opening/Closing & Setup.				413
Buriel Container		******	Constituted of the Constitution of the Constit	201.0
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Recording and filing fee	OCT 17	2003		50-
				16,20
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		D-	-5/201	8237
	Paid rec	elot number 1		1000
100	1 11	22.000	Balance due	4)
hereby certify I am the	Laught	er	of the above nar	
hat I have the right to mai	s this authorization ar	nd i agree to hold i	M. Hope Cometery !	watness from
iny Healiny on account or	seid munorization end	inchia.	0 20	
neroby authorize the ime	rment in lot I	V ote	cer The	200
hald under deed		XABOX	Filingie S	- Hel-
tue in	enas	VSan	Dieno CA	9211
,		V 1010	501.5	77 G
INC.		1	20/13	114
	18098	Invoice #		

MT HOPE CEMETERY E- 18098

GRAVE BLIND CHECK FORM

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

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	Stokes		
		х	cdorran
- 4			V k
nterm	ent space for: \(\begin{align*} \text{Lest} \text{ent Date: \(\begin{align*} \text{Lest} \text{2}	bris Th	(*.30
	the an incomment the second	_ Blk/Row:	Lot: <u>26</u> Gr. 12
Agrees	s with Legal Card	Yes □ N	o plag on
The state of the s	CHORDWINE CONTRACTOR NAME OF THE	es 🗆 No	on gar
Blind (Check & Verified	By: Kenneth (Date: 10/20/03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

62

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C LAST (FAMILY)			A PROPERTY OF THE PROPERTY OF	DATE OF DEATH 4. SED	
A. CITY OF DEATH		MAE	THOMA	AS 10/28/1950 10/07/2003 I				
SAM DIEGO			SAWDI		OF INFORMAL		Accompany Consistent	
and the second second	PESSOF SALTON	A-FUNERAL DIRECTOR OF		7B. CALIF. LICENSE NUMBERIF APPLICABLE TD1575	4485 II SAN DIE	GO, CA 921	APT. #1	
NONE THE THE MONTH OF SE	ni ment hereby a		proposed disposition stated herein is and was authorized personnt to Section	one of the dispositions authorized by n 7100 of the Health and Safety Code.	· Joseph	Kung	10/21/200	
PERMIT	SIONS OF THE CALIF	LIED IN ACCORDANCE WIT FORNIA HEALTH AND BAFF ITY FOR THE DISPOSITION S	TY CODE	F FEE PAID 98, DATE PERM 10/21/		SNATURE OF LOCAL	REGISTRAR ISSUING PERM	
AUTHORIZATION OF	IN THIS PERMIT. MOTE: THIS PERMIT GIVES IN	E RESULT OF DISPOSEN OUTSIDE OF	ENFORM. \$13.00	J. LEMON	JR.	2317320		
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC				
THORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONI	ER'S USE ONLY	
B. CREMATION	SE IIA NAME AND A	DDRESS OF CALIFORNIA CAMETERY	F. DISINTERN G. SHIP IN TO	EN ENVAULTMENT DENT O CALIFORNIA O OUTSIDE OF CALIFORNIA 118. DATE BURI	ED 11C, SIGN	(Name and Addre	DING—REMAINS LOCATED ac) IN CHARGE OF BURIAL	
		DDRESS OF CALIFORNIA	CREMATORY	128. DATE CREM	10/20	ATURE OF PERSON	THE CHARGE OF CREMATION	
CREMATION			E .	į		1		
SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REI	AAINS 13B. DATE RECI	EIVED 13C. SIGN	ATURE OF PERSON	IN CHARGE OF FACILITY	
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AF	STATE OR COUNTRY WHE RE TO BE SHIPPED	RE 148. DATE SHIP		RESS AND SIGNATUR LACING WITH THE (RE OF PERSON IN CHARGE CARRIER	
20 L. 175				Charles and the Control of the Contr	A 100 CO 100 CO			

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

MT. HOPE CEMETERY

INTERMENT ORDER

T Need City of San Diego	Date 10/20/03
You are hereby authorized and instructed, subject to your rules of John F. Elliott	and regulations, to inter the remains
In a D.D.Crupt (4) Funeral, date, time Church, Chapel (Gravealde)	lueds Oct 22, 2:30 Ickson Anderson Monuary
All Funeral cars must arrive before 3:30 p.m. of regular work da	y or an extra charge of \$
will be applied and billed to undersigned.	
Lot 8 Grave Pow Row Section Section	3 pivision/Block 8
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Buriel Container FAID	418,00
Handling Fees OCT 2-9-2003	35200
Flower vases - Marker setting fee	
Recording and filing fee	METERY 50.00
Sales taxes	1 2/4 11
Paid receipt number	1,265.40 -56802 1,265.4
0	Belance due
I hereby certify I am the	or the above named decedent ove indicated. I certify and represent ild Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Caravo Dr.
Signature of recorded holder of dead	Upa CA 91941
1 Suppliera	670-1447
18000 Imprior #	

REA-104 (7-96)

Work Order # E

This information is evallable in alternative formats upon request.

MT HOPE CEMETERY E 180 99

GRAVE BLIND CHECK FORM

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

	L	House	Horry			-
U#S	Dud	Luot	х	Ding		
itermen	t space f	ted By: 10 or: John E 10/22/03	Wiott		_ Date: (0/2)	0_
iv:_8_	_ Sect	_3 Blk	vrow: _	Lot:	в_ Gr:	
		Card. MY	es C	1 No	A	- 0
	vith Lega vith Map:	Yes		o (Date: 10/2	ال

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8



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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAM			2 DAT	E OF BIRTH	11 Page 100 100 100 100 100 100 100 100 100 10	OF DEATH	4. SEX
5/	JOHN CITY OF DEATH		P.	5B. COUNTY C	FE		6. NAME, RELAT OF INFORMAL	VT.	MAILING AD		ZIP CODE
78		DDRESS OF CALIFORN ON-ANDERSO	NIA FUNERAL DIRECTOR OR PERSON A R CHAPRL 8390 ALLE		78. CALIF. LI	CENSE NUMBER	4118 CA	CA 9194	1		SIGNED
	ACKNOWLEDGEMENT OF A		provietige as applicant that the proposed disposition state in and Safety Code, and was authorized pursuant to Sec			ized by Section 103055	· du	u(B	10	10/2	0/200
	r Erimi)	THE CALIFORNIA HEALTH	IN ACCORDANCE WITH PROVISIONS OF HAND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. IO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	EE PAID	9B. DATE PERMIT 10/20/20 L CASTRO	003 231	7263	AL REGISTRA	A ISSUING PE	RMIT
		VITAL RE	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA CORDSPO BOX 852 O CA 92186-5222				OF DISTRICT OF DIS I IN ANOTHER DISTRIC		i i		
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS	OTHER DDRESS OF CALIFORNIA CEMETER BMELKRY 3751 HARK		T LIFORNIA DUTSIDE OF			DISPOSITION PI (Name and Address	•)		
APPLICABLE ITEMS	CREMATION	308500 SELECTION	DDRESS OF CALIFORNIA CREMATO	DRY		Market Street Street	ATED 12C. SIGN	ATURE OF PER	SOM IN CH	ARGE OF CR	EMAT
ALL APPLICAE	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REM	AJNS 1	38. DATE RECEI	VED 13C. SIGN	ATURE OF PER	RSON IN CH	ARGE OF FA	CILITY
COMPLETE	TRANSIT	1 AND SAN ACTUAL SAN ACTUAL SAN AND SA	DDRESS IN RECEIVING STATE OR O CREMATED REMAINS ARE TO BE S	PORT OF THE PROPERTY OF THE PARTY OF THE PARTY.		48. DATE SHIPP		RESS AND SIGN LACING WITH T	ACCES (CONTROL OF THE PARTY)		CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T IF BURIAL AT	EAREST POINT ON SHORELINE, OR O O IDENTIFY FINAL PLACE AND CA DI SEA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISP		58. DATE OF DISPOSITION		ATURE OF PER RGE OF DISPOS		15D LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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



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🏡 De	partmen	t of Vetera	ns Affairs								
FOR DEPA MICROFILM		OF VETERANS	AFFAIRS U	SE ONLY	with a private read the Ger information or marker of completion leading to the completion of the compl	neral Information description of the control of the	t even thoughtion Sheet belonatures. Ille Blocks with emeteries; all	application if h the veteran fore completing gible printing shaded titles I other blocks this application	's military da ng this form. could result i are optional must be com	ta is not sh Type or print n an incorre- inscription in pleted, exce	nown; please nt clearly all ect headstone items or fee ept block
		DECEASED TO	BE INSCRIBED	ON HEADS	TONE OR MAR	KER (No nicknar	mes or titles perm	vitted)	2. CHECK BOX		
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	. DATE OF			DATE OF	DEATH	- 1	10000				YEAR
MONTH	DAY	YEAR	MONTH	DAY	YEAR	11	10	1942	09	14	1945
03	12	1922	10	16	2003						1000
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15. SIGNATUR	E OF APPLICA	erlin 7	Ellie	i				18. DATE	vember	.1,200	3
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17A ID COOE			17B, SECTION			17C. GRAVE NO			N. D CODE /// a	pplicable)	
NOT SUFF NOT SUFF Mt Ho 3751	REPAID DELIV FICIENT Ope Cem Market					(Include Ar	rea Code) 27 3400	Mt Hop 3751 M	e Cemeter arket st ego CA 9	у	and State)
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		I certify the t		stone or n	arker checke	d in block I	0 is permitte				ased.
4. SIGNATUR			20	11/-	(^	25. DAYTIME T Code)	ELEPHONE NO. (Include Area	26. DATE		

VA FORM JAN 1998(R) 40-1330

Pam Hetzel CAII Technology Manual 27. REMARKS (If needed, consinue on reverse for additional space)

Beserly Tomer Eccient

11-05-2003

(619) 527-3400



FIDELI GERTA MERGES

time the

Christed States Illaring Curps =

This is to certify that

	JOHN FRANC	IS ELLIOTT	(ll	Corporal	
i) Home		muyed from	////Mari	ine Bk's, Naval	Ord. Plant
Pocn	tello, Idaho—	and from	the United.	States Ma	rine Cerps
Reserve	-1/10-1	the dand-	Sentember	. 1945	
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<i>Olèdie</i>	uce.		100	and the	
64-		21	OHN	A. JORDAN, Capt	ein, USMCR



937-407927-3

Ship Date 01/08/04

Pieces Weight 1 130

Reference Number

Freight Terms Freight Charges Are Prepaid

SCAC: CTI

Consignee:

MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102

Shipper:

USDVA % OMEGA MONUMEN 36772A RD 606

RAYMOND, CA 93653

Special Instructions Delivery Trailer27-0233 COD Amount:0.0000

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE RECEIVED BURLECT TO THE CLASSIFICATION AND TARGETS IN EFFECT ON THE CARE OF HISBUE OF THRE

CENTRAL TRANSPORT - CTIL



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This is to certify that the above-named sitioles are properly classified, described, packaged, marked, and labeled, and era in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

U.S.D.V.A. NCA % OMEGA MONUM	ENTS CENTRAL TRANSPORT	
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Pieces Received

Driver Date

Arrive Time

Depart Time

Pro Number 937-407927-3



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